

LEGISLATIVE BUDGET REQUEST

Charlie Crist,
Governor

Agency for Persons with Disabilities

.. Tallahassee

Jim DeBeaugrine,
Director

October 15, 2009

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Way,
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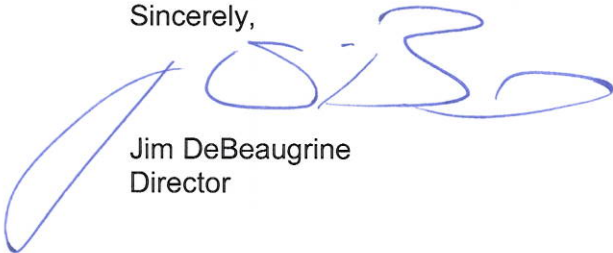
Cynthia Kelly, Staff Director
Senate Policy and Steering Committee on Ways and Means
201 Capitol
Tallahassee, Florida 32399-1300

(866-273-2273)

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

Dept/Agency: **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. IT Service Definition

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

- | | |
|--|---|
| <input type="checkbox"/> Central IT staff | <input checked="" type="checkbox"/> State Primary Data Center |
| <input type="checkbox"/> Program staff | <input checked="" type="checkbox"/> Other External service provider |
| <input checked="" type="checkbox"/> 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 (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

2. Service Unique to Agency

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

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.

IT Service Requirements Worksheet: E-Mail, Messaging, and Calendaring 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 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 (e.g., 0600-2100 M-F, 24/7): 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 (e.g., 5 min, 15 min, 60 min)? 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 encryption
 Other _____

3.2.5. Are there any federal, state, or agency records retention or privacy policies, restrictions, or requirements applicable to this IT Service?

- Yes No

3.2.5.1. If yes, please specify and describe:

HIPAA related requirements, Chapter 119 F.S

4. 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

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 No

4.2.1. If no, what changes need to be made to the current IT service? *(Briefly explain)*

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.

4.2.2. 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.

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.).

General Revenue- DP category

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.)

IT Service Requirements Worksheet: Helpdesk Service

Dept/Agency: **Agency for Persons with Disabilities**
 Submitted by: **Monique Emmanuel, Chief Information Officer** Phone
 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.

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)*

- | | |
|--|---|
| <input type="checkbox"/> Central IT staff | <input checked="" type="checkbox"/> State Primary Data Center |
| <input type="checkbox"/> Program staff | <input type="checkbox"/> Other External service provider |
| <input checked="" type="checkbox"/> 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

1.5. What communication channels are used for the service? *(Indicate all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> On-line self-serve | <input type="checkbox"/> On-line interactive |
| <input checked="" type="checkbox"/> Telephone/IVR | <input type="checkbox"/> Face-to-face |
| <input checked="" type="checkbox"/> Remote desktop (e.g., PC Anywhere) | |
| <input checked="" type="checkbox"/> Other E-mail | |

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	X	X	X
Referring/escalating	X	X	X
Tracking and reporting	X	X	X
Resolving/closing	X		

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		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

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?

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

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-6pmM-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 No

If yes, specify (*include any applicable constitutional, statutory, or rule requirements*)

3.2.5. What are security requirements for this IT service? (*Indicate all that apply*)

- User ID/Password
- Access through internal network only
- Other _____
- Access through Internet or external network
- Access through Internet with secure encryption

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

3.2.6. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

Yes No

3.2.6.1. If yes, please specify and describe:

HIPAA related requirements, Chapter 119 F.S

4. 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, 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? *(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.

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.).

General Revenue DP category

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.)

IT Service Requirements Worksheet: IT Administration and Management Service

Dept/Agency: **Agency for Persons with Disabilities**
Submitted by: **(Monique Emmanuel, Chief Information Officer)**
Phone: **(850) 488-5877**
Date submitted: **October 15, 2009**

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:			
1	Information Technology Request (ITR)	5	
2	BMC SDE (Change Management)	6	
3	FLAIR (Asset Inventory)	7	
4		8	

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? 1

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 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

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

IT Service Requirements Worksheet: IT Administration and Management Service

[Empty yellow box]

3.2. Timing and Service Delivery Requirements

- 3.2.1. Hours/Days that service is required (*e.g., 0800-1600 M-F, 24/7*) for the systems included in this service: 8-6pm 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 (*e.g., 5 min, 15 min, 60 min*)? 24 hrs
- 3.2.3. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?
 Yes No

If yes, please specify and describe:

HIPAA related requirements, Chapter 119 F.S

- 3.2.4. Are there any agency-unique service requirements? Yes No
- If yes, specify (*include any applicable constitutional, statutory, or rule requirements*)

Chapter 393 F.S.

4. 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:

[Empty yellow box]

- 4.2. 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*)

[Empty yellow box]

- 4.3. List any significant projects that are underway or planned to upgrade or enhance any system, resource, or process associated with this IT service.

Project Name	Description	Start Date	End Date	Estimated Total Cost of Completion

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 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

IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

Dept/Agency: **Agency for Persons with Disabilities**
Submitted by: **Monique Emmanuel, Chief Information Officer**
Phone: **(850) 488-5877**
Date submitted: **10/15/2009**

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*)

- | | | | |
|-------------------------------------|----------------------|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Central IT staff | <input checked="" type="checkbox"/> | State Primary Data Center |
| <input type="checkbox"/> | Program staff | <input type="checkbox"/> | Other External service provider |
| <input type="checkbox"/> | Another State agency | | |

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

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Agency staff (state employees or contractors) |
| <input type="checkbox"/> | Employees or contractors from one or more additional state agencies |
| <input checked="" type="checkbox"/> | External service providers |
| <input checked="" type="checkbox"/> | Public (please explain in Question 5.2) |

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?

Service Provider must be able to implement and monitor the security measures necessary to reduce risk and ensure continuity of the IT Services supporting the Agency.

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?

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Yes; formal Service Level Agreement(s) |
| <input checked="" type="checkbox"/> | Yes; informal agreement(s) |
| <input type="checkbox"/> | No; specific requirements have not been determined and approved by the department |

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

IT Service Requirements Worksheet: IT Security/Risk Mitigation Service

3.2. Timing and Service Delivery Requirements

- 3.2.1. Hours/Days that service is required (*e.g., 0800-1600 M-F, 24/7*): 24/7
- 3.2.2. In the event of an emergency, how quickly must essential services be restored to maintain the agency's continuity of operations? 24 hrs
- 3.2.3. How frequently must the IT disaster recovery plan 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*)? 60 mins
- 3.2.5. Are there any agency-unique service requirements? Yes No
 If yes, specify (*include any applicable constitutional, statutory, or rule requirements*)

- 3.2.6. 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 encryption
 Other _____
- 3.2.7. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?
 Yes No

If yes, please specify and describe:

HIPAA related requirements, Chapter 282.318 F.S.

4. User/customer satisfaction

- 4.1. Are service level metrics reported regularly to business stakeholders or agency management?
 Yes No
- If yes, briefly describe the frequency of reports and how they are provided:

Periodic internal audits and evaluations of the agency's security program for the data, information, and information technology resources of the agency are conducted.

- 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? (*Briefly explain*)

Service is limited due to not enough staff to implement and monitor the information security program

- 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.

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

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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.)

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

Dept/Agency: **Agency for Persons with Disabilities**

Submitted by: **Monique Emmanuel, Chief Information Officer**

Phone: **(850) 488-5877**

Date submitted: **10/15/2009**

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 non-strategic 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.

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 Service Definition

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Central IT staff
<input checked="" type="checkbox"/> Program staff
<input checked="" type="checkbox"/> Another State agency | <input checked="" type="checkbox"/> State Primary Data Center
<input type="checkbox"/> Other External service provider |
|---|---|

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. 60

1.4. How many locations currently host agency financial/ administrative systems? 2

2. Service Unique to Agency

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

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 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

[Redacted]

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

[Redacted]

3. IT Service Levels Required to Support Business Functions

Answer the following questions for the primary or dominant IT system within this IT Service.

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:

Requirements are documented in the contract with NWRDC and NRSC SLA

3.2. Timing and Service Delivery Requirements

3.2.1. Hours/Days that service is required (e.g., 0700-1800 M-F, 24/7) for:

3.2.1.1. User-facing components of this IT service (online) 8am-6pmM-F

3.2.1.2. Back-office-facing components of this IT service (batch and maintenance) 12am-4am

3.2.2. What is the agency's tolerance for down time during peak periods, i.e., time before management-level intervention occurs (e.g., 15 min, 30 min, 60 min)? 24 hrs

3.2.2.1. What are the impacts on the agency's business if this down-time standard is exceeded?

Loss of work productivity, Payment to vendors may be delayed impacting services provided to clients

3.2.3. Are there any agency-unique service requirements? Yes No

If yes, specify (include any applicable constitutional, statutory, or rule requirements)

[Redacted]

3.2.4. What are security requirements for this IT service? (Indicate all that apply)

- User ID/Password
- Access through internal network only
- Other _____
- Access through Internet or external network
- Access through Internet with secure encryption

3.2.5. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

- Yes
- No

3.2.5.1. If yes, please specify and describe:

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. 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:

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? *(Briefly explain)*

4.2.2. List any significant projects that are underway or planned to upgrade or enhance any 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.).

General Revenue

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.)

IT Service Requirements Worksheet: Network Service

Dept/Agency: **Agency for Persons with Disabilities**
 Submitted by: **Monique Emmanuel, Chief Information Officer**
 Phone: **(850) 488-5877**
 Date submitted: **October 15, 2009**

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:			
1	Microsoft Active Directory	5	
2	Microsoft System Center Configuration Manager	6	
3	Microsoft System Center Operations Manager	7	
4		8	

1. IT Service Definition

1.1. Who is the LAN service provider? *(Indicate all that apply)*

- | | |
|--|--|
| <input checked="" type="checkbox"/> Central IT staff | <input type="checkbox"/> State Primary Data Center |
| <input checked="" type="checkbox"/> Program staff | <input type="checkbox"/> Other External service provider |
| <input type="checkbox"/> Another State agency | |

1.2. Who is the WAN service provider? *(Indicate all that apply)*

- Central IT staff
- Program staff
- Another State agency
- External service provider

1.3. 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)

1.4. Please identify the number of users of the Network Service. 2970

1.5. How many locations currently host IT assets and resources used to provide LAN services? 16

1.6. How many locations currently use WAN services? 27

1.7. What types of WAN connections are included in this service? *(Indicate all that apply)*

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> ATM | <input checked="" type="checkbox"/> Frame Relay | <input checked="" type="checkbox"/> Cellular Network |
| <input checked="" type="checkbox"/> SUNCOM RTS | <input checked="" type="checkbox"/> Internet | <input type="checkbox"/> Dedicated Wired connection |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Satellite | <input type="checkbox"/> Dial-up connection |
| <input type="checkbox"/> Other | <input style="width: 100%; height: 15px;" type="text"/> | |

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?

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 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/service_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 24/7

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*)? 30 mins

3.3.2.1. What are the impacts on the agency's business if this down-time standard is exceeded?

Loss of work productivity

3.3.3. Does the agency have a standard for required bandwidth its locations? Yes No

IT Service Requirements Worksheet: Network Service

If yes, indicate the standard (*e.g. fiber channels for certain locations*)

3.3.4. Are there any agency-unique service requirements? Yes No

If yes, specify (*include any applicable constitutional, statutory, or rule requirements*)

3.3.5. 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 encryption
 Other _____

3.3.6. Are there any federal, state, or agency privacy policies or restrictions applicable to this IT Service?

Yes No

3.3.6.1. If yes, please specify and describe:

HIPAA related requirements regarding client health protected information

4. 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? (*Briefly explain*)

APD needs a comprehensive security solution for the network that will protect users from threats originating both inside and outside of the enterprise. The agency does not use an isolated, quarantined network environment that can be monitored and controlled within a well-defined perimeter in order to ensure the privacy and safety of the Electronic Protected Health Information (EPHI) belonging to the citizens APD serves. It is a critical security issue that APD immediately resolve the use of non-isolated network services. Implementation of this Legislative Budget Request will mitigate serious, real, identity theft and fraud risks to the citizens of Florida who APD serves.

The Department of Children and Families (DCF) and Agency for Persons with Disabilities (APD) Information Technology current Service Level Agreement provides DCF network services only for APD offices in workplaces physically co-located with DCF. Other APD offices not physically co-located with DCF rely on the Department of Management Services (DMS) to receive network services. Currently, about 43% of APD physical locations are not co-located with DCF locations. It would not be logistically feasible or cost effective to request DCF to provide network services to APD offices in physical locations separate from DCF locations, as DCF would need to install network services in locations for which DCF network services do not already exist. APD is responsible for

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.)

Non-Strategic IT Service:		Network Service		Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1				
Dept/Agency: Agency for Persons with Disabilities								
Prepared by: Monique Emmanuel								
Phone: (850) 488-5877								
Service Provisioning -- Assets & Resources (Cost Elements)		Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2010-11		A	Estimated IT Service Costs		D
			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	\$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 Maintenance & Support		0	0	\$0	\$0	\$0	\$0
B-3.1	Network Devices & Hardware (e.g., routers, switches, hubs, cabling, etc.)		139	139	\$0	\$0	\$0	\$0
B-3.2	Other Hardware Assets (e.g., system mgt workstation, printers, UPS, etc)		0	0	\$0	\$0	\$0	\$0
C. Software		4					\$2,276	\$2,276
D. External Service Provider(s)					\$279,020	\$279,020	\$219,004	-\$60,016
D-1	LAN External Service Provider		0	0	\$0	\$0	\$0	\$0
D-2	WAN External Service Provider	3	0	0	\$279,020	\$279,020	\$219,004	-\$60,016
E. Plant & Facility for LAN/WAN Service			0	0	\$0	\$0	\$0	\$0
F. Other (Please describe in Footnotes Section below)					\$0	\$0	\$0	\$0
H. Total for IT Service					\$736,689	\$736,689	\$588,730	-\$147,959
Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.								
1	50% of DP Mgr (psn 11475)=\$38,818 and 50% of 12 field support personnel=\$328,632							
2	Active Directory infrastructure, file/print servers= 13 physical servers							
3	Network Circuit charges=\$219,004.08							
4	Backup Exec annual software maintenance for 4 regional tape libraries							
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Non-Strategic IT Service: E-Mail, Messaging, and Calendaring Service

Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1

Agency: **Agency for Persons with Disabilities**
 Prepared by: **Monique Emmanuel**
 Phone: **(850) 488-5877**

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2009-10		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2010-11	A Initial Estimate for Fiscal Year 2009-10	B Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D 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	\$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	\$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. Software				\$0	\$0	\$0	\$0
D. External Service Provider(s)	1	2	2	\$181,958	\$181,958	\$316,093	\$134,135
E. Plant & Facility		0	0	\$0	\$0	\$0	\$0
F. Other (Please describe in Footnotes Section below)	2				\$0	\$24,433	\$24,433
G. Total for IT Service				\$181,958	\$181,958	\$340,526	\$158,568

Administrative Overhead - Percentage of Other Non-Strategic IT Service Costs Supporting Email Service

Non-Strategic Service	Footnote	%	Cost
OT-1 Network			
OT-2 Desktop IT Service			\$ 4,082
OT-3 Help Desk	3		\$ 129,372
OT-4 IT Security & Risk Mitigation			
OT-5 IT Administration & Management			
SUBTOTAL			\$ 133,454
Fully-loaded IT Service Cost			\$ 473,980

To determine the fully-loaded cost of the e-mail service, agencies must estimate the amount (percentage) of the other non-strategic IT services that are "consumed" by the e-mail service. For example, desktop support personnel install and configure the e-mail software on the desktop, which is used in the e-mail service, so to obtain a fully-loaded cost for the e-mail service, it is important to include the indirect workload and associated costs of the desktop service expended in support of the e-mail service. The portion of Network, IT Security & Risk Mitigation, and IT Administration & Management services will be estimated by the AEIT based on the agency Schedule IV-C submissions for these IT services. For the purposes of the Schedule IV-C analysis, the data submitted in this section will NOT be added to the cost of the e-mail service.

Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.

1	Service is provided by NRSC and DCF. NRSC costs=\$201,553.08 DCF=\$114,539.62
2	Zixmail encrypted email service for communication with external entities =\$24,433
3	Helpdesk costs included as part of NSRC billing for email service
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Agency: **Agency for Persons with Disabilities**

Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1

Prepared by: **Monique Emmanuel**

Phone: **(850) 488-5877**

# of Assets & Resources Apportioned to this IT Service in FY 2009-10		Estimated IT Service Costs			
		A	B	C	D
		Initial Estimate for Fiscal Year 2009-10	Estimated FY 2009-10 Allocation of Recurring Base Budget <i>(based on Column G64 minus G65)</i>	Estimated FY 2010-11 Allocation of Recurring Base Budget <i>(based on Column G64 minus G65)</i>	Planned Increase/Decrease Use of Recurring Base Funding <i>(Columns C - B)</i>
Number used for this service	Number w/ costs in FY 2010-11				

Service Provisioning -- Assets & Resources *(Cost Elements)*

Footnote Number

10

Non-Strategic IT Service:		Desktop Computing Service		Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1				
Agency: Agency for Persons with Disabilities		# of Assets & Resources Apportioned to this IT Service in FY 2010-11		Estimated IT Service Costs				
Prepared by: Monique Emmanuel				A	B	C	D	
Phone: (850) 488-5877		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)
Service Provisioning -- Assets & Resources (Cost Elements)								
A. Personnel			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
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	\$0	\$0
B-3.1	Desktop Computers		0	0	\$0	\$0	\$0	\$0
B-3.2	Mobile Computers (e.g., Laptop, Notebook, Handheld, Wireless Computer)		0	0	\$0	\$0	\$0	\$0
B-3.3	Other Hardware Assets (e.g., system mgt workstation, printers, scanners, etc)		0	0	\$0	\$0	\$0	\$0
C. Software		2			\$23,265	\$23,265	\$50,929	\$27,664
D. External Service			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					\$622,333	\$622,333	\$556,224	-\$66,109
Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.								
1	Current Positions-DP Mgr Pos#11475(1/4 Fte)=\$19,409 ; Office Automation Spec (pos# 72483)=\$36,425; and 1/2 of 18 Field Office 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 spyware protection to the APD Laptops. Annual cost=\$33.75 * 1509 desktops=\$50,928.75.							
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Non-Strategic IT Service:		Helpdesk Service		Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1					
Agency: Agency for Persons with Disabilities				# of Assets & Resources Apportioned to this IT Service in FY 2010-11					
Prepared by: Monique Emmanuel				A		B		C	
Phone: (850) 488-5877				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)	
Service Provisioning -- Assets & Resources (Cost Elements)		Footnote Number	Number used for this service	Number w/ costs in FY 2010-11	A	B	C	D	
					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	\$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	\$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 length is 1024 characters.									
1	Service provided by NRSC_OCA 66BCA and 66GCA=\$22,068.29. OCA 66EMS is included in email service costs								
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Non-Strategic IT Service: **IT Security/Risk Mitigation Service**

Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1

Agency: **Agency for Persons with Disabilities**

Prepared by: **Monique Emmanuel**

Phone: **(850) 488-5877**

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2010-11		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2010-11	A Initial Estimate for Fiscal Year 2009-10	B Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Personnel		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		0.00		\$0	\$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	\$0	\$0
B-3 Other Hardware Assets (e.g., system mgt workstation, printers, UPS, etc)		0	0	\$0	\$0	\$0	\$0
C. Software				\$0	\$0	\$0	\$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				\$93,392	\$93,392	\$93,531	\$139

Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.

1	1 DP Mgr (pos#52990)= \$74,122.29, .25 DP Mgr (pos#11475)=\$19, 409
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Non-Strategic IT Service:

IT Support Service for Agency Financial and Administrative Systems

Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1

Agency: **Agency for Persons with Disabilities**

Prepared by: **Monique Emmanuel**

Phone: **(850) 488-5877**

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2010-11		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2010-11	A Initial Estimate for Fiscal Year 2009-10	B Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D Planned Increase/Decrease Use of Recurring Base Funding (Columns C - B)
A. Personnel		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	\$0	\$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	\$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)	2	2	2	\$24,810	\$50,000	\$50,000	\$0
E. Plant & Facility		0	0	\$0	\$0	\$0	\$0
F. Other (Please describe in Footnotes Section below)				\$2,173	\$110,056	\$110,056	\$0
G. Total for IT Service				\$303,312	\$387,297	\$387,297	\$0

Footnotes - Please be sure to indicate there is a footnote for the corresponding row above. Maximum footnote length is 1024 characters.

1	Systems Project Consultant(pos#11458)=\$82905.00, Systems Project Analyst (pos#11452)=\$72,180.83, Systems Project 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, Certified Forward, User Accounting & Sims)=\$90,810.70
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Non-Strategic IT Service: IT Administration and Management Service

Form: FY 2010-11 Schedule IV-C -Non-Strategics; Ver 1

Agency: **Agency for Persons with Disabilities**

Prepared by: **Monique Emmanuel**

Phone: **(850) 488-5877**

of Assets & Resources Apportioned to this IT Service in FY 2010-11

Service Provisioning -- Assets & Resources (Cost Elements)	Footnote Number	# of Assets & Resources Apportioned to this IT Service in FY 2010-11		Estimated IT Service Costs			
		Number used for this service	Number w/ costs in FY 2010-11	A Initial Estimate for Fiscal Year 2009-10	B Estimated FY 2009-10 Allocation of Recurring Base Budget (based on Column G64 minus G65)	C Estimated FY 2010-11 Allocation of Recurring Base Budget (based on Column G64 minus G65)	D 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	\$0	\$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	\$0	\$0
B-3 Other Hardware Assets (e.g., system mgt workstation, printers, etc)		0	0	\$0	\$0	\$0	\$0
C. Software	2			\$0	\$0	\$0	\$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. Maximum footnote length is 1024 characters.

1	CIO (pos#12776)=\$116,833, and Admin Asst (pos#15067)=\$41,047.
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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.

Agency:	Agency For Persons With Disabilities		
Contact Person:	Juan Collins (APD)	Phone Number:	850-414-2232
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	JDS v. APD		
Court with Jurisdiction:	Orange County Circuit Court		
Case Number:	02-3647		
Summary of the Complaint:	(JDS) DD Client in group home allegedly raped and impregnated by foster parent.		
Amount of the Claim:	\$ 1,000,000.00		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	On-going Agency submitted an offer of judgment in the amount of 100K.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract 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).			

Schedule VII: Agency Litigation Inventory

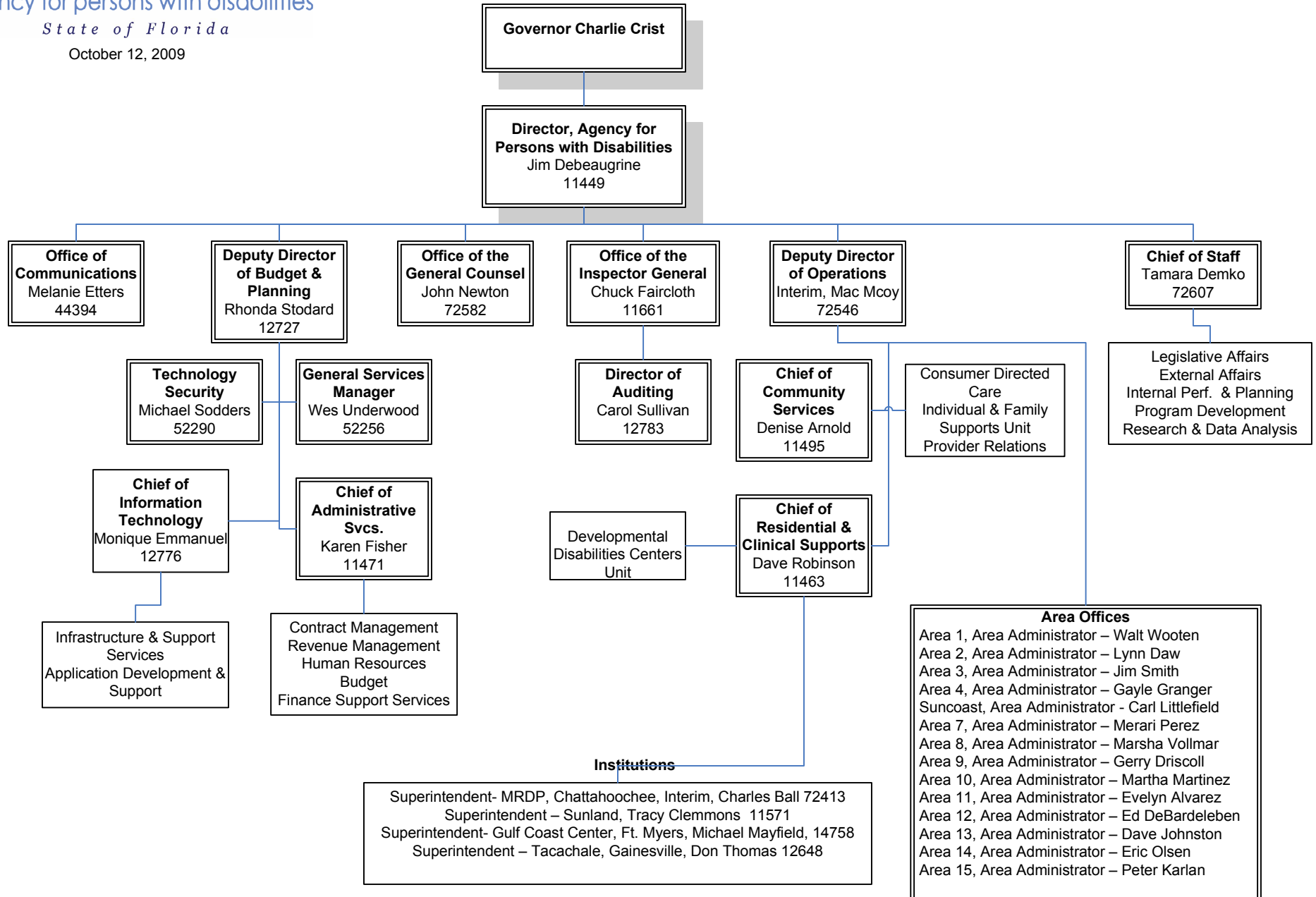
For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency For Persons With Disabilities		
Contact Person:	Juan Collins (APD)	Phone Number:	850-414-2232
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Moreland vs. APD		
Court with Jurisdiction:	1 st District Court of Appeal		
Case Number:	1D08-4353		
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 Claim:	Adverse ruling could result in an unpredictable increase in administrative costs and changes in the cost of waiver services.		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Motion for rehearing en banc and certification to the Florida Supreme Court.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract 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).			

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.

Agency:	Agency For Persons With Disabilities		
Contact Person:	Juan Collins (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 Jurisdiction:	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 Claim:	Adverse ruling could result in an unpredictable increase in administrative costs and changes in the cost of waiver services.		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Hearing held before Judge Hinkle on June 19, 2009. Awaiting ruling.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract 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).			



Schedule XIV
Variance from Long Range Financial Outlook

Agency: Agency for Persons with Disabilities

Contact: Karen Fisher (414-8309)

Article III, Section 19(a)3, Florida Constitution, requires each agency Legislative Budget Request to be based upon and reflect the long range financial outlook adopted by the Joint Legislative Budget Commission or to explain any variance from the outlook.

- 1) Does the long range financial outlook adopted by the Joint Legislative Budget Commission in September 2009 contain revenue or expenditure estimates related to your agency?

Yes No

- 2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2010-2011 and list the amount projected in the long range financial outlook and the amounts projected in your Schedule I or budget request.

	Issue (Revenue or Budget Driver)	R/B*	FY 2010-2011 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Annualization of Medication Review & purchase consolidation	B	<\$1million>	<\$1 million>
b	FMAP Adjustment	B	\$66 million GR	Note Below
c	Projected Waiver Deficit Beyond FMAP	B	\$20.9 million	Note Below
d	IT Infrastructure	B	\$900,000	\$982,683
e				
f				

- 3) If your agency's Legislative Budget Request does not conform to the long range financial outlook with respect to the revenue estimates (from your Schedule I) or budget drivers, please explain the variance(s) below.

Agencies were instructed, per Office of the Governor Memo #10-016, not to submit issues that involved requests for new General Revenue. This included FMAP changes. \$900,000 listed for IT Infrastructure was an estimation.

* 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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title:	<u>67-Agency for Person's with Disabilities</u>
Trust Fund Title:	<u>Administrative Trust Fund - 67100100</u>
LAS/PBS Fund Number:	<u>2021</u>

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09__ (A)

Add/Subtract:

(B)

(B)

Other Adjustment(s):

Prior Year Group Home Loans Receipts (C)

Prior Year Adjustments (C)

ADJUSTED BEGINNING TRIAL BALANCE: (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (E)

DIFFERENCE: (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons with Disabilities
Budget Entity:	Tobacco Settlement Trust Fund
LAS/PBS Fund Number:	Combined Budget Entity
	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 **

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 IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons
Budget Entity:	Federal Grant Trust Fund
LAS/PBS Fund Number:	67100100
	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

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.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2010 - 2011

Department Title:	<u>67-Agency for Person's with Disabilities</u>
Trust Fund Title:	<u>67100100</u>
LAS/PBS Fund Number:	<u>2261</u>

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09	<input type="text" value="(12,087)"/>	(A)
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Add/Subtract:

Unreserve Fund Balance Adjustments	<input type="text" value="8,304"/>	(B)
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Intra BE Transfer from 67100100	<input type="text" value="3,784"/>	(B)
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Other Adjustment(s):

<input type="text" value="0"/>	(C)
--------------------------------	-----

ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="0"/>	(D)
--	--------------------------------	-----

UNRESERVED FUND BALANCE, SCHEDULE IC	<input type="text" value="0"/>	(E)
---	--------------------------------	-----

DIFFERENCE:	<input type="text" value="0"/>	(F)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011 67-Agency for Persons
Trust Fund Title:	Operations & Maintenance Trust fund
Budget Entity:	67100100
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	(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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** 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 - 67100100
LAS/PBS Fund Number: 2516

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):

Non-CF Payables [57,440]

6/30 Receivables [956,765] (C)

6/30 CF Payables [(230,149)] (C)

ADJUSTED BEGINNING TRIAL BALANCE: [(44,474,312)] (D)

UNRESERVED FUND BALANCE, SCHEDULE IC [(44,474,312)] (E)

DIFFERENCE: [0] (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons
Budget Entity:	Social Services Block Grant
LAS/PBS Fund Number:	67100100
	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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** 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.



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 IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons
Budget Entity:	Administrative Trust fund
LAS/PBS Fund Number:	67100200
	2021

	Balance as of 6/30/2009		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,214,478	(A)			1,214,478
ADD: Other Cash (See Instructions)		(B)			0
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable	34,378	(D)			34,378
ADD:	0	(E)			0
Total Cash plus Accounts Receivable	1,248,855	(F)	0		1,248,855
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	1,248,855	(K)	0		1,248,855 **

Notes:

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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.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons
Budget Entity:	Federal Grant Trust Fund
LAS/PBS Fund Number:	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
Approved "FCO" Certified Forwards	0	(H)		0
LESS: Intra BE Transfer to 67100100	3,783	(I)		3,783
LESS:	0	(J)		0
Unreserved Fund Balance, 07/01/09	392,057	(K)	0	392,057 **

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.

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: 67100200
LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 402,763 (A)

Add/Subtract:

Unreserved Fund Balance Adj. 91,488 (B)

Intra Be Transfer to 67100200 (3,783) (B)

Other Adjustment(s):

Current Year Receivable 12,244 (C)

Current Year Payables (110,655) (C)

ADJUSTED BEGINNING TRIAL BALANCE: 392,057 (D)

UNRESERVED FUND BALANCE, SCHEDULE IC 392,057 (E)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons
Budget Entity:	Operations & Maintenance Trust fund
LAS/PBS Fund Number:	67100200
	2516

	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:

*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 - 67100200
LAS/PBS Fund Number: 2516

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)

DIFFERENCE: 0 (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons
Budget Entity:	Operations & Maintenance Trust fund
LAS/PBS Fund Number:	67020000
	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:

*SWFS = Statewide Financial Statement

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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: 2516

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09__ (A)

Add/Subtract:

Unreserve Fund Balance Adjustments (54900) (B)

Reserve for FCO (B)

FCO Adjustments (B)

SWFS Adjustment A/P (B)

Reserve for Inventories (B)

Other Adjustment(s):

(C)

(C)

ADJUSTED BEGINNING TRIAL BALANCE: (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (E)

DIFFERENCE: (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2010 - 2011

Department: Agency for Persons with Disabilities

Chief Internal Auditor: Carol Sullivan

Budget Entity: Program Management and Compliance

Phone Number: 414-7166

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

Office of Policy and Budget - July 2009



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 IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons
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)**

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.

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: Administrative Trust Fund - 67100300
LAS/PBS Fund Number: 2021

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09__ [(106,033)] (A)

Add/Subtract:

Unreserved Fund Balance Adjustment [(4,571)] (B)

[] (B)

Other Adjustment(s):

[0] (C)

ADJUSTED BEGINNING TRIAL BALANCE: [(110,605)] (D)

UNRESERVED FUND BALANCE, SCHEDULE IC [(110,605)] (E)

DIFFERENCE: [0] (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons
Budget Entity:	Federal Grant Trust Fund
LAS/PBS Fund Number:	67100300
	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 **

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.

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: 67100300
LAS/PBS Fund Number: 2261

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09 8,068 (A)

Add/Subtract:

Intra Be Transfer from 67100200 (B)

0 (B)

Other Adjustment(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)*

***SHOULD EQUAL ZERO.**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 67-Agency for Persons with Disabilities **Budget Period: 2010-2011**
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.)

<input type="checkbox"/>	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.)
<input checked="" type="checkbox"/>	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
<u>Receipts:</u>			
<u>AHCA Transfer for Client Care (Medicaid, Medicare)</u>	76,861,239	71,680,117	56,974,524
<u>Reimbursement Client Custodian Care</u>	5,422,711	4,697,993	4,846,000
<u> </u>			
<u> </u>			
Total Fee Collection to Line (A) - Section III	82,283,950	76,378,110	61,820,524

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	59,441,977	55,503,466	45,128,983
<u>Other Personal Services</u>	1,777,044	1,636,744	1,236,410
<u>Expenses</u>	5,551,230	4,950,610	3,709,231
<u>Operating Capital Outlay</u>	217,770	420,841	618,205
<u>Special Category (070000)</u>	1,470,910	1,599,643	1,236,410
<u>Special Category (100777)</u>	996,256	1,940,555	1,854,616
<u>Special Category (100779)</u>	4,425,156	4,967,758	4,327,437
<u>Special Category (103241)</u>	1,737,760	-	
<u> </u>			
<u>Indirect Costs Charged to Trust Fund</u>			
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	(B)	75,618,103	71,019,617	58,111,293
TOTAL - Surplus/Deficit	(C)	6,665,847	5,358,493	3,709,231

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 IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2010- 2011
Trust Fund Title:	67-Agency for Persons
Budget Entity:	Operations & Maintenance Trust fund
LAS/PBS Fund Number:	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:

*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: 2516

BEGINNING TRIAL BALANCE:

Unreserved Fund Balance Per Trial Balance, 07-01-09__ (A)

Add/Subtract:

Unreserve Fund Balance Adjustments (54900) (B)

Reserve for FCO (B)

Other Adjustment(s):

6/30 Accounts Receivables (C)

6/30 Accounts Payables (C)

ADJUSTED BEGINNING TRIAL BALANCE: (D)

UNRESERVED FUND BALANCE, SCHEDULE IC (E)

DIFFERENCE: (F)*

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2010 - 2011

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)	IS C
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	
A-07/08-009	May-08	Tacachale Developmental Disabilities Center	<p>Finding: The following deficiencies were noted concerning Tacachale cellular phone expenditures:</p> <ul style="list-style-type: none"> • Out of a total of 109 cellular phones, there appeared to be a large number of phones designated as floaters. • Forty-three cellular phones were used less than 30 minutes per month for 2 out of 3 most recent months in the period under audit. The annual charge for these totaled approximately \$8,900.00. • Excessive personal use of agency cellular phones was noted for 2 employees. One employee reimbursed the agency \$1,222.00, and the other employee reimbursed the agency \$650.00. <p>Recommendation: We recommend that Tacachale management should:</p> <ul style="list-style-type: none"> • Perform a review to determine if all the current cellular phones are needed based on the policy that states "Cellular phones should only be used for the conduct of official State business when a conventional phone is not readily available." • Enhance the documentation retained to justify the need for each cellular phone. • Restrict the personal use of agency cellular phones. 	<p>Tacachale's leadership team determined the majority of their needs can be met utilizing walkie-talkie access rather than cellular phone service. Phone service has been changed to walkie-talkie service only for 81 phones. Full cellular service was retained on 28 phones used by Tacachale physicians, on-call staff, and resident security. Ten phones were reserved for the out-of-town transporting of residents. The justification for each phone is undergoing review and enhancement to provide a more detailed explanation for necessity. Personal use of the cell phones will be kept to emergency use only. Personal phone calls will be monitored and reimbursed in a timely manner.</p>	

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.

Action	Program or Service (Budget Entity Codes)		
	67100100	67100200	67100300
1. GENERAL			
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. EXHIBIT 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. EXHIBIT 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 issues	N/J - No issues	N/J - No issues
AUDITS:			
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.			

Action	Program or Service (Budget Entity Codes)			
	67100100	67100200	67100300	
<p>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.</p>				
4. EXHIBIT 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
<p>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.</p>				
5. EXHIBIT D-1 (ED1R, EXD1)				
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y
AUDITS:				
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.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Y	Y	Y
5.4	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.) <i>Please note that the LBR Instructions reference the wrong B column.</i>	Y	Y	Y
<p>TIP 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.</p>				
<p>TIP If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.</p>				
<p>TIP 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. Amounts should be positive.</p>				
<p>TIP 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.</p>				
6. EXHIBIT 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
<p>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.</p>				
7. EXHIBIT 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

Action	Program or Service (Budget Entity Codes)		
	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 distribution	N/J No lump sum distribution
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 <i>major audit findings and recommendations</i> 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

Action		Program or Service (Budget Entity Codes)		
		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 160XXXX issues	N/J No 160XXXX issues	N/J No 160XXXX 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.			
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department 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

Action		Program or Service (Budget Entity Codes)		
		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 215.32(2)(b), Florida Statutes</i> - 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 Estimating 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

Action		Program or Service (Budget Entity Codes)		
		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. SCHEDULE 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
10. SCHEDULE III (PSCR, SC3)				
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
11. SCHEDULE 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.			
12. SCHEDULE VIIIA (EADR, SC8A)				
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIIIA-A? Are the priority narrative explanations adequate?	Y	Y	Y
13. SCHEDULE VIIIB-1				
13.1	This schedule is not required in the October 15, 2009 LBR submittal.			
14. SCHEDULE VIIIB-2 (EADR, S8B2)				

Action	Program or Service (Budget Entity Codes)		
	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
15. SCHEDULE XI (LAS/PBS Web - see page 108 of the LBR Instructions for detailed instructions)			
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)(b), Florida Statutes</i> , 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 Does the FY 2008-09 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y	Y	Y
15.4 None of the executive direction, administrative support and information 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 <u>should</u> 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. MANUALLY 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
AUDITS - GENERAL INFORMATION			
TIP Review <i>Section 6: Audits</i> of the LBR Instructions for a list of audits and their descriptions.			
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.			
17. CAPITAL IMPROVEMENTS PROGRAM (CIP)			
17.1 Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	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

Action		Program or Service (Budget Entity Codes)		
		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. FLORIDA 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