



FY22 Cost Increase Requests

For each cost increase request that is not mandated by law, the following form should be completed and uploaded into the Budget Entry Analysis and Reporting System (BEARS) by budget officers. Budget officers should also email a final copy to [their budget office analyst](#) who will review each request and send back entries that do not provide sufficient detail.

Name your form file using the pattern: "PriorityNumber_AdjustmentName"
(Example: 3_Additional Analyst Positions).

Part I and Part II are required for any cost increases relating to programs. These include any systematic activity that engages participants in order to achieve desired outcomes. Programs may also be referred to as services and/or interventions.

PART I

Agency: Choose an item.

Adjustment Number: BDEADJ- Click here to enter text.
Please enter five digit code

Is there a corresponding efficiency plan for this request? Yes No

Adjustment Name: *ex: Rural Opportunity Fund*
Short name of request

Agency Prioritization: Choose an item.
1 is the highest priority

Description: *Limit to two sentences*
ex: To provide non-recurring funding for the rural opportunity fund. The fund is a public-private partnership that provides loans and technical assistance to small, minority, and women-owned rural businesses that are unable to access trad'l loan capital.

Is this an authorization to spend federal funds?

Yes

No



Total Funds: *Total state funds row will pre-populate.*

	FY2021-22	Recurring	Non-Recurring
General Fund State			
Dedicated Funds			
Federal Funds			
Other Funds*			

***If utilizing Other Funds, please provide the source of those funds here:**

Long Description:

Please provide answers to the questions below for each budget request.

Budget Officers: *This form can take the place of a detailed entry in the Long Description box in BEARS. Please copy/paste the description from the Long Description box and then upload this document.*

SECTION 1: Funding:

The purpose of this section is to understand how, if funded, the dollars would be spent and on what services and resources they would be allocated.

1. What is the program/initiative/resource that this request would fund? How does this request tie to the agency's vision and mission and the goals within the agency's strategic plan (e.g. Four-year Strategic Plan)?
2. Is this request a change to an existing program/initiative/resource or a completely new program/initiative/resource?
 - Change to an existing program/initiative/resource (e.g., adding staff or resources, serving more or a different group of people, making changes to the service model, etc.)
 - Completely new program/initiative/resource
3. Detail here what the requested funds would purchase and the corresponding cost (e.g., personnel, salary increases, equipment, contracted services, etc.) For each proposed FTE, include the proposed annual salary. Describe the assumptions used to determine funding and position requests. If the impact is not specifically quantifiable, is a cost avoidance, or if additional information is needed to explain the fiscal impact, please elaborate.

Example:



<i>Personnel:</i>	<i>2 FTE at \$87,000 each 1 FTE at \$104,000</i>
<i>Equipment:</i>	<i>\$400,000</i>
<i>Contracted Services:</i>	<i>\$1,000,000 for marketing campaign</i>

4. Is this solution planned as a multi-year effort? If so, what fiscal requests can we expect in the future and how will it impact roll-out of the program?

NOTE: Any dollars listed for future years are an estimate and only for planning purposes.

5. If this is year 2 or 3 of a multi-year investment, provide insight into the status of the program and its implementation.

SECTION 2: Issue or Opportunity

The purpose of this section is to provide context as to the challenge or opportunity the proposed cost increase intends to resolve.

6. What is the issue or opportunity that this request will address?

In your answer, please include the following information, if relevant. For shared services agencies, include information related to the agencies served and the function of the investment.

- How many new or additional people will be served?
 - How many new or additional counties will be served?
 - How many people/counties will remain unserved?
 - How has the program population been trending in the last five years?
7. What prior efforts has the Department taken to solve the problem including both budgetary and non-budgetary approaches (e.g., # of FTEs, estimated state/federal expenditures to date, reallocation of resources, etc.)? What impact have those efforts had on addressing the problem? More specifically, what have been the outcomes to date?

SECTION 3: Other Questions

The purpose of this section is to understand where departments work together and how they serve similar customer-bases.

8. Would this solution 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. Does this solution have an impact programmatically or fiscally on any other agency? If so, which one(s)? Please indicate if this program is jointly funded by any other agencies and if so, which ones and to what extent.



PART II:

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

SECTION 4: Evidence and Impact

The purpose of this section is to understand the evidence and research that the program is based on to provide context for the basis of the program design and how similar successes may be realized in Tennessee.

10. Does this program currently have an evidence base cited in a national clearinghouse or clearinghouse database like the [Results First Clearinghouse Database](#)? It is not necessary for a program to have a citation in a clearinghouse to be funded.

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 a basic [logic model](#) supporting this request.

11. Is your program model similar to the model from the evidence cited above?
- 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.):

12. To further understand this program's [logic model](#), please provide the following information:

- List key program interventions and services.
- Identify the targeted population for this program or expansion.

13. If this program is funded in the FY22 budget, which outcome(s) do you intend to measure to ensure that the program is having the desired effect? What data will you collect, or are you currently collecting, to track these outcomes?



14. What are the milestones that will be measured along the way before the outcomes are realized?

15. Have you included funding for an evaluation of program implementation or impact as part of your request? If this request is for a program expansion, is there an evaluation currently underway or completed?