

# Agency Certification and Transmittal Sheet

Code:

**D05**

Name:

**GOVERNORS OFFICE ECOS**

Mission Statement: The Governor's Office promotes efficient state government that works toward exceptional education, economic vitality and a healthy environment.

To the Office of State Budget

This, and accompanying statements, schedules, and explanatory sheets consisting of \_\_\_\_\_ pages constitute the operating budget estimates of this agency for all proposed expenditures for the 2012-2013 fiscal year.

All statements and explanations contained in the estimates submitted herewith are true and correct to the best of my knowledge.

Signed:



(Agency Head)

Date:

10/3/11

## FISCAL YEAR 2012-13 BUDGET PLAN

### I. EXECUTIVE SUMMARY

A. **Agency Section/Code/Name:**

72A/D05/EXECUTIVE CONTROL OF STATE

B. **Summary Description of Strategic or Long-Term Goals:**

C. **2011-2012 Agency Recurring Base Appropriation:**

State	1,825,407
Federal	\$0
Other	\$0

D. **Number of Budget Categories:**

1

E. **Agency-wide Vacant FTEs**

Vacant FTEs as of July 31, 2011: 10  
% Vacant 38%

F. **Efficiency Measures:**

The Governor's Office promotes efficient state government that works toward exceptional education, economic vitality and a healthy environment.

G. **Number of Provisos:**

1

**IIA. OPERATING BUDGET PROGRAMS**

Agency Section/Code/Name: 72A/D05/Governor's Office - Executive Control of State

**SUMMARY OF OPERATING BUDGET PROGRAMS FOR FY 2012-13**

OPERATING BUDGET PROGRAMS			FUNDING					FTEs			
Title	Activity Name	Activity No.	Non-Recurring State	Recurring State	Federal	Other	Total	State	Federal	Other	Total
I.Administration	Administration	27		1,825,407			1,825,407	27.00			27.00
							0				0.00
							0				0.00
							0				0.00
							0				0.00
							0				0.00
For additional rows, place cursor in this gray box and press "Ctrl" + "b". (You need to start in this gray box for each row needed or the formulas will not copy properly.)											
<b>TOTAL OF ALL OPERATING BUDGET PROGRAMS</b>			<b>0</b>	<b>1,825,407</b>	<b>0</b>	<b>0</b>	<b>1,825,407</b>	<b>27.00</b>	<b>0.00</b>	<b>0.00</b>	<b>27.00</b>

IIB. CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13  
 Agency Section/Code/Name: 72A/D05/Governors Office - Executive Control of State

SUMMARY OF CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13

CAPITAL BUDGET/NON-RECURRING REQUESTS				Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Project No.*	Project Name	Activity Name	Activity No.				
	N/A						0
							0
							0
							0
							0
For additional rows, place cursor in this gray box and press "Ctrl" + "c". (You need to start in this gray box for each row needed or the formulas will not copy properly.)							
<b>TOTAL OF ALL CAPITAL BUDGET/NON-RECURRING REQUESTS</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*if applicable

**A. Summary description of programs and how they relate to the mission of the agency:**

The Governor is the chief executive officer of the state, responsible for the overall administration of the affairs of the state.

**B. Budget Program Number and Name:**

I.A.Administration

**C. Agency Activity Number and Name:**

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
27	Administration		1,825,407			1,825,407

**D. Performance Measures:**

The Governor’s Office promotes efficient state government that works toward exceptional education, economic vitality and a healthy environment.

**E. Program Interaction:**

The Office of the Governor includes staff members who assist the Governor with administrative support, communicating with the public, other state agencies and representing the Governor’s policy recommendations to the Legislature.

**F. Change Management:**

With each new governor comes change in management.

**G. Detailed Funding Information:**

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		27.00	0.00	0.00	0.00
Personal Service	\$0	\$1,307,435	\$0	\$0	1,307,435
Employer Contributions	\$0	416,759	\$0	\$0	416,759
Program/Case Services	\$0	\$0	\$0	\$0	\$ 0
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	101,213	\$0	\$0	101,213
<b>Total</b>	\$ 0	1,825,407	\$ 0	\$ 0	1,825,407

\* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority? NO

If yes, state Capital Budget Priority Number and Project Name:.

Please List proviso numbers that relate to this budget category or programs funded by this category.

7.5

**H. Changes to the Appropriation:**

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act		1,825,407		
2012-2013 Act		1,825,407		
Difference				
% Difference				

Explanation of Changes:

**I. Revenue Estimates:**

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
10010000	State	1,825,407				

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below. NA

Please detail the long-term sustainability of this program if cash reserves are needed to operate. NA

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each. NA

**J. FTE Positions:**

Please detail the number of FTE’s filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)	27				
2011-2012 (A)	27				
2010-2011 (F)	17				2
2010-2011 (A)	17				2
2009-2010 (F)					
2009-2010 (A)					
2008-2009 (F)					
2008-2009 (A)					

2007-2008 (F)					
2007-2008 (A)					

**K. Detailed Justification for FTEs:**

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0





**A. Proviso Number**

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

72.5

**B. Appropriation**

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency

**D. Action**

(Indicate Keep, Amend, Delete, or Add):

Keep

**E. Title**

Descriptive Proviso Title:

Governors Office Budget

**F. Summary**

Summary of Existing or New Proviso:

Allows ECOS and Mansion to be treated as a single budget section.

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

**H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary****I. Justification**

Refer to the instructions for the correct question to answer in this space, based on the action you selected

**J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)****K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**

(INSERT PROVISOR FROM FY 2012-13 RENUMBERED PROVISOR BASE HERE)

Federal Aid Justification

NA

Summary

Award Title	<input type="text"/>		
CFDA Number/Title	<input type="text"/>	→ If "Other", identify:	<input type="text"/>
Award Number (Federal)	<input type="text"/>	Start Date	<input type="text"/>
		Federal Agency	<input type="text"/>
Award Number (State)	<input type="text"/>	End Date	<input type="text"/>
		Federal Subagency	<input type="text"/>
Award Period	<input type="text"/>	→ If "Other", explain:	<input type="text"/>

Financial

Total Award Amount	<input type="text"/>	Amount Available in FY 2012-13	<input type="text"/>
State Match Required?	<input type="text"/>	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	<input type="text"/>
Local Match Required?	<input type="text"/>	If "Yes", describe	<input type="text"/>
Assistance Type	<input type="text"/>	If "Other", explain	<input type="text"/>
Is administrative and/or indirect cost recovery permitted? If so, explain:	<input type="text" value="Explanation would be here."/>		
Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?	<input type="text" value="Answer and elaboration here."/>		

## Federal Aid Justification

NA

**Questions**

How is the use of these funds essential to your agency's mission?

Text.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

Text.

What outcome and/or performance measures will you track and/or report on in association with this award?

Text.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Text.