

## Supplemental Appropriation Request Form Instructions

- 1) **Agency** - Enter the name of the agency requesting Supplemental Appropriation.
- 2) **Program Title** - Enter the name of the program.
- 3) **Appropriation only** - Enter an "X" in yes or no.
- 4) **Funding Information:**
  - General Revenue Funding Amount Requested** - Enter the specific amount of supplemental General Revenue funding the agency is requesting. Enter an "X" in "None" if the agency is not requesting supplemental General Revenue funding.
  - Other Funding Amount Requested** - Enter the specific amount of other supplemental funding the agency is requesting. Enter an "X" in "None" if the agency is not requesting other supplemental funding.
  - Source of Other Funding** - Enter a description of the source of funding if an amount was requested in "Other Funding Amount Requested".
- 5) **Accounting Information:**
  - Business Area Code** – Enter the four-digit code of the agency.
  - Funds Center Code** – Enter the existing appropriation code. If the request is for a new appropriation, leave blank.
  - Fund Code** - Enter the seven-digit fund code. If a new fund must be established, leave blank.
  - Functional Area Code** – Enter the functional area of the agency.
- 6) **Appropriation Request:**
  - Budgeted FY15** – Enter the agency's total FY15 Annual Operations Plan by line item for the appropriation in which the supplemental is being requested. If the appropriation requested is new or for funding only, leave the budgeted column blank.
  - Supplemental Request FY15** – Enter the requested supplemental appropriation amount by line item. If "other" is requested enter a short description. If the request is for funding only, leave supplemental request column blank.
  - Executive Recommendation** – Leave blank. This amount will be entered by DFA-Office of Budget after Executive Review.
- 7) **DFA IGS State Technology Planning Approval** – IGS's signature will be obtained, by DFA-Office of Budget, to signify the review and approval of any action requested by applicable state agencies for the purpose of information technology related items in accordance with applicable Technology Plans previously submitted to IGS by the requesting agency(s). Constitutional Offices, Institutions of Higher Education and Legislative/Judicial agencies are exempt from this process.
- 8) **Supplemental Personnel Positions Requested** – Enter information only if new positions are to be established.
  - Position Title** – For each position being established, enter the existing Position Title as authorized in A.C.A. §21-5-208.
  - Class Code** - For each position being established, enter the Class Code corresponding to the Position Title as authorized in A.C.A. §21-5-208.
  - Grade** - For each position being established, enter the Grade corresponding to the Position Title and Class Code as authorized in A.C.A. §21-5-208.
  - Line Item Maximum** – For each unclassified position being established enter a line item maximum salary rate set out in dollars.
  - # of Positions Requested** – Enter the number of positions needed for each position title.

- 9) **Current Authorization(s)** – Enter the section and the act number of the authorizing act(s) which references the appropriation for which the supplemental is being requested.
- 10) **Summary of Request and Statement of Need** – Enter a thorough description of the need for the supplemental appropriation request and/or funding. If Information Technology (IT) related items are included in the request, the agency must include the location (major agency application, support or project) and location number in the agency's IT Plan referencing the requested item (example major application #2).
- 11) **Impact if Not Approved** – Enter a statement that reflects the impact on the agency if the request is not approved.
- 12) **Alternatives** – Enter a statement giving alternative actions the agency can in lieu of the request.
- 13) **Executive Recommendation** - Leave blank. This statement will be entered by DFA-Office of Budget after Executive Review.

## SUPPLEMENTAL APPROPRIATION REQUEST FORM

Agency: \_\_\_\_\_ (1)

Program Title: \_\_\_\_\_ (2)

(3) Appropriation only: \_\_\_\_\_ Yes \_\_\_\_\_ No

(4) General Revenue Funding Amount Requested: \$ \_\_\_\_\_ - None: \_\_\_\_\_

Other Funding Amount Requested: \$ \_\_\_\_\_ - None: \_\_\_\_\_

Source of Other Funding: \_\_\_\_\_

(5) Accounting Information:

Business Area: \_\_\_\_\_ Funds Center: \_\_\_\_\_ Fund: \_\_\_\_\_ Functional Area: \_\_\_\_\_

	Budgeted FY15	Supplemental Request FY15	Executive Recommendation
Regular Salaries			
Number of Positions			
Extra Help			
Number of Positions		(6)	
Personal Services Matching			
Operating Expenses			
Conference & Travel Expenses			
Professional Fees			
Capital Outlay			
Data Processing			
Other:			
Other:			
<b>Total</b>	\$0	\$0	\$0

\_\_\_\_\_ (7) \_\_\_\_\_ Date \_\_\_\_\_

Items requested for information technology must be in compliance with Technology Plans as submitted to IGS.

**Supplemental Personnel Positions Requested:**

Position Title	Class Code	Grade	Line Item Maximum	# of Positions Requested
(8)				
<b>Total Positions Requested</b>				-

Current Authorization(s):

	Section	Act
(9)		

Summary of Request and Statement of Need: (If IT related reference the location/number in the agency's IT Plan)

(10)

Impact if Not Approved:

(11)

Alternatives:

(12)

Executive Recommendation:

(13)