FY22 Proposed Base Budget Reductions

For each proposed budget reduction, the following form should be submitted by budget officers to their budget office analyst who will review each proposal and send back entries that do not provide sufficient detail. Please note that these forms are public.

For Proposed reductions that are *administrative* – one form for all administrative reductions can be submitted (this includes travel and overhead reductions across multiple business units). ***Note:*** *Only Part I is required for these types of budget reductions.*

For Proposed reductions that are related to *programs*/services – a new form should be completed for each unique program that is proposed to be reduced or eliminated. ***Note: Part I and Part II*** *are required for any budget reductions relating to programs.*

For proposed reductions to *vacant positions* - these may be included in administrative reductions. If the vacancies are directly tied to a program or service, please include these in the form submitted for the program.

TN Department of
Finance &
Administration

PART I

Agency: Choose an item.

BEARS Adjustment Name:

Agency Prioritization: Choose an item.
1 is the most preferred reduction

Total Proposed Reduction   *Total row will pre-populate. Double-click to enter data in the chart.*
This chart should be reflective of all funds that would be impacted by the proposed reduction in state dollars.

If a Federal match, or interdepartmental allocation would be reduced because of the state reduction, please include those figures in the respective columns.

Allotment Code	State Funds	Federal Funds	Other Funds	Total Positions
TOTAL:	$0.00	$0.00	$0.00	0

For Position Reductions, please provide, in a listing below, the position title, the salary reduction, and whether the position(s) is currently vacant or filled.

Position Title	Salary Reduction	Filled Positions	Vacant Positions

1. What is the program/initiative/resource that this request would reduce? How does this request impact the agency's vision and mission and the goals within the agency's strategic plan (e.g. Four-year Strategic Plan)?

2. Does this proposal reduce or eliminate an existing program or service?

If Yes, complete Part II.

☐Yes   ☐No

3. Why was this proposal identified ahead of other proposals the department considered?

4. Is this reduction a result of an efficiency (spending under the budgeted amount)?

☐Yes   ☐No

5. Is this reduction being accomplished through a structural or organizational change to the department? If so, describe the structural and/or organizational changes being made.

6. How did you arrive at the amount of this proposal and what assumptions are included? Please note if this is a revenue generating program.

7. Has this proposal been submitted in the past? If so, did a reduction occur at that time? Please provide any necessary context regarding why the proposal was not accepted at the time of its submission.

8. Would this proposal require an associated rule or statutory change? If so, please provide a specific reference to TCA or rule that would need to be modified and how it would need to be changed.

9. Would this proposal impact another agency or program? If so, please explain the impact.

10. What is the timeline associated with the implementation of the proposed reduction? Include the date you anticipate the full reduction being realized and any relevant

milestones that would be necessary in order to achieve the full reduction.

PART II

THIS SECTION IS REQUIRED FOR THE REDUCTION OF ANY PROGRAMS OR SERVICES.

Have questions about determining evidence? E-mail the Office of Evidence and Impact at OEI.Questions@tn.gov. OEI can pre-review the evidence and research agencies are thinking of citing, offer ideas on where to look for evidence, and help agencies think through the evidence they've found.

1. For proposed program reductions, please indicate the following items:
   - Descriptions of the primary population served and/or eligibility criteria;
   - How the proposed reduction would impact the program's capacity and/or eligibility criteria;
   - Descriptions of key program interventions and services;
   - Number of persons impacted (anticipated / estimated) and the process of how these numbers were calculated if possible; and
   - Program outcomes from the two most recent fiscal years with available data.

2. Does this program currently have an evidence base cited in a national clearinghouse or clearinghouse database like the Results First Clearinghouse Database? If so, what is the rating for this program?

   If not, what evidence or research is the basis for the proposed program? Include citations for the peer-reviewed research. In the event there is no evidence or research to support this program, please provide the logic model currently defining this program.

3. Is your program model similar to the model from the research / evidence cited in #2?

   ☐ Yes – the program model is similar to the model from the evidence cited above and the population served is similar.

   ☐ No – the program model differs from the model in the evidence cited above. Below, describe how it differs (e.g., different model, different population, etc.).

4. Does the proposed reduction have a corresponding program evaluation that is currently in progress?

5. Is there an opportunity for consolidation of existing programs in order to offer the same services elsewhere? Please provide information additional to that provided in response to Part 1, #5 that is unique to the programming effort.

6. Are there any challenges or down the line risks that we should know about as a result of the reduction or elimination of this program?