

LEGISLATIVE BUDGET REQUEST

Charlie Crist,

Governor

Agency for Persons with Disabilities

205-2

Tallahassee

Jim DeBeaugrine,

October 15, 2009

Director

Jerry L. McDaniel, Director Office of Policy and Budget

4030 Esplanade

Executive Office of the Governor

Way,

1701 Capitol

Suite 380

Tallahassee, Florida 32399-0001

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JoAnne Leznoff, Council Director

attariassec,

House Full Appropriations Council on General Government & Health Care

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Senate Policy and Steering Committee on Ways and Means

201 Capitol

(866-273-2273)

Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, our Legislative Budget Request for the Agency for Persons with Disabilities is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our proposed needs for the 2010-11 Fiscal Year. This submission has been approved by Jim DeBeaugrine, Director of the Agency for Persons with Disabilities.

Sincerely,

Jim DeBeaugrine

Director



agency for persons with disabilities

State of Florida

Legislative Budget Request Fiscal Year 2010-11

Department Level 67000000

Exhibits and Schedules

Jim DeBeaugrine
Director

IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

Agency for Persons with Disabilities

Submitted by: Monique Emmanuel, Chief Information Officer

Phone: (850) 488-5877

Date submitted: 10/15/2009

E-Mail, Messaging, and Calendaring Service

This service enables users to send and receive e-mail and attachments, perform departmental calendaring, manage address lists, create and maintain shared or private folders, and store message data provided through the e-mail service. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify the major commercial hardware and software associated with the E-Mail Service:									
1	Lotus Domino Server (DCF)	5							
2	Zixmail service	6							
3		7							
4		8							
1.	1. IT Service Definition 1.1. Who is the service provider? (Indicate all that apply)								

1.1. Who is the service provider? *(Indicate all that apply)* Central IT staff Program staff ☑Other External service provider X **Another State agency** 1.2. Who uses the service? (Indicate all that apply) Agency staff (state employees or contractors) Employees or contractors from one or more additional state agencies X External service providers X Public (please explain in Question 5.2) 1.3. Please identify the number of users (e-mail accounts/mailboxes) of this service. 1970 1.4. How many locations currently host IT assets and resources used to provide e-mail, messaging, and calendaring services?

2. Service Unique to Agency

2.1. Is a similar or identical IT service provided by another agency or external service provider?
(Identical, Very Similar, No)
Very Similar

2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?

☐ Yes ☐ No

2.2.1. If yes, what must happen for your agency to use another IT service provider?

IT Service Provider must be able to provide features missing from DCF basic email services. APD must have administrative access to create/move/delete email accounts and create distribution lists. Maintenance of the email boxes must occur on a regular schedule. Email addresses must be specific to APD. APD must be able to utilize integrated group calendar features and to encrypt email messages sent to third party providers.

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IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

3.

4.

2.2.2. If not, why does your agency need to maintain the current provider for this IT service?
IT Service Levels Required to Support Business Functions
3.1. Has the agency specified the service level requirements for this IT Service?
Yes; formal Service Level Agreement(s)
Yes; informal agreement(s)
No; specific requirements have not been determined and approved by the department
If you answered "Yes," identify major (formal or informal) service level requirements:
Electronic messaging will be available 99.5% of the scheduled uptime.
95% of valid service requests will be completed within 2 business days
3.2. Timing and Service Delivery Requirements
3.2.1. Hours/Days that service is required <i>(e.g., 0600-2100 M-F, 24/7)</i> : 24/7
3.2.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs <i>(e.g., 5 min, 15 min, 60 min)?</i> 30 mins
3.2.2.1. What are the impacts on the agency's business if this down-time standard
is exceeded?
Loss of work productivity and the inability to communicate with our employees, service providers, customers, and stakeholders
3.2.3. Are there any agency-unique service requirements? ☐ Yes ☐ No
If yes, specify (include any applicable constitutional, statutory, or rule requirements)
3.2.4. What are security requirements for this IT service? (Indicate all that apply)
☑ User ID/Password ☑ Access through Internet or external network
Access through internal network only Access through Internet with secure encryptic
Other
3.2.5. Are there any federal, state, or agency records retention or privacy policies, restrictions, or requirements applicable to this IT Service?
ĭ Yes □ No
3.2.5.1. If yes, please specify and describe:
HIPAA related requirements, Chapter 119 F.S
User/customer satisfaction
User/customer satisfaction 4.1. Are service level metrics reported to business stakeholders or agency management?
User/customer satisfaction

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FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements

IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring Service

4.2. Are currently defined IT service levels adequate to support the business needs?										
□ Yes 区 No										
4.2	4.2.1. If no, what changes need to be made to the current IT service? (Briefly explain)									
n M s	IT Service Provider must be able to provide features missing from DCF basic email services. APD must have administrative access to create/move/delete email accounts and create distribution lists. Maintenance of the email boxes must occur on a regular schedule. Email addresses must be specific to APD. APD must be able to utilize integrated group calendar features and to encrypt email messages sent to third party providers.									
4.2		ignificant projects (e.g., total cos upgrade or enhance any resource								
Pro	ject Name	Description		Start Date	End Date	Estimated Total Cost to Complet				
 Additional Information 5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.). 										
General Revenue- DP category										
Gene	ral Revenue- D		st allocat	tion, fee-per-	transaction, et					
5.2. Ot Qu	her comments	OP category (Briefly describe the usage patters, annual use, occasional use, see	ern for a	any public use	er groups iden	tified in				
5.2. Ot Qu	her comments lestion 1.3, e.ç	OP category (Briefly describe the usage patters, annual use, occasional use, see	ern for a	any public use	er groups iden	tified in				

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IT Service Requirements Worksheet: Helpdesk Service

Dept/Agency: Agency for Persons with Disabilities

Submitted by: Monique Emmanuel, Chief Information OfficerPhon

e: (850) 488-5877

Date submitted: 10/15/2009

Helpdesk Service

This service involves the centralized or consolidated intake and resolution of IT system problems for users and stakeholders throughout the department. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Ide	Identify any major commercial hardware and software associated with the Helpdesk Service:								
1	Service Center Provided by NSRC	5							
2		6							
3		7							
4		8							

1. IT Service Definition

1.1. Who is the service provider? (Indicate all that apply
--

- □ Central IT staff
- ☐ Program staff

Other External service provider

State Primary Data Center

■ Contact

State Primary Data Center

■ C

Another State agency

1.2. Who uses the service? (Indicate all that apply)

- Agency staff (state employees or contractors)
- Employees or contractors from one or more additional state agencies
- External service providers
- Public (please explain in Question 5.2)
- 1.3. Please identify the number of users of this service:

2970

- 1.4. How many locations currently host IT assets and resources used to provide helpdesk services?
- 1.5. What communication channels are used for the service? (Indicate all that apply)

On-line self-serve

On-line interactive

▼ Telephone/IVR

Face-to-face

Remote desktop (e.g., PC Anywhere)

1.6. What is the scope of the service provided by the Help Desk: (Check all boxes that apply)

Help Desk Action	Simple problems	Moderately complex problems	Complex problems
Accepting and logging	Χ	X	X
Referring/escalating	Χ	X	X
Tracking and reporting	Χ	X	Х
Resolving/closing	Χ		

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IT Service Requirements Worksheet: Helpdesk Service

	1.7. Please identify the major IT systems or services for which the Help Desk must provide assistance:	
	1 5	
	2 6	
	3 7	4
	4 8	
2.	Service Unique to Agency	
	2.1. Is a similar or identical IT service provided by another agency or external service provider? (Identical, Very Similar, No, Unknown) Very Similar	<u>ar</u>
	2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?	
	Yes □ No	
	2.2.1. If yes, what must happen for your agency to use another IT service provider?	
	Service Provider must meet the APD Service level requirements for this service. Service Provider must be able to determine and document the cost of providing the service.	
	2.2.2. If not, why does your agency need to maintain the current provider for this IT service?	
		1
3.		
	3.1. Has the agency specified the service level requirements for this IT Service?	
	Yes; formal Service Level Agreement(s)	
	Yes; informal agreement(s)	
	No; specific requirements have not been determined and approved by the department	
	If you answered "Yes," identify major (formal or informal) service level requirements:	
	95% of service events will be accomplished within the required timeframes	
	3.2. Timing and Service Delivery Requirements	
	3.2.1. Hours/Days the Help Desk service is required (e.g., 0800-1600 M-F, 24/7) 8am-6pm	M-F
	3.2.2. What are the impacts on the agency's business if the Help Desk service is not available?	
	Employees may not be able to access technical assistance when needed to perform job duties	
	3.2.3. What is the average monthly volume of calls/cases/tickets? 1012	
	3.2.4. Are there any agency-unique service requirements? □ Yes 区	No
	If yes, specify (include any applicable constitutional, statutory, or rule requirements)	
		1
	2.2.5. What are cognity requirements for this IT consists. (Indicate all that are to	
	3.2.5. What are security requirements for this IT service? <i>(Indicate all that apply)</i>	، ایر
	 ✓ User ID/Password ✓ Access through Internet or external network ✓ Access through Internet with secure encrease. 	
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FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements IT Service Requirements Worksheet: Helpdesk Service

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3.2.6. Are there Service?	, , , , , , , , , , , , , , , , , , , ,								
☑ Yes	s <u> </u>	No							
3.2.6.1. I	f yes, please	e specify and describe:							
HIPAA related	HIPAA related requirements, Chapter 119 F.S								
lloom/overtownen oot	iofootion								
User/customer sat		orted to business stakeh	olders er agensy	management?	•				
	No	orted to business stakeh	oluers or agency	management					
		e the frequency of repor	ts and how they	are provided:					
Monthly, electr	•	, , ,							
∑ Yes	 1.2. Are currently defined IT service levels adequate to support the business needs? ✓ Yes □ No 4.2.1. If no, what changes need to be made to the current IT service? (Briefly explain) 								
4.2.2. List any significant projects (e.g., total cost greater than \$500,000) that are underway or planned to upgrade or enhance any resource or system associated with this IT service.									
planned t		or enhance any resource	or system associ	ated with this	IT service. Estimated Total				
planned t		or enhance any resource	or system associ	ated with this	IT service. Estimated Total				
planned t		or enhance any resource	or system associ	ated with this	IT service. Estimated Total				
planned t	to upgrade (or enhance any resource	or system associ	ated with this	IT service. Estimated Total				
Project Name Additional Informa 5.1. Please describe is used to provid service. Be sure FY 2010-11. If s	tion the funding le this service to describe such adjustr	or enhance any resource	Start Date Start Date evenue, trust fun re is a cost recovents to the fundire ease describe any	d, federal grarery or cost allow corresponding	Estimated Total Cost to Complete nt, or other, which cation plan for this funding level for g change needed in				
Project Name Additional Informa 5.1. Please describe is used to provid service. Be sure FY 2010-11. If s	tion the funding to describe such adjustring model (6)	Description Source(s), i.e., general rece. Identify whether there any anticipated adjustments are anticipated, please.	Start Date Start Date evenue, trust fun re is a cost recovents to the fundire ease describe any	d, federal grarery or cost allow corresponding	Estimated Total Cost to Complete nt, or other, which cation plan for this funding level for g change needed in				
Project Name Additional Informa 5.1. Please describe is used to provious service. Be sure FY 2010-11. If the service fund General Revenue DP 5.2. Other comments	tion the funding le this service to describe such adjustring model (ecategory) (a) (Briefly desg., annual units of the control	Description Source(s), i.e., general rece. Identify whether there any anticipated adjustments are anticipated, please.	evenue, trust function is a cost recoverents to the fundirease describe any location, fee-per-	d, federal granery or cost allow corresponding transaction, electrons identification.	Estimated Total Cost to Complete nt, or other, which cation plan for this funding level for g change needed in tc.).				

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IT Service Requirements Worksheet: IT Administration and Management Service

Agency for Persons with Disabilities Dept/Agency: (Monique Emmanuel, Chief Information Officer) Submitted by: (850) 488-5877 Phone: October 15, 2009 Date submitted: IT Administration and Management Service This service enables the management and administration of the agency's central IT program or unit. Please consult the Guidelines for Schedule IV-C: IT Costs and Service Requirements for the complete definition of this IT Service and specific direction on how to complete this document. Identify major IT Systems (applications) that are included (in whole or part) in this IT Service: Information Technology Request (ITR) 2 BMC SDE (Change Management) 6 7 FLAIR (Asset Inventory) 3 8 4 1. IT Service Definition 1.1. Who is the service provider? (Indicate all that apply) Central IT staff Program staff **Another State agency** External service provider 1.2. How many locations currently host assets and resources used to provide IT administration and management services? 2. Service Unique to Agency 2.1. If the same level of service could be provided through another agency or external source for less than the current cost of the IT service, could your agency change to another service provider? Yes X No 2.1.1. If yes, what must happen for your agency to use another IT service provider? 2.1.2. If not, why does your agency need to maintain the current provider for this IT service? Service provides the IT controls necessary to effectively manage Information Technology within the Agency and should not be outsourced. 3. IT Service Levels Required to Support Business Functions 3.1. Has the agency specified the service level requirements for this IT Service? Yes; formal Service Level Agreement(s) Yes; informal agreement(s) No; specific requirements have not been determined and approved by the department

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If you answered "Yes," identify major (formal or informal) service level requirements:

IT Service Requirements Worksheet: IT Administration and Management Service

3.2. Timing and Servi	ce Delivery Requirements									
9	s that service is required <i>(e.g., 080)</i> this service:	0-1600 M-F, 2	24/7) for the s	systems <u>8-6pr</u>	n M-F					
	3.2.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs <i>(e.g., 5 min, 15 min, 60 min)?</i>									
3.2.3. Are there a	3.2.3. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?									
☐ Yes	⊠ No									
If yes, plea	ase specify and describe:									
HIPAA related re	quirements, Chapter 119 F.S									
3.2.4. Are there a	any agency-unique service requireme	nts?		✓ Yes	□ No					
If yes, spec	cify <i>(include any applicable constitu</i>	tional, statutoi	ry, or rule requ	uirements)						
Chapter 393 F.S.										
User/customer satis										
 Are service level metrics reported to business stakeholders or agency management? Yes No If yes, briefly describe the frequency of reports and how they are provided: 										
4.2. Are currently defir	Are currently defined IT service levels adequate to support the business needs of the agency?									
Yes □	No									
If no, what changes need to be made to the current IT service? (Briefly explain)										
	t projects that are underway or planr ess associated with this IT service.	ed to upgrade	or enhance ar	ny system,						
Project Name	Description	Start Date	End Date	Estimated Cost of Com						

5. Additional Information

4.

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for

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FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements

IT Service Requirements Worksheet: IT Administration and Management Service

FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

General Revenue	
5.2. Other comments	

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IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

Agency for Persons with Disabilities Dept/Agency: Monique Emmanuel, Chief Information Officer Submitted by: (850) 488-5877 Phone: 10/15/2009 Date submitted: IT Security/Risk Mitigation Service This service involves the implementation of measures to reduce risk and ensure continuity of the IT Services supporting the agency. Please consult the Guidelines for Schedule IV-C: IT Costs and Service Requirements for the complete definition of this IT Service and specific direction on how to complete this document. 1. IT Service Definition 1.1. Who is the service provider? (Indicate all that apply) X Central IT staff X State Primary Data Center Program staff Other External service provider Another State agency 1.2. Who uses the service? (Indicate all that apply) Agency staff (state employees or contractors) Employees or contractors from one or more additional state agencies X External service providers Public (please explain in Question 5.2) X 2. Service Unique to Agency 2.1. Is a similar or identical IT service provided by another agency or external service provider? (Identical, Very Similar, No) Verv Similar 2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider? × Yes No 2.2.1. If yes, what must happen for your agency to use another IT service provider? Service Provider must be able to implement and monitor the security measures necessary to

2.2.2. If not, why does your agency need to maintain the current provider for this IT service?

3. IT Service Levels Required to Support Business Functions

3.1. Has the agency specified the service level requirements for this IT Service?

reduce risk and ensure continuity of the IT Services supporting the Agency.

- Yes; formal Service Level Agreement(s)
- X Yes; informal agreement(s)
- No; specific requirements have not been determined and approved by the department

FY 2010-11

If you answered "Yes," identify major (formal or informal) service level requirements:

Specific requirements related to this service are embedded in the NRSC and SSRC SLAs

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IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

	3.2. Timi	ng and Serv	ice Delive	ery Requirements	5					
	3.2.1.	Hours/Day	ys that ser	rvice is required	(e.g., 0800	0-1600 M-F, 2	24/7):		24/7	
	3.2.2.			emergency, how y's continuity of		t essential serv	vices be restor 24 hrs	ed to		
	3.2.3.	How frequ	uently mus	st the IT disaster	recovery p	lan be tested?	Annually			
3.2.4. In the event of a security breach, what is the agency's tolerance for down time of security IT services during peak periods, i.e., time before management-level intervention occurs (e.g., 10 min, 60 min, 4 hours)?										
	3.2.5.	Are there	any agend	cy-unique service	e requireme	nts?		□ Ye	es 🛚	l No
		If yes, spe	ecify <i>(inclu</i>	ude any applical	ble constitu	tional, statutoi	ry, or rule requ	uireme	nts)	
	3.2.6.	What are	security re	equirements for	thic IT convi	ce? (Indicate	all that ann	(v)		
		User ID/Pas	•	equirements for		Access through			al netwo	-lz
		-		al network only		Access through	-			
		Other	-	ar neework orny	_	Access an out	gii income vii	iii occu	ire eriery	501011
	3.2.7.	Are there	any federa	al, state, or ager	 ncy privacy (policies or rest	rictions applica	ble to t	this IT S	ervice?
				No						
		If yes, please specify and describe:								
	HIP	AA related re	equiremen	nts, Chapter 282	318 F.S.					
1	Hear/cue	tomer sati	efaction							
⊶.	USEI / Cus									
	41 Ara			enorted regularly	v to husines	c stakeholders	or agency ma	nademi	ent?	
	4.1. Are		l metrics r	eported regularl No	y to busines	s stakeholders	or agency ma	nagem	ent?	
	4.1. Are	service leve	I metrics re					nagem	ent?	
	Peri	service leve Yes If yes, bri	I metrics re defly descri l audits an	No libe the frequence and evaluations of	y of reports the agency	and how they 's security prog	are provided:	_		,
	Peri	service leve Yes If yes, bri	I metrics re defly descri l audits an	No be the frequence	y of reports the agency	and how they 's security prog	are provided:	_		,
	Perio and	service leve Yes If yes, bri odic internation	I metrics re cell description l audits and technolog	No libe the frequence and evaluations of	y of reports the agency he agency a	and how they 's security procure conducted.	are provided:	_		,
	Perio and	service leve Yes If yes, bri odic internation	I metrics re continuous re displayed and its a	No libe the frequence ad evaluations of gy resources of t	y of reports the agency he agency a	and how they 's security procure conducted.	are provided:	_		,
	Perio and	service leve Yes If yes, bricodic internal information urrently defi	I metrics re efly descri l audits an technolog ined IT ser	No be the frequence of evaluations of gy resources of t rvice levels adeq	y of reports the agency he agency a uate to sup	and how they 's security prog ire conducted. port the busine	are provided: gram for the do	ata, info	ormation	,
	Perion and 4.2. Are conducted 4.2.1.	service leve Yes If yes, brice odic internation information urrently defice Yes If no, what	I metrics re efly description audits and technologer ined IT ser ined IX at changes	No ibe the frequence od evaluations of gy resources of t rvice levels adeq No	y of reports the agency he agency a uate to supple	and how they 's security prog ire conducted. port the busine	are provided: gram for the di ess needs? e.? (Briefly ex	ata, info	ormation	r
	Period and 4.2. Are constant 4.2.1.	service leve Yes If yes, brice odic internation information urrently defice Yes If no, what	I metrics re efly description audits and technologer ined IT ser ined IX at changes	No ibe the frequence of evaluations of gy resources of the rvice levels adeq No s need to be made	y of reports the agency he agency a uate to supple	and how they 's security prog ire conducted. port the busine	are provided: gram for the di ess needs? e.? (Briefly ex	ata, info	ormation	,
	Period and 4.2. Are constant 4.2.1.	service leve Yes If yes, bri odic internation urrently defi Yes If no, what vice is limited gram	efly described and technologiate changes didue to notice ignificant properties.	No ibe the frequence of evaluations of gy resources of the rvice levels adeq No s need to be made	y of reports the agency he agency a uate to sup de to the cui to implemental cost grea	and how they 's security progree conducted. port the busine rrent IT service at and monitor	are provided: gram for the decess needs? e.? (Briefly extended) the information,000) that are	eta, info	ormation rity vay or	<i>'</i>
	4.2. Are constant of the serve program in the serve program is a serve program in the serve p	service leve Yes If yes, bri odic internation urrently defi Yes If no, what vice is limited gram	efly described and technologiate changes didue to notice ignificant properties.	No ibe the frequence of evaluations of gy resources of the rvice levels adeq No is need to be made not enough staff projects (e.g., to	y of reports the agency he agency a uate to sup de to the cui to implemental cost grea	and how they 's security progree conducted. port the busine rrent IT service at and monitor	are provided: gram for the decess needs? e.? (Briefly extended) the information,000) that are	eta, info explain) on secul underw IT serv	ormation rity vay or	otal
	4.2. Are constant of the serve program in the serve program is a serve program in the serve p	service leve Yes If yes, bri odic internation urrently defi Yes If no, what vice is limited gram List any si planned to	efly described and technologiate changes didue to notice ignificant properties.	No ibe the frequence of evaluations of gy resources of the rvice levels adeq No is need to be made not enough staff projects (e.g., to or enhance any	y of reports the agency he agency a uate to sup de to the cui to implemental cost grea	and how they 's security progree conducted. port the busine rrent IT service at and monitor ater than \$500 system associ	are provided: gram for the decess needs? e.? (Briefly extended) the information ,000) that are ated with this	eta, info explain) on secul underw IT serv	ormation rity vay or vice. imated 1	otal

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5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

General Revenue, OMTF

5.2.	Other comments (Briefly describe the usage pattern for any public user groups identified in
	Question 1.3, e.g., annual use, occasional use, self-service, or optional use, and any other comments
	to explain the service.)

 File: LBR 2010-11 IT Security-Risk Mitigation Service
 FY 2010-11

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IT Service Requirements Worksheet: IT Support Service for Agency Financial and **Administrative Functions**

Agency for Persons with Disabilities Dept/Agency:

Monique Emmanuel, Chief Information Officer Submitted by:

(850) 488-5877 Phone: 10/15/2009 Date submitted:

IT Support Service for Agency Financial and Administrative Systems

This service enables users in the agency's administrative and support areas to operate and maintain the nonstrategic applications that support agency administrative. Please consult the Guidelines for Schedule IV-C: IT Costs and Service Requirements for the complete definition of this IT Service and specific direction on how to complete this document.

Ide	Identify major IT Systems (applications) that are included (in whole or part) in this IT Service:								
1	Certified Forward System	8	APD PMDS-Personnel Mgmt						
2	FLAIR/User Accounting System	9	IDS Warehouse						
3	APD Maintenance Fee Collection	10	Budget Mgmt System						
4	APD Supply Inventory Management	11	APD Release Balance System						
5	Cell Phone Calculator	12	Financial Data Warehouse						
6	Payroll Employee Detail Posting	13	Contract Information System						
7	Client 1099 Information	14	FLAIR (hosted by DFS)						

1	IT C	ervice	Dofin	ition
	11.3	er vice	1100111	11116361

2.

	(
IT Service Def	inition		
1.1. Who is the	service provider? (Indicate all that apply)	
X	Central IT staff	State Primary Data Center	
X	Program staff	Other External service prov	ider
X	Another State agency		
1.2. Who uses t	the service? (Indicate all that apply)		
×	Agency staff (state employees or contract	ors)	
×	Employees or contractors from one or mo	re additional state agencies	
	External service providers		
	Public (please explain in Question 5.2)		
1.3. Please iden	tify the number of users of this service.		6
1.4. How many	locations currently host agency financial/ ac	ministrative systems?	2
Service Unique	e to Agency		
-	or identical IT service provided by another	agency or external carvice provider	·
	I, Very Similar, No)	agency of external service provider	Very Similar
	e level of service could be provided through at of the IT service, could your agency chang	- ·	than the
Yes	□ No		
2.2.1. If ye	es, what must happen for your agency to us	e another IT service provider?	

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Service Provider must be able to meet APD Service Level Requirements and determine and

document the costs of providing the service

IT Service Requirements Worksheet: IT Support Service for Agency Financial and Administrative Functions

3.

ı												1
2	2.2.2.	If not,	why does yo	ur agency need to	maintain th	ie c	urrent provid	er for this	IT serv	ice?		•
IT S	ervice	Level	Required t	o Support Busir	ness Functi	ons	S					_
Ansı	wer th	ne follo	wing questi	ions for the prin	nary or don	nina	ant IT syste	em withii	n this I	<i>T Ser</i> ı	vice.	
3.1.	Has th	e agen	cy specified th	ne service level re	quirements f	for t	this IT Servic	e?				
		×	Yes; formal S	ervice Level Agree	ement(s)							
		X	Yes; informal	agreement(s)								
			No; specific re	equirements have	not been de	eteri	mined and ap	proved by	y the de	partm	ent	
	If y	ou ans	wered "Yes,"	identify major (fo	rmal or infor	mal	l) service leve	el requirer	ments:			
	Requ	irement	s are docume	ented in the contr	act with NW	RDC	C and NRSC S	SLA				
3.2.	Timin	ng and S	Service Delive	ry Requirements								
3	3.2.1.	Hours,	Days that se	vice is required (e.g., 0700-	180	00 M-F, 24/	7) for.				
	3.2	.1.1. <u>F</u>	User-facing	components of th	nis IT service	e (oi	nline)			<u>8am-6</u>	<mark>6pmM</mark>	<u> -</u>
	3.2	.1.2.	Back-office-	facing componen	ts of this IT	serv	vice (batch ar	nd mainte	nance)	12an	n-4am	<u>1</u>
3	3.2.2.			s tolerance for do					e before	<u> </u>	24 hr	<u>'S</u>
	3.2	.2.1.	What are the	ne impacts on the ?	agency's bu	sine	ess if this dov	vn-time st	andard	_		
	Loss client		productivity,	Payment to vend	dors may be	dela	ayed impactii	ng service	s provid	led to		
3	3.2.3.	Are th	ere any agen	cy-unique service	requirement	:s?			□ Y	'es		No
		If yes,	specify (incl	ude any applicabl	le constitutio	onal	l, statutory, d	or rule req	quireme	ents)		
												1
3	3.2.4.	What a	are security re	equirements for th	nis IT service	e? (Indicate all	that app	oly)			•
	× U	Jser ID/	Password		i		Access throu	gh Intern	et or ex	ternal	netwo	ork
	× A	ccess t	hrough intern	al network only			Access throu	-				
3	3.2.5.	Are the	-	al, state, or agend	cy privacy po	olicie	es or restriction	ons applic	able to	this IT	-	
		⊠ Ye	es 🗖	No								
	3.2	.5.1.	If yes, pleas	se specify and des	scribe:							

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 FY 2010-11

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FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements IT Service Requirements Worksheet: IT Support Service for Agency Financial and Administrative Functions

4.

5.

User/customer sati	sfaction									
4.1. Are service level metrics reported to business stakeholders or agency management										
☐ Yes ☒ No										
If yes, bri	If yes, briefly describe the frequency of reports and how they are provided:									
4.2. Are currently defined IT service levels adequate to support the business needs?✓ Yes✓ No										
4.2.1. If no, wha	at changes need to be made to the cur	rent IT service	e? (Briefly ex	kplain)						
	ignificant projects that are underway o I with this IT service.	r planned to u	pgrade or enh	ance any system						
Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete						
Additional Information	tion									
5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).										
General Revenue										
5.2. Other comments Question 1.3, e.g to explain the ser	(Briefly describe the usage pattern for ., annual use, occasional use, self-service.)	any public uso vice, or optiona	er groups iden al use, and any	tified in other comments						

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IT Service Requirements Worksheet: Network Service

Dept/Agency: Agency for Persons with Disabilities

Submitted by: Monique Emmanuel, Chief Information Officer

Phone: (850) 488-5877

Phone: (850) 488-5877

Date submitted: October 15, 2009

Microsoft Active Directory

Radio

Other

Microsoft System Center Configuration

Network Service

This service enables data connectivity and transport using Local Area Network (LAN) and/or Wide Area Network (WAN) technologies. Please consult the *Guidelines for Schedule IV-C: IT Costs and Service Requirements* for the complete definition of this IT Service and specific direction on how to complete this document.

Identify the major commercial hardware and software associated with the LAN Service:

2 Manager							
	Microsoft System	_					
3	Manager		7				
4			8				
1.	IT Service Definit	tion					
	1.1. Who is the LAI	N service provider? (//	ndic	ate all that ap	ply)		
	⊠ (Central IT staff				State Primary Data Center	
	⊠ F	Program staff				Other External service provi	der
		Another State agency					
	1.2. Who is the WA	AN service provider? (1	ndi	cate all that ap	oply)	
		Central IT staff					
	<u>□</u> F	Program staff					
	× A	Another State agency					
	× E	External service provide	er				
	1.3. Who uses the	service? (Indicate al	I tha	at apply)			
	× A	Agency staff (state emp	oloye	ees or contracto	rs)		
	× E	Employees or contracto	rs fr	rom one or more	e ado	ditional state agencies	
	× E	External service provide	ers				
	⊠ F	Public (please explain i	n Qu	estion 5.2)			
	1.4. Please identify	the number of users	of th	e Network Servi	ce.		2970
	1.5. How many loc	ations currently host I	T as	sets and resourc	es u	sed to provide LAN services?	16
1.6. How many locations currently use WAN				services?			27
	1.7. What types of	WAN connections are	inclu	uded in this serv	ice?	(Indicate all that apply)	
	✓ ATM		e Re	elay	<u>×</u> (Cellular Network	
	■ SUNCOM R	.TS 🗵 Inter	net		[Dedicated Wired connection	

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Dial-up connection

Satellite

IT Service Requirements Worksheet: Network Service

2.	Service Unique to Agency
	2.1. Is a similar or identical IT service provided by another agency or external service provider? (Identical, Very Similar, No) Identical
	2.2. If the same level of service could be provided through another agency or source for less than the current cost of the IT service, could your agency change to another service provider?
	2.2.1. If yes, what must happen for your agency to use another IT service provider?
	Service Provider must meet the APD service level requirements and be able to determine and document the cost of providing the service
	2.2.2. If not, why does your agency need to maintain the current provider for this IT service?
3.	IT Service Levels Required to Support Business Functions
	3.1. Has the agency specified the service level requirements for LAN service?
	☐ Yes; formal Service Level Agreement(s)
	☐ Yes; informal agreement(s)
	No; specific requirements have not been determined and approved by the department
	If you answered "Yes," identify major (formal or informal) service level requirements:
	3.2. Has the agency specified the service level requirements for WAN service?
	Yes; formal Service Level Agreement(s)
	Yes; informal agreement(s)
	No; specific requirements have not been determined and approved by the department
	If you answered "Yes," identify major (formal or informal) service level requirements:
	Network will be available 99.5% of scheduled uptime
	http://dms.myflorida.com/cits/portfolio of services/suncom/data transport services/myfloridanet/s ervice levels/operational (DMS)
	3.3. Timing and Service Delivery Requirements
	3.3.1. Hours/Days that service is required (e.g., 0800-1600 M-F, 24/7) for:
	3.3.1.1. Online availability <u>24/7</u>
	3.3.1.2. Offline and availability for maintenance N/A
	3.3.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs (e.g., 5 min, 15 min, 60 min)?
	3.3.2.1. What are the impacts on the agency's business if this down-time standard is exceeded?
	Loss of work productivity
	2033 of Work productivity

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IT Service Requirements Worksheet: Network Service

If yes, indicate the standard (e.g. fiber channels for certain locations)			
			J
3.3.4. Are there any agency-unique service requirements?	Yes	X	N
If yes, specify (include any applicable constitutional, statutory, or rule required	nents)		
			J
3.3.5. What are security requirements for this IT service? (Indicate all that apply)			
✓ User ID/Password ✓ Access through Internet or			
Access through internal network onlyOther	:h secure	encr	yp
3.3.6. Are there any federal, state, or agency privacy policies or restrictions applicable Service?	to this IT	-	
3.3.6.1. If yes, please specify and describe:			
HIPAA related requirements regarding client health protected information			1
,			_
User/customer satisfaction			
4.1. Are service level metrics reported to business stakeholders or agency management? ✓ Yes ✓ No			
If yes, briefly describe the frequency of reports and how they are provided:			
Monthly reports, electronically			
4.2. Are currently defined IT service levels adequate to support the business needs?			
Yes No			
4.2.1. If no, what changes need to be made to the current IT service? <i>(Briefly expla</i>)	in)		
			1
APD needs a comprehensive security solution for the network that will protect users from originating both inside and outside of the enterprise. The agency does not use an isol		ts	ı
quarantined network environment that can be monitored and controlled within a well-	defined		ı
perimeter in order to ensure the privacy and safety of the Electronic Protected Health (EPHI) belonging to the citizens APD serves. It is a critical security issue that APD imm			ı
resolve the use of non-isolated network services. It is a chical security issue that APD infinite			ı
Request will mitigate serious, real, identity theft and fraud risks to the citizens of Floric		PD	ı
serves.			ı
The Department of Children and Families (DCF) and Agency for Persons with Disabilities Information Technology current Service Level Agreement provides DCF network service.			ı
APD offices in workplaces physically co-located with DCF. Other APD offices not physic	•	Ji	ı
located with DCF rely on the Department of Management Services (DMS) to receive ne	etwork		
services. Currently, about 43% of APD physical locations are not co-located with DCF I would not be logistically feasible or cost effective to request DCF to provide network see			
APD offices in physical locations separate from DCF locations, as DCF would need to in			
services in locations for which DCF network services do not already exist. APD is respo			

 File: LBR 2010-11 Network Service
 FY 2010-11

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FY 2010-11 Schedule IV-C: Information Technology (IT) Costs & Service Requirements IT Service Requirements Worksheet: Network Service

meeting HIPAA regulations and Florida Administrative Codes, yet the agency has little-to-no network control with which to facilitate these responsibilities.

4.2.2. List any significant projects (e.g., total cost greater than \$500,000) that are underway or planned to upgrade or enhance any resources or system associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost to Complete

5. Additional Information

5.1. Please describe the funding source(s), i.e., general revenue, trust fund, federal grant, or other, which is used to provide this service. Identify whether there is a cost recovery or cost allocation plan for this service. Be sure to describe any anticipated adjustments to the funding source(s) or funding level for FY 2010-11. If such adjustments are anticipated, please describe any corresponding change needed in the service funding model (e.g., charge-back, cost allocation, fee-per-transaction, etc.).

O&M Trust Fund

5.2. Other comments (Briefly describe the usage pattern for any public user groups identified in Question 1.3, e.g., annual use, occasional use, self-service, or optional use, and any other comments to explain the service.)

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 FY 2010-11

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Non-Strategic IT N	etwork Service							
Dept/Agency: AC	gency for Persons with Disabilities					Form: FY 20	10-11 Schedule IV-C -l	Non-Strategics; Ver 1
Prepared by: MO			ources Apportioned		y ,			
Phone: (85	50) 488-5877		to this IT Servi	ce in FY 2010-11	Α	В	с	D
Service Provision	ing Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2010-11	Initial Estimate for Fiscal Year 2009-10	Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Personnel			8.00		\$457,670	\$457,670	\$367,450	-\$90,220
A-1.1 State FTE		1	8.00		\$457,670	\$457,670	\$367,450	-\$90,220
A-2.1 OPS FTE			0.00		\$0			\$0
A-3.1 Contractor Positions	(Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware			152	152	\$0	\$0	\$0	\$0
B-1 Servers		2	13	13	\$0	\$0	\$0	\$0
B-2 Server Maintenanc			0	0	\$0	\$0		\$0
	Hardware (e.g., routers, switches, hubs, cabling, etc.)		139	139	\$0	\$0	\$0	\$0
B-3.2 Other Hardware As	ssets (e.g., system mgt workstation, printers, UPS, etc)		0	0	\$0	\$0	\$0	\$0
C. Software		4					\$2,276	\$2,276
D. External Service Provi	der(s)				\$279,020	\$279,020	\$219,004	-\$60,016
D-1 LAN External Servi			0	0	\$0	\$0	\$0	\$0
D-2 WAN External Serv		3	0	0	\$279,020	\$279,020	\$219,004	-\$60,016
E. Plant & Facility for LAI	N/WAN Service		0	0	\$0	\$0		\$0
· · · · · · · · · · · · · · · · · · ·	n Footnotes Section below)				\$0	\$0	\$0	\$0
H. Total for IT Service					\$736,689	\$736,689	\$588,730	-\$147,959
Footnotes - Plea	ise be sure to indicate there is a footnote for the corresponding	g row above.	Maximum footnote l	ength is 1024 chara	icters.			
	.75)=\$38,818 and 50% of 12 field support personnel=\$328,632							
	ucture, file/print servers= 13 physical servers							
3 Network Circuit charges	=\$219,004.08							
4 Backup Exec annual soft	tware maintenance for 4 regional tape libraries							
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

No	n-Strategic IT E-Mail, Messaging, and Calenda	ring S	ervice					
	Agency: Agency for Persons with Disabilities					Form: F	Y 2010-11 Schedule IV-0	C -Non-Strategics; Ver 1
	Prepared by: Monique Emmanuel		# of Assets & Reso	ources Apportioned		Estimated IT Service Cos		e Hon Strategies, ver 1
	Phone: (850) 488-5877			ce in FY 2009-10	Α	В	с	D
	Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2010-11	Initial Estimate for Fiscal Year 2009-10	Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minu. G65)	Planned Increase/Decrease Use of Recurring Base Funding s (Columns C - B)
A. Pe	rsonnel		0.00		\$0	\$0	\$0	\$0
A-1	State FTE		0.00		\$0	\$0	\$0	\$0
A-2	OPS FTE		0.00		\$0	\$0	\$0	\$0
A-3	Contractor Positions (Staff Augmentation)		0.00		\$0			
B. Ha	rdware		0	0	\$0			
R-1	Servers		0	0	\$0			
B-2	Server Maintenance & Support		0	0	\$0			
B-3.1	Wireless Communication Devices & Related Hardware		0	0	\$0	\$0	\$0	\$0
B-3.2	Other Hardware Assets (e.g., system mgt workstation, printers, etc)		0	0	\$0	\$0	\$0	\$0
C. So	ftware				\$0	\$0	\$0	\$0
D. Ex	ternal Service Provider(s)	1	2	2	\$181,958	\$181,958	\$316,093	\$134,135
E. Pla	nt & Facility		0	0	\$0	\$0	\$0	\$0
F. Otl	ner (Please describe in Footnotes Section below)	2				\$0	\$24,433	\$24,433
G. To	otal for IT Service				\$181,958	\$181,958	\$340,526	\$158,568
			'					
Admi	nistrative Overhead - Percentage of Other Non-Strategic IT Service Non-Strategic Service		porting Email Se	Cost	To determine the fully-loaded	cost of the e-mail service, age	ncies must estimate the amou	int (nercentage) of the other
OT-1	Network		70	Cost	non-strategic IT services that	are "consumed" by the e-mail s	ervice. For example, desktop	support personnel install and
OT-2	Desktop IT Service	***************************************		\$ 4,082		on the desktop, which is used to include the indirect workloa		
OT-3	Help Desk	3		\$ 129,372	support of the e-mail service.	The portion of Network, IT Se	curity & Risk Mitigation, and I	T Administration &
OT-4	IT Security & Risk Mitigation					estimated by the AEIT based or of the Schedule IV-C analysis,		
OT-5	IT Administration & Management		SUBTOTAL	\$ 133,454	the cost of the e-mail servic	e.		
	Fully-loaded IT Se	rvice Cost		473.980				
	Footnotes - Please be sure to indicate there is a footnote for the corresponding			- ,				
1	Service is provided by NRSC and DCF. NSRC costs=\$201,553.08 DCF=\$114,539.62		,	- J 12 1 2 1 0 1 1 1 1				
2	Zixmail encrypted email service for communication with external entities =\$24,433							
3	Helpdesk costs included as part of NSRC billing for email service							
4	respects costs included as part of Naice billing for chian service							
5								
6								
7								
8								
a								

Schedule IV-C: Information Technology (IT) Costs and Service Requirements

IT Service Costs Worksheet: Total Operational Costs

FY 2010-2011

Agency: Agency for Persons with Disabilities					Form: F	Y 2010-11 Schedule IV-C	-Non-Strategics; Ver 1	
Prepared by: Monique Emmanuel		# of Assets & Reso	urces Apportioned	Estimated IT Service Costs				
Phone: (850) 488-5877		to this IT Service in FY 2009-10 A B C					D	
Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2010-11	Initial Estimate for Fiscal Year 2009-10	Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Allocation of Recurring Base Budget	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)	
10								

No	on-Strategic IT Desktop Computing Service									
	Agency: Agency for Persons with Disabilities					Form: FY 20	010-11 Schedule IV-C	-Non-Strategics; Ver 1		
	Prepared by: Monique Emmanuel		# of Assets & Res	ources Apportioned	Estimated IT Service Costs					
	Phone: (850) 488-5877		to this IT Servi	ce in FY 2010-11	Α	В	с	D		
	Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2010-11	Initial Estimate for Fiscal Year 2009-10	Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)		
A. Pe	rsonnel		12.25		\$599,068	\$599,068	\$505,295	-\$93,773		
A-1	State FTE	1	10.25		\$538,368	\$538,368	\$444,595	-\$93,773		
A-2	OPS FTE	2	2.00		\$60,700	\$60,700	\$60,700	\$0		
A-3	Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0		
В. На	rdware		0	0	\$0	\$0	\$0	\$0		
B-1	Servers		0	0	\$0					
B-2	Server Maintenance & Support		0	0	\$0					
B-3.1	Desktop Computers		0	0	\$0					
B-3.2	Mobile Computers (e.g., Laptop, Notebook, Handheld, Wireless Computer)		0	0	\$0					
B-3.3	Other Hardware Assets (e.g., system mgt workstation, printers, scanners, etc)		0	0	\$0					
	ftware	2		T	\$23,265	\$23,265				
D. Ex	ternal Service		0	0	\$0	\$0	\$0	\$0		
E. Pla	nt & Facility		0	0	\$0	\$0	\$0	\$0		
F. Ot	her (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0		
G. To	otal for IT Service				\$622,333	\$622,333	\$556,224	-\$66,109		
	Footnotes - Please be sure to indicate there is a footnote for the corresponding to	row above. M	aximum footnote le	ngth is 1024 charac	ters.					
1	Current Positions-DP Mgr Pos#11475(1/4 Fte)=\$19,409; Office Automation Spec (pos# 7248)	3)=\$36,425; an	id 1/2 of 18 Field Offi	ce positions=\$388761						
2	(2) OPS positons=\$60,700									
3	CA Threat Manager for the Enterprise uses a single Web-based console to supply anti-virus and	d spyware prote	ection to the APD Lant	tons Annual cost=\$3	3 75 * 1509 desktons=\$5	50 928 75				
4	or threat manager to the Enterprise according to based console to supply and this and	а эрүнине риос	certon to the 7 ii B Lup	tops. /iiiiuui cost \$5	5.75 1303 desidops \$3	.0,320.73.				
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Non-Strategic IT Helpdesk Service Service: Helpdesk Service							
Agency: Agency for Persons with Disabilities					Form: FY 201	0-11 Schedule IV-C -N	on-Strategics; Ver 1
Prepared by: Monique Emmanuel		# of Assets & Reso	ources Apportioned		Estimated IT Service		
Phone: (850) 488-5877		to this IT Service	ce in FY 2010-11	Α	В	с	D
Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2010-11	Initial Estimate for Fiscal Year 2009-10	Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Personnel		0.00		\$0	\$0	\$0	\$0
A-1 State FTE		0.00		\$0	\$0	\$0	\$0
A-2 OPS FTE		0.00		\$0			\$0
A-3 Contractor Positions (Staff Augmentation)		0.00		\$0	\$0	\$0	\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers		0	0	\$0	\$0	\$0	\$0
B-2 Server Maintenance & Support		0	0	\$0			\$0
B-3 Other Hardware Assets (e.g., system mgt workstation, printers, etc)		0	0	\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)	1	1	1	\$65,796	\$65,796	\$22,068	-\$43,728
E. Plant & Facility		0	0	\$0	\$0	\$0	\$0
F. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
G. Total for IT Service				\$65,796	\$65,796	\$22,068	-\$43,728
Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote leng	th is 1024 ch	aracters.					
Service provided by NRSC .OCA 66BCA and 66GCA=\$22,068.29. OCA 66EMS is included in email service costs							
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N	on-Strategic IT Security/Risk Mitigation Serv	ice						
	Agency: Agency for Persons with Disabilities Prepared by: Monique Emmanuel		# of Assets & Res	ources Apportioned	ı	Form: FY 2	010-11 Schedule IV-C	Non-Strategics; Ver 1
	Phone: (850) 488-5877			ce in FY 2010-11	Α	В	С	D
	Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2010-11	Initial Estimate for Fiscal Year 2009-10	Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Pe	ersonnel		1.25		\$93,392	\$93,392	\$93,531	\$139
A-1	State FTE		1.25		\$93,392	\$93,392	\$93,531	\$139
A-2	OPS FTE Contractor Positions (Staff Augmentation)		0.00		\$0			\$0
A-3	ardware		0.00	0	\$0 \$0			
B-1	Servers		0	0	\$0			
B-2	Server Maintenance & Support		0	0	\$0			
B-3	Other Hardware Assets (e.g., system mgt workstation, printers, UPS, etc)		0	0	\$0	\$0	\$0	\$0
C. So	oftware			_	\$0	\$0	\$0	\$0
D. E	xternal Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Pl	ant & Facility		0	0	\$0	\$0	\$0	\$0
F. Ot	ther (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
G. T	otal for IT Service				\$93,392	\$93,392	\$93,531	\$139
	Footnotes - Please be sure to indicate there is a footnote for the corresponding	row above. M	laximum footnote le	ngth is 1024 charac	cters.			
1	1 DP Mgr (pos#52990)= \$74,122.29, .25 DP Mgr (pos#11475)=\$19, 409							
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No	on-Strategic IT Support Service for Agency	Financi	al and Ad	ministrat	ive System	S		
	Agency: Agency for Persons with Disabilities Prepared by: Monique Emmanuel		# of Assets & Bos	ources Apportioned		Form: FY 2	010-11 Schedule IV-C	-Non-Strategics; Ver 1
	Phone: (850) 488-5877			ce in FY 2010-11	Α	B B	Costs	D
	Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2010-11	Initial Estimate for Fiscal Year 2009-10	Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Pe	rsonnel		3.00		\$276,329	\$227,241	\$227,241	\$0
A-1	State FTE	1	3.00		\$276,329	\$227,241	\$227,241	\$0
A-2	OPS FTE		0.00		\$0			
A-3	Contractor Positions (Staff Augmentation)		0.00		\$0			
	ırdware		0	0	\$0			
B-1 B-2	Servers Server Maintenance & Support		0	0	\$0 \$0			<u> </u>
B-3	Other Hardware Assets (e.g., system mgt workstation, printers, etc)		0	0	\$0			
C. So	ftware				\$0	\$0	\$0	\$0
D. Ex	ternal Service Provider(s)	2	2	2	\$24,810	\$50,000	\$50,000	\$0
E. Pla	ant & Facility		0	0	\$0	\$0	\$0	\$0
F. Ot	her (Please describe in Footnotes Section below)				\$2,173	\$110,056	\$110,056	\$0
G. To	otal for IT Service				\$303,312	\$387,297	\$387,297	7 \$0
	Footnotes - Please be sure to indicate there is a footnote for the corresponding	g row above. M	laximum footnote le	ngth is 1024 charac	cters.			
1	Systems Project Consultant(pos#11458)=\$82905.00, Systems Project Analsyt (pos#11452)=\$72,180	.83, Systems Proje	ect Analyst (pos14803)=	\$72,155.00				
2	North West Regional Data Center hosting=\$50,000 contract LL707;							
3	NRSC IBM Mainframe hosting costs for IDS =\$19,245.22;NRSC Unisys Mainframe costs for (PMDS, 0	Certified Forward,	User Accounting & Sims)=\$90,810.70				
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13								
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Non-Strategic IT Administration and Manager Service:	nent Se	ervice					
Agency: Agency for Persons with Disabilities Prepared by: Monique Emmanuel		# of Assets & Bos	ources Apportioned		Form: FY 2	010-11 Schedule IV-C	-Non-Strategics; Ver 1
Phone: (850) 488-5877			ce in FY 2010-11	Α	B B	Costs	D
Service Provisioning Assets & Resources (Cost Elements)	Footnote Number	Number used for this service	Number w/ costs in FY 2010-11	Initial Estimate for Fiscal Year 2009-10	Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Personnel		2.00		\$157,880	\$157,880	\$157,880	\$0
A-1 State FTE	1	2.00		\$157,880	\$157,880	\$157,880	\$0
A-2 OPS FTE		0.00		\$0			
A-3 Contractor Positions (Staff Augmentation)		0.00		\$0			\$0
B. Hardware		0	0	\$0	\$0	\$0	\$0
B-1 Servers		0	0	\$0			
B-2 Server Maintenance & Support B-3 Other Hardware Assets (e.g., system mgt workstation, printers, etc)		0	0	\$0 \$0			
B-3 Other Hardware Assets (e.g., system mgt workstation, printers, etc) C. Software	2	U	U	\$0			` -
D. External Service Provider(s)		0	0	\$0	\$0	\$0	\$0
E. Plant & Facility		0	0	\$0	\$0	\$0	\$0
F. Other (Please describe in Footnotes Section below)				\$0	\$0	\$0	\$0
G. Total for IT Service				\$157,880	\$157,880	\$157,880	\$0
Footnotes - Please be sure to indicate there is a footnote for the corresponding	row above. M	laximum footnote le	ngth is 1024 charac	cters.			
1 CIO (pos#12776)=\$116,833, and Admin Asst (pos#15067)=\$41,047,							
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	Non Charles Ive 1										
	Non-Strategics; Ver 1	isabilities	Network Service	E-Mail, Messaging, and Calendaring Service	Desktop Computing Service	Helpdesk Service	IT Security/Risk Mitigation Service	IT Support Service for Agency Financial and Administrative Systems	IT Administration and Management Service		
Budget Entity Name	BE Code	Program Component	Program Component Name	Identified Funding as % of Total Cost of Service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
budget Littly Name	BL Code	Code	rrogram component Name	Costs within BE Funding Identified for IT Service	\$588,730	\$340,526	\$556,314	\$22,068	\$93,531	\$387,297	\$157,880
Program Management & Complian	67100200	1603000000	Information Technology	\$797,816	\$41,094	\$340,526	\$106,783	\$22,068	\$19,409	\$110,056	\$157,880
Program Management & Complia	67100200	1602000000	Executive Leadership & Support Serv		\$219,004	, , , , , , , ,	, ,	1,130	\$74,122	\$277,241	,
Home and Community Services	67100100	1303000000	Long Term Care	\$60,770	\$2.13,004		\$60,770		\$7.1,1EE	\$277,241	
Developmentally Disabled Public	67100300	1303000000	Long Term Care	\$657,264	\$328.632		\$328.632				
Developmentally Disabled Public	67100300	1301000000	Forensic Commitment Program	\$60,129	\$320,032		\$60,129				
Developmentally Disabled Fublic	07100300	1301000000	Torensic Commitment Program	\$0			\$60,129				
				\$0							
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				\$0							
				Sum of IT Cost Elements							
				Across IT Services							
		_	State FTE (#)	24.50	8.00	0.00	10.25	0.00	1.25	3.00	2.00
	<u>s</u>	Personnel	State FTE (Costs)	\$1,290,697	\$367,450	\$0	\$444,595	\$0	\$93,531	\$227,241	\$157,880
	ice ice		OPS FTE (#)	2.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00
	arv.	Personnel	OPS FTE (Cost)	\$60,700	\$0	\$0	\$60,700	\$0	\$0	\$0	\$0
	IT Cost Element Data as entered on IT Service Worksheets	Vandor/Staff Augmentation (# Pacitions)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	i in	Personnel	Vendor/Staff Augmentation (" rostions) Vendor/Staff Augmentation (Costs)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	<u> </u>	Hardware	Confi / mg///citation (Costs)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	t E Wo	Software		\$53,205	\$2,276	\$0	\$50,929	\$0	\$0	\$0	\$0
	osi		nicos	\$607,165				\$22,068	\$0		\$0
	E C	External Sei			\$219,004	\$316,093	\$0			\$50,000	
	=	Plant & Faci	iity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		Other		\$134,489	\$0	\$24,433	\$0	\$0	\$0	\$110,056	\$0
			Totals of Costs	\$2,146,256	\$588,730	\$340,526	\$556,224	\$22,068	\$93,531	\$387,297	\$157,880
			Totals of FTE	26.50	8.00	0.00	12.25	0.00	1.25	3.00	2.00
-											

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

the Governor's website.										
Agency:	Agen	cy Fo	or Persons Wit	h Disabilities						
Contact Person:	Juan (Collir	ns (APD)	Phone Number	: 850-414-2232					
Names of the Case no case name, list t names of the plaint and defendant.)	the	JDS	v. APD							
Court with Jurisdic	ction:	Orange County Circuit Court								
Case Number:		02-3	647							
Summary of the Complaint:		(JDS) DD Client in group home allegedly raped and impregnated by foster parent.								
Amount of the Cla	im:	\$ 1,0	000,000.00							
Specific Statutes of Laws (including G. Challenged:										
Status of the Case:		On-g	going							
		Age	ncy submitted a	an offer of judgment	in the amount of 100K.					
Who is representing	•		Agency Coun	sel						
record) the state in lawsuit? Check all		X	Office of the	Attorney General or l	Division of Risk Management					
apply.			Outside Contr	ract Counsel						
If the lawsuit is a caction (whether the is certified or not), provide the name of firm or firms representing the plaintiff(s).	e class									

Office of Policy and Budget – July 2008

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

the Governor's website.										
Agency:	Agen	cy Fo	or Persons With Di	sabilities						
Contact Person:	Juan (Collin	ns (APD)	Phone Number:	850-414-2232					
Names of the Case: no case name, list t names of the plaint and defendant.)	he	Moreland vs. APD								
Court with Jurisdic	tion:	1 st D	istrict Court of App	peal						
Case Number:		1D0	8-4353							
Summary of the Complaint:		Challenge to administrative order which found that a series of proposed rules promulgated by APD, creating a four-tiered system for Medicaid waiver benefits. Three Judge Panel ruled the proposed rules are invalid.								
Amount of the Clai	m:	Adverse ruling could result in an unpredictable increase in administrative costs and changes in the cost of waiver services.								
Specific Statutes or Laws (including Ga Challenged:										
Status of the Case:		Motion for rehearing en banc and certification to the Florida Supreme Court.								
Who is representing		X	Agency Counsel							
record) the state in lawsuit? Check all			Office of the Attor	rney General or Div	vision of Risk Management					
apply.	-		Outside Contract (Counsel						
If the lawsuit is a cation (whether the is certified or not), provide the name of firm or firms representing the plaintiff(s).	class									

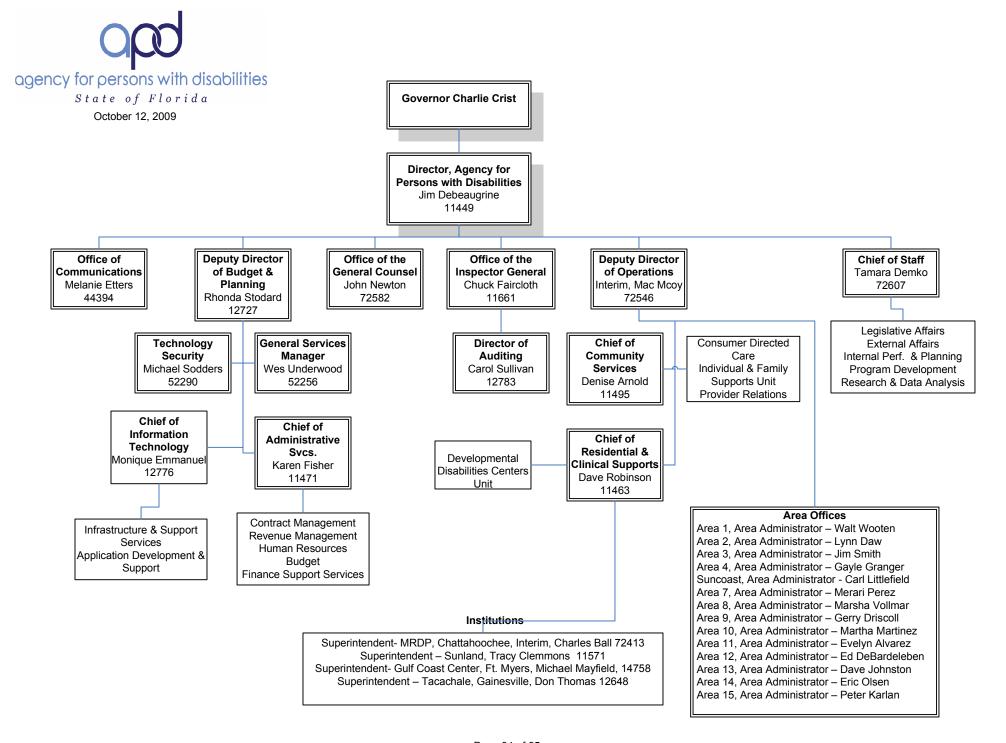
Office of Policy and Budget – July 2008

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

the Governor's website.										
Agency:	Agen	cy Fo	or Persons With	Disabilities						
Contact Person:	Juan (Collin	ns (APD)	Phone Number:	850-414-2232					
Names of the Case: (If no case name, list the names of the plaintiff and defendant.) Washington vs. APD										
Court with Jurisdict	tion:	Federal District Court – Northern District								
Case Number:		4:09	-cv-189							
Summary of the Complaint:		Challenge to Agency's final orders denying their claims for administrative hearing with regards to tier assignments.								
Amount of the Clair	m:	Adverse ruling could result in an unpredictable increase in administrative costs and changes in the cost of waiver services.								
Specific Statutes or Laws (including GA Challenged:										
Status of the Case:		Hear	ring held before.	ludge Hinkle on June	19, 2009.					
		Awa	iting ruling.							
Who is representing		X	Agency Counse	1						
record) the state in tall lawsuit? Check all			Office of the A	torney General or Div	vision of Risk Management					
apply.	-		Outside Contra	ct Counsel						
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).										

Office of Policy and Budget – July 2008



AGENCY FOR PERSONS WITH DISABILITIES			FISCAL YEAR 2008-09	
SECTION I: BUDGET		OPERATI	NG	FIXED CAPITAL
OTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			1,063,804,482	OUTLAY
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.) NAL BUDGET FOR AGENCY			-6,822,800 1,056,981,682	
MILE BUDGET FORTHOLING	Numbered			
SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
recutive Direction, Administrative Support and Information Technology (2) Home And Community Services Administration "Number of Medicaid Waiver clients enrolled	29,763	323.70	9,634,309	
Support Coordination * Number of people receiving support coordination	28,068	1,064.60	29,881,065	
Private Intermediate Care Facilities For The Developmentally Disabled "Number of adults receiving services in Developmental Service Public Facilities Program Measurement And Compliance "Decedian Administrative Companyation of Application of Appl	988	115,794.45	114,404,917	
Program Management And Compliance *Based on Administrative Components of serving people in the Community and Institutional settings Adult Daily Living *Number of persons with disabilities served in Adult Daily Living	53,419 10,122	495.57 5,019.95	26,472,845 50,811,889	
Adult Day Service * Number of persons with disabilities served in Adult Day Training Service	14,307	1,803.07	25,796,489	
Adult Medical/Dental * Number of persons with disabilities served in Adult Medical/Dental Adult Respite Services * Number of persons with disabilities served in Adult Respite Services	13,974 6,822	834.72 993.56	11,664,410 6,778,064	
Adult Residential Habilitation *Number of persons with disabilities served in Adult Residential Habilitation Adult Residential Habilitation *Number of persons with disabilities served in Adult Residential Habilitation	7,222	13,655.78	98,622,056	
Adult Specialized Therapies/ Assessments *Number of persons with disabilities served in Adult Specialized Assessments, Therapies, Equipment and Supplies	7,112	1,741.63	12,386,471	
Adult Supported Employment * Number of persons with disabilities served in Adult Supported Living and In Home Subsidies Adult Supported Living * Number of persons with disabilities served in Adult Supported Living and In Home Subsidies	4,429 8,880	1,107.20 5,048.52	4,903,781 44,830,873	
Adult Transportation * Number of persons with disabilities served in Adult Transportation	13,244	964.45	12,773,118	
Children Daily Living * Number of persons with disabilities served in Children Daily Living	1,704	7,782.06	13,260,627	
Children Day Services * Number of persons with disabilities served in Children Day Training Services Children Medical/Dental * Number of persons with disabilities served in Children Medical/Dental	4,147	1,570.75 622.80	6,283 2,582,768	
Children Respite Services * Number of persons with disabilities served in Children Respite Services	455	583.81	265,634	
Children Residential Habilitation *Number of persons with disabilities served in Children Residential Habilitation	783	19,041.52	14,909,510	
Children Specialized Therapies/ Assessments * Number of persons with disabilities served in Children Specialized Assessments, Therapies, Equipment and Supplies	1,804	1,261.81	2,276,304	
Children Support Employment *Number of persons with disabilities served in Children Supported Employment Children Supported Living *Number of persons with disabilities served in Children Supported Living and In Home Su	4	730.00	2,920	
Children Supported Living * Number of persons with disabilities served in Children Supported Living and In Home Subsidies Children Transportation * Number of persons with disabilities served in Children Transportation	1,449	2,573.11 32,081.67	3,728,432 96,245	
Forensic Care * Number of adults found incompetent to proceed who are provided competency training and custodial care in the Mentally Retarded Defendant Program	310	77,633.88	24,066,503	
OTAL SECTION III: RECONCILIATION TO BUDGET			510,155,513	
SECTION III: RECONCILIATION TO BUDGET				
TRANSFER - STATE AGENCIES				_
AID TO LOCAL GOVERNMENTS PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				
OTHER			1,365,952	
EVERSIONS			545,460,212	
OTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			1,056,981,677	

⁽¹⁾ Some activity unit costs may be overstated due to the allocation of double budgeted items.

(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.

(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.

(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

Schedule XIV Variance from Long Range Financial Outlook

Age	ncy: _	Agency for Persons with Disabilities	Conta	ct: Karen Fisher (414	1-8309)
		Section 19(a)3, Florida Constitution, requires each agency Legislative B ncial outlook adopted by the Joint Legislative Budget Commission or to	_	•	
	Yes If yes	please list the estimates for revenues and budget drivers that reflect and list the amount projected in the long range financial outlook and t	an est	mate for your agency	for Fiscal Year 2010-
				FY 2010-2011 Estir	mate/Request Amount
				Long Range	Legislative Budget
		Issue (Revenue or Budget Driver)	R/B*	Financial Outlook	Request
	а	Annualization of Medication Review & purchase consolidation	В	<\$1million>	<\$1 million>
	b	FMAP Adjustment	В	\$66 million GR	Note Below
	С	Projected Waiver Deficit Beyond FMAP	В	\$20.9 million	Note Below
	d	IT Infrastructure	В	\$900,000	\$982,683
	е				
	f				
3)	estim Agend	r agency's Legislative Budget Request does not conform to the long rates (from your Schedule I) or budget drivers, please explain the variance of the Governor Memo #10-016, not to submit cluded FMAP changes. \$900,000 listed for IT Infrastructure was an estimation.	nce(s) k	pelow.	

^{*} R/B = Revenue or Budget Driver



agency for persons with disabilities

State of Florida

Home and Community Services

67100100

Exhibits and Schedules

Budget Entity 67100100 Home and Community Services Schedule I Series

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites **Budget Entity: 67100100 Fund:** 2021 (1) (2) (3) **(4) REQUEST** ACTUAL **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE** 48,824 48,824 **Equity Unrestricted Cash** 48,824 **TOTALS*** 48,824 48,824 48,824 *Must agree to amounts on Schedule I, Section IV, Line I.

Department Title:	Budget Period: 2010 - 2011 67-Agency for Person's with Disabilities	es
Trust Fund Title: LAS/PBS Fund Number:	Administrative Trust Fund - 67100100 2021	
and rumber.	2021	
EGINNING TRIAL BALA	ANCE:	
Unreserved Fur	nd Balance Per Trial Balance, 07-01-09	31,229 (A
Add/Subtract:		
		0 (B
		0 (B
		U (b
Other Adju	stment(s):	
Prior Year Gro	p Home Loans Receipts	17,595 (C
Prior Year Adju	astments	0 (C
ADJUSTED BEGINNING T	TRIAL BALANCE:	48,824 (D
UNRESERVED FUND BAI	ANCE, SCHEDULE IC	48,824 (E
DIFFERENCE:		0 (F
SHOULD EQUAL ZERO.		

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites Budget Entity: Combined Budget entities **Fund:** 2122 (1) (2) (3) **(4)** REQUEST ACTUAL **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE TOTALS*** *Must agree to amounts on Schedule I, Section IV, Line I.

Domonton out Title	Budget Period: 2010-2011	Disabilities		
Department Title: Trust Fund Title:	67-Agency for Persons with I Tobacco Settlement Trust Fu			
Budget Entity:	Combined Budget Entity	iiu .		
LAS/PBS Fund Number:	2122			
			_	
	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	0.00 (A)		0.00	
ADD: Other Cash (See Instructions)	(B)		0.00	
ADD: Investments	(C)		0.00	
ADD: Outstanding Accounts Receivable	0.00 (D)		0.00	
ADD:	0.00 (E)		0.00	
Total Cash plus Accounts Receivable	0.00 (F)	0.00	0.00	
LESS Allowances for Uncollectibles	(G)		0.00	
LESS Approved "A" Certified Forwards	0.00 (H)		0.00	
Approved "B" Certified Forwards	0.00 (H)		0.00	
Approved "FCO" Certified Forwards	0.00 (H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)		0.00	
LESS:	0.00 (J)		0.00	
Unreserved Fund Balance, 07/01/09	0.00 (K)	0.00	0.00	

^{*}SWFS = Statewide Financial Statement

^{**} This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites **Budget Entity:** 67100100 **Fund:** 2261 (1) (2) (3) **(4)** ACTUAL REQUEST **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE** 0 0 0 **TOTALS*** *Must agree to amounts on Schedule I, Section IV, Line I.

Department Title:	Budget Period: 2010-2011 67-Agency for Persons				
Trust Fund Title: Budget Entity:	Federal Grant Trust Fund 67100100				
LAS/PBS Fund Number:	2261				
	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance		
Chief Financial Officer's (CFO) Cash Balance	(3,784) (A)		(3,784)		
ADD: Other Cash (See Instructions)	(B)		0		
ADD: Investments	(C)		0		
ADD: Outstanding Accounts Receivable	0 (D)		0		
ADD: Intra BE Transfer from 67100200	3,784 (E)		3,784		
Total Cash plus Accounts Receivable	0 (F)	0	0		
LESS Allowances for Uncollectibles	(G)		0		
LESS Approved "A" Certified Forwards	0 (H)		0		
Approved "B" Certified Forwards	0 (H)		0		
Approved "FCO" Certified Forwards	0 (H)		0		
LESS:	0 (I)		0		
LESS:	0 (J)		0		
Unreserved Fund Balance, 07/01/09	0 (K)	0	0 *:		
N.					

Notes:

^{*}SWFS = Statewide Financial Statement

^{**} This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

Department Title:	Budget Period: 2010 - 2011 67-Agency for Person's with Disabiliti	es
Trust Fund Title: LAS/PBS Fund Number:	67100100 2261	
AS/PDS Fund Number:	2201	
BEGINNING TRIAL BAL	ANCE:	
Unreserved Fu	and Balance Per Trial Balance, 07-01-09	(12,087) (A)
Add/Subtract	:	
Unreserve Fu	nd Balance Adjustments	8,304 (B)
Intra BE Trans	sfer from 67100100	3,784 (B)
Other Adj	ustment(s):	
		0 (C)
ADJUSTED BEGINNING	TRIAL BALANCE:	0 (D)
UNRESERVED FUND BA	LANCE, SCHEDULE IC	0 (E)
DIFFERENCE:		0 (F)

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites **Budget Entity: 67100100 Fund:** 2516 (1) (2) (3) **(4) REQUEST** ACTUAL **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE** 3,525,688 2,401,631 2,374,297 **Equity Unrestricted Cash TOTALS*** 3,525,688 2,401,631 2,374,297 *Must agree to amounts on Schedule I, Section IV, Line I.

Budget Period: 2010-2011

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Operations & Maintenance T 67100100 2516	rust fund	
	Balance as of 6/30/2009	SWFS* Adjustments 6/30/2009	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(44,555,792) (A)		(44,555,792)
ADD: Other Cash (See Instructions)	(B)		0
ADD: Investments	(C)		0
ADD: Outstanding Accounts Receivable	956,765 (D)		956,765
ADD:	(E)		0
Total Cash plus Accounts Receivable	(43,599,028) (F)	0	(43,599,028)
LESS Allowances for Uncollectibles	0 (G)	0	0
LESS Approved "A" Certified Forwards	158,897 (H)		158,897
Approved "B" Certified Forwards	13,811 (H)		13,811
Approved "FCO" Certified Forwards	702,576 (H)		702,576
LESS: Other Accounts Payable (Nonoperating)	(I)		0
LESS: SWFS A/P Adjustments	0 (J)	0	0
Unreserved Fund Balance, 07/01/09	(44,474,312) (K)	0	(44,474,312)

Notes:

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RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2010 - 2011 Department Title:** 67-Agency for Person's with Disabilities **Trust Fund Title: Operations & Maintenance Trust Fund - 67100100** LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Unreserved Fund Balance Per Trial Balance, 07-01-09___ (**39,892,191**) (A) Add/Subtract: Unreserve Fund Balance Adjustments (54900) (4,663,601) (B) Reserve for FCO (1,202,576) (B) FCO Adjustments 500,000 (B) Other Adjustment(s): 57,440 Non-CF Payables 956,765 (C) 6/30 Receivables (230,149) (C) 6/30 CF Payables ADJUSTED BEGINNING TRIAL BALANCE: (44,474,312) (D) UNRESERVED FUND BALANCE, SCHEDULE IC **(44,474,312)** (E) **DIFFERENCE: 0** (F)* *SHOULD EQUAL ZERO.

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites **Budget Entity: 67100100 Fund:** 2639 (1) (2) (3) **(4) ACTUAL ESTIMATED REQUEST FUNDING SOURCE - STATE** FY 2008-2009 FY 2010-2011 FY 2009-2010 **FUNDING SOURCE - NON-STATE** 7,443,954 7,443,954 7,443,954 **Equity Unrestricted Cash** 6,935,113 1,655,357 Social Svcs Block Grant Federal Funds 553,560 **TOTALS*** 14,379,067 9,099,311 7,997,514 *Must agree to amounts on Schedule I, Section IV, Line I.

	Budget Period: 2010-2011				
Department Title:	67-Agency for Persons				
Trust Fund Title:	Social Services Block Grant				
Budget Entity:	67100100				
LAS/PBS Fund Number:	2639				
	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance		
Chief Financial Officer's (CFO) Cash Balance	18,238,658 (A)		18,238,658		
ADD: Other Cash (See Instructions)	(B)		0		
ADD: Investments	(C)		0		
ADD: Outstanding Accounts Receivable	0 (D)		0		
ADD:	0 (E)		0		
Total Cash plus Accounts Receivable	18,238,658 (F)	0	18,238,658		
LESS Allowances for Uncollectibles	(G)		0		
LESS Approved "A" Certified Forwards	3,859,591 (H)		3,859,591		
Approved "B" Certified Forwards	0 (H)		0		
Approved "FCO" Certified Forwards	0 (H)		0		
LESS: Other Accounts Payable (Nonoperating)	0 (I)		0		
LESS:	0 (J)		0		
Unreserved Fund Balance, 07/01/09	14,379,067 (K)	0	14,379,067		

Notes:

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agency for persons with disabilities

State of Florida

Program Management and Compliance

67100200

Exhibits and Schedules

Budget Entity 67100200 Program Management and Compliance Schedule I Series

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites **Budget Entity: 67100200 Fund:** 2021 (1) (2) (3) **(4) ESTIMATED REQUEST** ACTUAL **FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE** 1,048,854 1,045,450 1,045,450 **Equity Unrestricted Cash TOTALS*** 1,048,854 1,045,450 1,045,450 *Must agree to amounts on Schedule I, Section IV, Line I.

Budget Period: 2010-2011

ADD: Other Cash (See Instructions) ADD: Investments (C) ADD: Outstanding Accounts Receivable ADD: O(E)	14,478
ADD: Other Cash (See Instructions) ADD: Investments (C) ADD: Outstanding Accounts Receivable ADD: ADD: O(E) Total Cash plus Accounts Receivable 1,248,855 (F) O(G)	
ADD: Investments (C) ADD: Outstanding Accounts Receivable ADD: (C) 34,378 (D) (E) (D) (E) (E) (E) (E) (E)	
ADD: Outstanding Accounts Receivable ADD: O(E) Total Cash plus Accounts Receivable LESS Allowances for Uncollectibles (G)	0
ADD: O (E) Total Cash plus Accounts Receivable 1,248,855 (F) O 1,24 LESS Allowances for Uncollectibles	0
Total Cash plus Accounts Receivable 1,248,855 (F) 0 1,24 (G)	34,378
LESS Allowances for Uncollectibles (G)	0
	18,855
LESS Approved "A" Certified Forwards 0 (H)	0
	0
Approved "B" Certified Forwards 0 (H)	0
Approved "FCO" Certified Forwards 0 (H)	0
LESS: Other Accounts Payable (Nonoperating) 0 (I)	0
LESS: 0 (J)	0
Unreserved Fund Balance, 07/01/09 1,248,855 (K) 0 1,248,855	**

Notes:

^{*}SWFS = Statewide Financial Statement

^{**} This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES Budget Period: 2010-2011 **Department:** Agency for Persons with Disabilites **Budget Entity: 67100200 Fund:** 2261 (1) (2) (3) **(4) REQUEST** ACTUAL **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2010-2011 FY 2009-2010 **FUNDING SOURCE - NON-STATE** 388,278 171,976 **Equity Unrestricted Cash** 38,924 3,778 3,778 3,778 Federal Grants **TOTALS*** 392,056 175,754 42,702 *Must agree to amounts on Schedule I, Section IV, Line I.

Budget Period: 2010-2011

67-Agency for Persons

Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Federal Grant Trust Fund 67100200 2261		
	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	494,251 (A)		494,251
ADD: Other Cash (See Instructions)	(B)		0
ADD: Investments	(C)		0
ADD: Outstanding Accounts Receivable	12,244 (D)		12,244
ADD:	0 (E)		0
Total Cash plus Accounts Receivable	506,495 (F)	0	506,495
LESS Allowances for Uncollectibles	(G)		0
LESS Approved "A" Certified Forwards	110,655 (H)		110,655
Approved "B" Certified Forwards	0 (H)		0

Notes:

LESS:

Department Title:

Approved "FCO" Certified Forwards

LESS: Intra BE Transfer to 67100100

0 (H)

0 (J)

0

3,783 (I)

392,057 (K)

0

0

3,783

392,057 **

Office of Policy and Budget - July, 2009

Unreserved Fund Balance, 07/01/09

^{*}SWFS = Statewide Financial Statement

^{**} This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

Trust Fund Title: LAS/PBS Fund Number: BEGINNING TRIAL BAL	67100200 2261 ANCE:	
	ANCE:	
Unreserved Fu	nd Balance Per Trial Balance, 07-01-09	402,763 (A
Add/Subtract	:	
Unreserved Fu	nd Balance Adj.	91,488 (B)
Intra Be Trans	fer to 67100200	(3,783) (B)
Other Adj	ustment(s):	
Current Year F	Receivable	12,244 (C
Current Year F	Payables	(110,655) (C)
ADJUSTED BEGINNING	TRIAL BALANCE:	392,057 (D
UNRESERVED FUND BA	LANCE, SCHEDULE IC	392,057 (E)
DIFFERENCE:		0 (F)

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites **Budget Entity: 67100200 Fund:** 2516 (1) (2) (3) **(4) REQUEST** ACTUAL **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE** 4,797,874 6,790,726 5,332,158 **Equity Unrestricted Cash TOTALS*** 6,790,726 5,332,158 4,797,874 *Must agree to amounts on Schedule I, Section IV, Line I.

Budget Period: 2010-2011

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Operations & Maintenance T 67100200 2516	rust fund	
	Balance as of 6/30/2009	SWFS* Adjustments 6/30/2009	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,220,569 (A)		2,220,569
ADD: Other Cash (See Instructions)	(B)		0
ADD: Investments	(C)		0
ADD: Outstanding Accounts Receivable	5,432,211 (D)		5,432,211
ADD:	(E)		0
Total Cash plus Accounts Receivable	7,652,780 (F)	0	7,652,780
LESS Allowances for Uncollectibles	0 (G)	0	0
LESS Approved "A" Certified Forwards	774,152 (H)		774,152
Approved "B" Certified Forwards	10,066 (H)		10,066
Approved "FCO" Certified Forwards	0 (H)		0
LESS: Other Accounts Payable (Nonoperating)	77,837 (I)		77,837
LESS: SWFS A/P Adjustments	0 (J)	0	0
Unreserved Fund Balance, 07/01/09	6,790,726 (K)	0	6,790,726 *

Notes:

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RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2010 - 2011 Department Title:** 67-Agency for Person's with Disabilities **Trust Fund Title: Operations & Maintenance Trust Fund - 67100200** LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Unreserved Fund Balance Per Trial Balance, 07-01-09___ **3,799,933** (A) Add/Subtract: Unreserve Fund Balance Adjustments (54900) (1,579,364) (B) Reserve for FCO (B) FCO Adjustments (B) Other Adjustment(s): Non- CF Payables (16,402) SWCAP due to G/R (77,837) (C) 6/30 Accounts Receivables 5,432,211 (C) 6/30 Accounts Payables (767,815) (C) ADJUSTED BEGINNING TRIAL BALANCE: **6,790,726** (D) UNRESERVED FUND BALANCE, SCHEDULE IC **6,790,726** (E) **0** (F)* **DIFFERENCE:** *SHOULD EQUAL ZERO.

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES Budget Period: 2010-2011 **Department:** Agency for Persons with Disabilites **Budget Entity:** 67020000 **Fund:** 2516 (1) (2) (3) **(4)** REQUEST ACTUAL **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE** 0 0 0 **TOTALS*** *Must agree to amounts on Schedule I, Section IV, Line I.

Department Title:	Budget Period: 2010-2011 67-Agency for Persons				
Trust Fund Title:	Operations & Maintenance Trust fund				
Budget Entity:	67020000	rust runu			
LAS/PBS Fund Number:	2516				
	Balance as of 6/30/2009	SWFS* Adjustments 6/30/2009	Adjusted Balance		
Chief Financial Officer's (CFO) Cash Balance	23,183 (A)		23,183		
ADD: Other Cash (See Instructions)	(B)		0		
ADD: Investments	(C)		0		
ADD: Outstanding Accounts Receivable	0 (D)		0		
ADD:	(E)		0		
Total Cash plus Accounts Receivable	23,183 (F)	0	23,183		
LESS Allowances for Uncollectibles	0 (G)	0	0		
LESS Approved "A" Certified Forwards	0 (H)		0		
Approved "B" Certified Forwards	0 (H)		0		
Approved "FCO" Certified Forwards	23,183 (H)		23,183		
LESS: Other Accounts Payable (Nonoperating)	(I)		0		
LESS: SWFS A/P Adjustments	0 (J)	0	0		
Unreserved Fund Balance, 07/01/09	0 (K)	0	0 *		

Notes:

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RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2010 - 2011** Department Title: 67-Agency for Person's with Disabilities **Trust Fund Title: Operations & Maintenance Trust Fund - 670200000** LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Unreserved Fund Balance Per Trial Balance, 07-01-09___ **25,165** (A) Add/Subtract: Unreserve Fund Balance Adjustments (54900) (1,983) (B) Reserve for FCO (23,183) (B) FCO Adjustments (B) 0 (B) SWFS Adjustment A/P 0 (B) Reserve for Inventories Other Adjustment(s): 0 (C) 0 (C) **(0)** (D) ADJUSTED BEGINNING TRIAL BALANCE: UNRESERVED FUND BALANCE, SCHEDULE IC **0** (E) **DIFFERENCE: (0)** (F)* *SHOULD EQUAL ZERO.

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Chief Internal Auditor: Carol Sullivan

Budget Period: 2010 - 2011

Budget Entity: Program Management and Compliance **Phone Number:** 414-7166

(1)	(2)	(3)	(4)	(5)	
REPORT	PERIOD		SUMMARY OF	SUMMARY OF	IS
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	C
A-08/09-002	FY 07/08	Area 2 Family Care	Finding : One expenditure item was noted to be	An expenditure report will be run	
		Council	incorrectly coded and recorded in FLAIR. This	monthly and all FCC expenditures	
			resulted in an overcharge of \$193.13 to the Area 2	will be reviewed to ensure that	
			Family Care Council (FCC).	expenditures are appropriately	
			Recommendation: Area 2 Staff should perform a	charged. Any incorrectly coded	
			closer review of items charged against the Area 2	expenditures will be reported to the	
			FCC Budget.	APD Finance and Accounting Office	
				for a correcting journal entry.	

Office of Policy and Budget - July 2009

Department: Agency for Persons with Disabilities



agency for persons with disabilities

State of Florida

Developmental Disabilities Public Facilities

67100300

Exhibits and Schedules

Budget Entity 67100300 Developmental Disabilities Public Facilities Schedule I Series

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites **Budget Entity: 67100300 Fund:** 2021 (1) (2) (3) **(4) REQUEST** ACTUAL **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE** 89,396 89,396 89,396 **Equity Unrestricted Cash TOTALS*** 89,396 89,396 89,396 *Must agree to amounts on Schedule I, Section IV, Line I.

Department Title:	Budget Period: 2010- 2011 67-Agency for Persons			
Trust Fund Title: Budget Entity:	Administrative Trust fund			
LAS/PBS Fund Number:	67100300 2021			
			_	
	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	(110,605) (A)		(110,605)	
ADD: Other Cash (See Instructions)	(B)		0	
ADD: Investments	(C)		0	
ADD: Outstanding Accounts Receivable	0 (D)		0	
ADD:	0 (E)		0	
Total Cash plus Accounts Receivable	(110,605) (F)	0	(110,605)	
LESS Allowances for Uncollectibles	(G)		0	
LESS Approved "A" Certified Forwards	0 (H)		0	
Approved "B" Certified Forwards	0 (H)		0	
Approved "FCO" Certified Forwards	0 (H)		0	
LESS: Other Accounts Payable (Nonoperating)	0 (I)		0	
LESS:	0 (J)		0	
Unreserved Fund Balance, 07/01/09	(110,605) (K)	0	(110,605) **	

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^{**} This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

Department Title: Trust Fund Title:	Budget Period: 2010 - 2011 67-Agency for Person's with Disabilities Administrative Trust Fund - 67100300 2021	
LAS/PBS Fund Number:		
BEGINNING TRIAL BAL	ANCE:	
Unreserved Fu	and Balance Per Trial Balance, 07-01-09	(106,033) (A
Add/Subtract	:	
Unreserved Fund Balance Adjustment		(4,571) (B)
		(B)
Other Adj	ustment(s):	
		0 (C)
ADJUSTED BEGINNING TRIAL BALANCE:		(110,605) (D
UNRESERVED FUND BA	LANCE, SCHEDULE IC	(110,605) (E)
DIFFERENCE:		0 (F

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites **Budget Entity: 67100300 Fund:** 2261 (1) (2) (3) **(4) REQUEST** ACTUAL **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE** 8,068 7,068 **Equity Unrestricted Cash** 6,068 **TOTALS*** 8,068 7,068 6,068 *Must agree to amounts on Schedule I, Section IV, Line I.

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	Federal Grant Trust Fund 67-100300 2261			
	Balance as of 6/30/2009	SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	8,068 (A)		8,068	
ADD: Other Cash (See Instructions)	(B)		0	
ADD: Investments	(C)		0	
ADD: Outstanding Accounts Receivable	0 (D)		0	
ADD:	0 (E)		0	
Total Cash plus Accounts Receivable	8,068 (F)	0	8,068	
LESS Allowances for Uncollectibles	(G)		0	
LESS Approved "A" Certified Forwards	0 (H)		0	
Approved "B" Certified Forwards	0 (H)		0	
Approved "FCO" Certified Forwards	0 (H)		0	
LESS:	0 (I)		0	
LESS:	0 (J)		0	
Unreserved Fund Balance, 07/01/09	8,068 (K)	0	8,068 **	

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^{**} This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

Department Title:	Budget Period: 2010 - 2011 67-Agency for Person's with Disabiliti	es
Trust Fund Title:	67100300	
LAS/PBS Fund Number:	2261	
BEGINNING TRIAL BAL	ANCE:	
Unreserved Fu	and Balance Per Trial Balance, 07-01-09	8,068 (A)
Add/Subtract	:	
Intra Be Transfer from 67100200		(B)
		0 (B)
Other Adj	ustment(s):	
Unreserve Fund Balance Adjustments		0 (C)
ADJUSTED BEGINNING TRIAL BALANCE:		8,068 (D)
UNRESERVED FUND BALANCE, SCHEDULE IC		8,068 (E)
DIFFERENCE:		0 (F):

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS **Department:** Budget Period: 2010-2011 67-Agency for Persons with Disabilties Program: 67100300-DDC-PC 1303000000 Fund: 2516 **Specific Authority:** Chapter 393 **Purpose of Fees Collected:** Deposits used for Clients services funded by third-party payors. Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.) Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.) Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.) **SECTION I - FEE COLLECTION ACTUAL ESTIMATED** REQUEST FY 2008 - 2009 FY 2009 - 2010 FY 2010 - 2011 Receipts: 76,861,239 71,680,117 56,974,524 AHCA Transfer for Client Care (Medicaid, Medicare) Reimbursement Client Custodian Care 5,422,711 4,697,993 4,846,000 Total Fee Collection to Line (A) - Section III 82,283,950 76,378,110 61,820,524 **SECTION II - FULL COSTS Direct Costs:** Salaries and Benefits 59,441,977 55,503,466 45,128,983 Other Personal Services 1,777,044 1,636,744 1,236,410 5,551,230 4,950,610 3,709,231 Expenses Operating Capital Outlay 217,770 420,841 618,205 1,470,910 1,599,643 1,236,410 Special Category (070000) Special Category (100777) 996,256 1,940,555 1,854,616 Special Category (100779) 4,425,156 4,967,758 4,327,437 Special Category (103241) 1,737,760 Indirect Costs Charged to Trust Fund Total Full Costs to Line (B) - Section III 75,618,103 71,019,617 58,111,293 Basis Used: **SECTION III - SUMMARY** TOTAL SECTION I (A) 82,283,950 76,378,110 61,820,524 TOTAL SECTION II 75,618,103 71,019,617 (B) 58,111,293 **TOTAL - Surplus/Deficit** 6,665,847 5,358,493 3,709,231 (C) **EXPLANATION of LINE C:** The Disabilities Developmental Centers are supported in the OMTF by fees and Medicaid transfers from ACHA for client custodial care. Only BE 67100300 and Program Component 1303000000 are involved.

SCHEDULE 1B: DETAIL OF UNRESERVED FUND BALANCES **Budget Period: 2010-2011 Department:** Agency for Persons with Disabilites **Budget Entity: 67100300 Fund:** 2516 (1) (2) (3) **(4) REQUEST** ACTUAL **ESTIMATED FUNDING SOURCE - STATE** FY 2008-2009 FY 2009-2010 FY 2010-2011 **FUNDING SOURCE - NON-STATE** 20,335,043 9,255,342 3,835,904 **Equity Unrestricted Cash TOTALS*** 20,335,043 9,255,342 3,835,904 *Must agree to amounts on Schedule I, Section IV, Line I.

Office of Policy and Budget - July, 2009

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2010-2011

Department Title: Trust Fund Title: Budget Entity: LAS/PBS Fund Number:	67-Agency for Persons Operations & Maintenance Trust fund 67100300 2516			
	Balance as of 6/30/2009	SWFS* Adjustments 6/30/2009	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	63,363,911 (A)		63,363,911	
ADD: Other Cash (See Instructions)	(B)		0	
ADD: Investments	(C)		0	
ADD: Outstanding Accounts Receivable	7,338,658 (D)		7,338,658	
ADD:	(E)		0	
Total Cash plus Accounts Receivable	70,702,569 (F)	0	70,702,569	
LESS Allowances for Uncollectibles	0 (G)	0	0	
LESS Approved "A" Certified Forwards	1,560,609 (H)		1,560,609	
Approved "B" Certified Forwards	0 (H)		0	
Approved "FCO" Certified Forwards	806,917 (H)		806,917	
LESS: Other Accounts Payable (Nonoperating)	(I)		0	
LESS: SWFS A/P Adjustments	0 (J)	0	0	
Unreserved Fund Balance, 07/01/09	68,335,043 (K)	0	68,335,043 **	

Notes:

Office of Policy and Budget - July, 2009

^{*}SWFS = Statewide Financial Statement

^{**} This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC **Budget Period: 2010 - 2011** Department Title: 67-Agency for Person's with Disabilities **Trust Fund Title: Operations & Maintenance Trust Fund - 67100300** LAS/PBS Fund Number: **BEGINNING TRIAL BALANCE:** Unreserved Fund Balance Per Trial Balance, 07-01-09___ **62,965,586** (A) Add/Subtract: Unreserve Fund Balance Adjustments (54900) 398,325 (B) (806,917) (B) Reserve for FCO Other Adjustment(s): 6/30 Accounts Receivables 7,338,658 (C) 6/30 Accounts Payables (1,560,609) (C) ADJUSTED BEGINNING TRIAL BALANCE: **68,335,043** (D) UNRESERVED FUND BALANCE, SCHEDULE IC **68,335,043** (E) **(0)** (F)* **DIFFERENCE:** *SHOULD EQUAL ZERO.

Office of Policy and Budget - July, 2009

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Department: Agency for Persons with Disabilities Chief Internal Auditor: Carol Sullivan

Budget Entity: Developmental Disabilities Public Facilities **Phone Number:** 414-7166

(1)	(2)	(3)	(4)	(5)	
REPORT	PERIOD		SUMMARY OF	SUMMARY OF	IS
NUMBER	ENDING	UNIT/AREA	FINDINGS AND RECOMMENDATIONS	CORRECTIVE ACTION TAKEN	C
A-07/08-009	May-08	Tacachale	Finding: The following deficiencies were noted	Tacachale's leadership team	
		Developmental	concerning Tacachale cellular phone expenditures:	determined the majority of their needs	
		Disabilities Center	Out of a total of 109 cellular phones, there	can be met utilizing walkie-talkie	
			appeared to be a large number of phones designated	access rather than cellular phone	
			as floaters.	service. Phone service has been	
			• Forty-three cellular phones were used less than 30	changed to walkie-talkie service only	
			minutes per month for 2 out of 3 most recent months	for 81 phones. Full cellular service	
			in the period under audit. The annual charge for	was retained on 28 phones used by	
			these totaled approximately \$8,900.00.	Tacachale physicians, on-call staff,	
			• Excessive personal use of agency cellular phones	and resident security. Ten phones	
			was noted for 2 employees. One employee	were reserved for the out-of-town	
			reimbursed the agency \$1,222.00, and the other	transporting of residents.	
			employee reimbursed the agency \$650.00.	The justification for each phone is	
			Recommendation: We recommend that Tacachale	undergoing review and enhancement	
			management should:	to provide a more detailed explanation	
			Perform a review to determine if all the current	for necessity. Personal use of the cell	
			cellular phones are needed based on the policy that	phones will be kept to emergency use	
			states "Cellular phones should only be used for the	only. Personal phone calls will be	
			conduct of official State business when a	monitored and reimbursed in a timely	
			conventional phone is not readily available."	manner.	
			• Enhance the documentation retained to justify the		
			need for each cellular phone.		
			• Restrict the personal use of agency cellular phones.		

Budget Period: 2010 - 2011

Office of Policy and Budget - July 2009

Fiscal Year 2010-11 LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Persons With Disabilities

Agency Budget Officer/OPB Analyst Name: Karen Fisher/Robyn Forbes

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

	a as necessary), and 1115 are oner areas to constaer.	Program or Service (Budget Entit		tity Codes)
	Action	67100100	67100200	67100300
1. GENE	ZD A I			
1.1	Are Columns A01, A02, A04, A05, A10, A11, A36, IA1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? (CSDI)	Y	Y	Y
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y	Y	Y
AUDITS				
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y	Y	Y
1.4	Has security been set correctly? (CSDR, CSA)	Y	Y	Y
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.			
2. EXHI	BIT A (EADR, EXA)			
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y	Y	Y
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y
2.3	Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y	Y	Y
2.4	Have the coding guidelines in <i>Section 3</i> of the LBR Instructions (pages 15 through 27) been followed?	Y	Y	Y
3. EXHI	BIT B (EXBR, EXB)			
3.1	Is it apparent that there is a fund shift and were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/J - No isssues	N/J - No isssues	N/J - No issues
AUDITS		1		
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y	Y	Y
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y	Y	Y
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.			
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.			

	Program or Service (Budget Entity			
	Action	67100100	67100200	67100300
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.			
4. EXHI	BIT D (EADR, EXD)			
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y	Y	Y
4.2	Is the program component code and title used correct?	Y	Y	Y
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.			
	BIT D-1 (ED1R, EXD1)		T	T
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y	Y	Y
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences need to be corrected in Column A01.)	Y	Y	Y
5.4	Please note that the LBR Instructions reference the wrong B column. A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences need to be corrected in Column A01.)	Y	Y	Y
TIP TIP	Please note that the LBR Instructions reference the wrong B column. If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data. If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01. Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2008-09 approved budget.			
TIP	Amounts should be positive. If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.			
6. EXHI	BIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.	.)		
6.1	Are issues appropriately aligned with appropriation categories?	Y	Y	Y
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.			
7. EXHI	BIT D-3A (EADR, ED3A)			
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	Y	Y	Y

		Program o	or Service (Budget E	ntity Codes)
	Action	67100100	67100200	67100300
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 65 of the LBR Instructions.)	Y	Y	Y
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 70 of the LBR Instructions?	Y	Y	Y
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y	Y	N/J - No issues
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)	Y	Y	Y
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	N/J - No issues	N/J - No issues	N/J - No issues
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y	Y	Y
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/J - Consensus Estimating Conference forecast does not apply	N/J - Consensus Estimating Conference forecast does not apply	N/J - Consensus Estimating Conference forecast does not apply
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y	Y	Y
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #10-002?	N/J - No issues	N/J - No issues	N/J - No issues
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR , PLMO)	N/J - No issues	N/J - No issues	N/J - No issues
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/J - No issues	N/J - No issues	Y
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/J No lump sum distribution	N/J No lump sum distibution	N/J No lump sum distibution
7.14	Do the amounts reflect appropriate FSI assignments?	Y	Y	Y
7.15	Do the issues relating to <i>salary and benefits</i> have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 26 and 86 of the LBR Instructions.)	N/J No issues related to salary and benefits	N/J No issues related to salary and benefits	N/J issues related to salary and benefits
7.16	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y	Y	N/J No issues related to IT
7.17	Are the issues relating to major audit findings and recommendations properly coded (4A0XXX0, 4B0XXX0)?	N/J No issues related to major audit findings	N/J No issues related to major audit findings	N/J No issues related to major audit findings

		Program o	or Service (Budget En	ntity Codes)
	Action	67100100	67100200	67100300
AUDIT:				
7.18	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'.			
	(EADR, FSIA - Report should print "No Records Selected For Reporting")	Y	Y	Y
7.19	Does the General Revenue for 160XXXX issues net to zero? (GENR, LBR1)	N/J No	N/J No	N/J No
		160XXXX	160XXXX	160XXXX
		issues	issues	issues
7.20	Does the General Revenue for 180XXXX issues net to zero? (GENR, LBR2)	Y	Y	Y
7.21	Does the General Revenue for 200XXXX issues net to zero? (GENR, LBR3)	Y	Y	Y
7.22	Have FCO appropriations been entered into the nonrecurring column A04? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y	Y	Y
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.			
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 70 of the LBR Instructions.			
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.			
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).			
TIP	If an appropriation made in the FY 2009-10 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.			
	CDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R)	R, SC1D - Departi	ment Level)	
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y	Y	Y
8.2	Has a Schedule I been completed in LAS/PBS for each operating trust fund?	Y	Y	Y
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IB, Schedule IC, and Reconciliation to Trial Balance)?	Y	Y	Y
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	N/J - Agency does not have any regulatory fees	N/J - Agency does not have any regulatory fees	N/J - Agency does not have any regulatory fees

			r Service (Budget E	
	Action	67100100	67100200	67100300
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y	Y	Y
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y	Y	Y
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/J - Not applicable	N/J - Not applicable	N/J - Not applicable
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to <i>section</i> 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	Y	Y	Y
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)?	Y	Y	Y
8.10	Are the statutory authority references correct?	Y	Y	Y
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y	Y	Y
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	N/J - No Estimating Conference available	N/J - No Estimating Conference available	N/J - No Esitmating Conference available
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	Y	Y
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y	Y	Y
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	Y	Y
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	Y	Y
8.17	If applicable, are nonrecurring revenues entered into Column A04?	N/J - Not applicable	N/J - Not applicable	N/J - Not applicable
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available?	Y	Y	Y
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y	Y	Y
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y	Y	Y
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	Y	Y
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y	Y	Y
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y	Y	Y

		Program or Service (Budget Entity Codes)		
	Action	67100100	67100200	67100300
8.25	Are current year September operating reversions appropriately shown in column A02?	Y	Y	Y
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y	Y	Y
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y	Y	Y
8.28	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	Y
AUDITS	:			
8.29	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	Y	Y
8.30	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y	Y	Y
8.31	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y	Y	Y
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!			
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 of the LBR Instructions.)			
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.			
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.			
9. SCHE	EDULE II (PSCR, SC2)			
AUDIT:				
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	N/J - No positions requested	N/J - No positions requested	Y
	EDULE III (PSCR, SC3)	Γ	Г	
10.1	Is the appropriate lapse amount applied in Segment 3? (See page 88 of the LBR Instructions.)	N/J - No issue	N/J - No issue	Y
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/J - OAD not used	N/J - OAD not used	Y
	EDULE IV (EADR, SC4)			
11.1	Are the correct Information Technology (IT) issue codes used?	Y	Y	Y
TIP	If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.			
	EDULE VIIIA (EADR, SC8A)			
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate?	Y	Y	Y
13. SCH 13.1	EDULE VIIIB-1 This schedule is not required in the October 15, 2009 LBR submittal.			
	•			
114. SCH	EDULE VIIIB-2 (EADR, S8B2)			

		Program o	ntity Codes)	
	Action	67100100	67100200	67100300
14.1	Do the reductions comply with the instructions provided on pages 101 and 102 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds?	Y	Y	Y
	EDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed	instructions)		I
15.1	Has the Schedule XI one page summary Excel file been e-mailed to OPB at OPB.UnitCostSummary@laspbs.state.fl.us? Agencies are required to generate this spreadsheet via the LAS/PBS Web. (Note: Pursuant to <i>section 216.023(4)</i> (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y	Y	Y
15.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match the Excel file e-mailed to OPB?	Y	Y	Y
AUDITS	INCLUDED IN THE SCHEDULE XI REPORT:			
15.3 15.4	Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1) None of the executive direction, administrative support and information	Y	Y	Y
13.4	technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")			
		Y	Y	Y
15.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Y	Y	Y
15.6	Has the agency provided the necessary demand (Record Type 5) for all activities which should appear in Section II? (Note: Audit #3 will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y	Y	Y
15.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	N/J - Discrepancies due to rounding	N/J - Discrepancies due to rounding	N/J - Discrepancies due to rounding
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.			
16. MAN	NUALLY PREPARED EXHIBITS & SCHEDULES			
16.1	Do exhibits and schedules comply with LBR Instructions (pages 109 through 153 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y
16.2	Are appropriation category totals comparable to Exhibit B, where applicable?	Y	Y	Y
16.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y
	- GENERAL INFORMATION			
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions. Reorganizations may cause audit errors. Agencies must indicate that these errors			
	are due to an agency reorganization to justify the audit error.			
	TTAL IMPROVEMENTS PROGRAM (CIP)			T
17.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included? Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y	Y	Y
17.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y	Y	Y
17.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	Y	Y

		Program o	Program or Service (Budget Entity Codes)		
	Action	67100100	67100200	67100300	
17.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y	Y	Y	
17.5	Are the appropriate counties identified in the narrative?	N/J - Facility has been identified	N/J - Facility has been identified	N/J - Facility has been identified	
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.				
18. FLC	ORIDA FISCAL PORTAL				
18.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y	Y	Y	