

# Request for Appropriation Budget Template

Enter data into each yellow cell.

<b>Request Title:</b>	HCBS Waiver Rates Increase
<b>Sponsor:</b>	Rep. Marsha Judkins

Step 1. Revenue			
		Funding Source	
<b>Amount Requested</b>	\$3,512,637.00	General Fund	
<b>Other Revenue Sources</b>	\$10,944.00	Expansion Fund	
<b>Other Revenue Sources</b>	\$ 6,917,144.00	Federal Fund	
<b>Total Revenues:</b>	\$ 10,440,725.00		
Difference between Revenue & Expenditures			\$ -
Step 2. Expenditures			
Amounts		Details	
Personnel		Number of personnel supported:	
Travel		Nature of travel:	
Equipment/Supplies		Types of equipment/supplies to be purchased:	
Pass-through	\$ 10,440,725.00	Intended recipient(s) of pass-through funds:	Home Care Agency Providers participating in HCBS Waviers & Medicaid Personal Care Services
Licenses		Description of licenses (number, cost per license, etc.)	
Other		Description of other expenses	
Other		Description of other expenses	
Other		Description of other expenses	
<b>Total Expenditures:</b>	\$ 10,440,725.00		

\$ -
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# Request for Appropriations (RFA) Form

**Note:** Any information provided on the RFA form may be made public! Additional instructions for filling out the form can be found on the RFA Instructions. Please contact the Legislative Fiscal Analyst's Office for a copy.

## REQUESTER INFORMATION *(Required)*

Legislator: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 1: REQUEST DETAILS *(Required)*

1.1 Does this request fund the fiscal impact of proposed legislation?

Yes

No

*If yes, STOP! Do not submit an RFA for the fiscal impact of proposed legislation. RFA forms submitted to LFA for processing will not be entered into the system online if they are associated with legislation.*

1.2 Funding request name (No more than six words; do not identify a non-state agency in the name)

1.3 Funding request description (3-5 sentences)

1.4 For more information on the project, the Legislative Fiscal Analyst's Office should contact:

- Name: \_\_\_\_\_
- Organization: \_\_\_\_\_
- Position: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_

1.5 Appropriations Committee Recommended to hear Request:

Business, Economic Development, and Labor (BEDL)

Executive Appropriations Committee (EAC)

Executive Offices and Criminal Justice (EOCJ)

Higher Education (Higher Ed)

Infrastructure and General Government (IGG)

Natural Resources, Agriculture, and Environmental Quality

(NRAEQ) Public Education (Public Ed)

Social Services (SS)

## SECTION 2: FUNDING INFORMATION *(Required)*

2.1 Identify which fund the appropriation should come from:

*Note: Funding will be appropriated for the New Year (or Budget Year). You can change this in the online form.*

- |                        |                   |                  |
|------------------------|-------------------|------------------|
| • General Fund:        | One-time: \$_____ | Ongoing: \$_____ |
| • Income Tax Fund:     | One-time: \$_____ | Ongoing: \$_____ |
| • Transportation Fund: | One-time: \$_____ | Ongoing: \$_____ |
| • Federal Funds:       | One-time: \$_____ | Ongoing: \$_____ |
| • ARPA Federal:        | One-time: \$_____ | Ongoing: \$_____ |
| • Other*:              | One-time: \$_____ | Ongoing: \$_____ |

\*Indicate fund name

2.2 Should unused funding be returned to the state at the end of the fiscal year?

Yes

No

2.3 Is this project scalable if the Legislature does not fund the full requested amount?

Yes

No

2.3a If yes on 2.3, please provide a short explanation describing how the project might be scaled. (3-5 sentences)

## SECTION 3: AGENCY INFORMATION *(Required)* *(NOTE: State funding CANNOT be appropriated to a non-state agency.)*

3.1: Agency with fiscal oversight (agency that will receive the funding):\_\_\_\_\_

3.2: Type of entity to receive (select all that apply)

Government

Government Not for Profit (ex., school district foundation)

Private Not for Profit

Private for Profit

## SECTION 4: PERFORMANCE OUTCOME MEASUREMENT *(Required)*

4.1: What is the statewide purpose of this project or program? (Select up to 3 from the list below)

- |                                      |  |  |            |
|--------------------------------------|--|--|------------|
| Economy <input type="checkbox"/>     | Governance & Civic Engagement <input type="checkbox"/> | Justice <input type="checkbox"/>           | Other_____ |
| Education <input type="checkbox"/>   | Health & Wellbeing <input type="checkbox"/>            | Recreation <input type="checkbox"/>        |            |
| Environment <input type="checkbox"/> | Infrastructure & Mobility <input type="checkbox"/>     | Safety & Security <input type="checkbox"/> |            |

4.2: What is this project or program intended to accomplish? (3-5 sentences)

4.3: How will the Legislature know whether the project or program is successful? (Recommend a short-term target for measuring progress; 3-5 sentences)

## SECTION 5: ITEMIZED BUDGET *(Required)*

**5.1: Attach a budget proposing how the funding will be used.** *Template available on the RFA app on the secure site or from LFA.*

## SECTION 6: OTHER SUPPORTING DOCUMENTS *(Not required)*

**6.1 Intent Language:** *Provide any intent language directing the use of the funding. Intent language cannot change statute or identify a non-state entity to receive funding. Follow this template: "The Legislature intends that (\$ amount) from the (funding source) provided by this item be used for (include specific details on what the money should be used to accomplish; do not name any non-state entity).*

**6.2 Previous State Funding:** *Template available on the RFA app on the secure site or from LFA.*

**6.3 Other Notes:** *Attach any additional documents you feel are relevant to the Legislature's decision to fund the request.*