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| FY 2025 BUDGET SUBMISSIONBUDGET REQUEST PROPOSAL (PB-4) |

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| Name of Budget Request & Priority # of Request: |  |  |
| Name of Program (From SAP Program Results Form): |  |
| Budgeted Funds Center: |  |
| Org Unit Name/#: |  |
| Total Amount of Request: |  |
| Collaborating Departments/Agencies: |  |
| Request Contact (Name/Phone): |  |
| 1. **Summary Statement:**

**Include one or two sentences to be included in Commissioners Court materials.** |
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| 1. **Description of Request:**
* **Describe the request, including current issues that create the need for increased funding.**
* **How does the request relate to the mission, goals, and objectives of the department and goals of the County?**
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| 1. **Desired Outcomes:**
* **What are the intended results of the proposal?**
* **Describe the department/office’s current service and funding levels for this request and explain why it does not produce desired outcomes.**
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| 1. **Description of New or Program-Specific Measures and Evaluation:**
* **How will the proposal be measured and evaluated? Is there an independent evaluation component?**
* **Describe any benchmarks that have been identified. What comparable programs have been researched?**
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| 1. **Impact on Existing Relevant Departmental Performance Measures:**
* **Explain the relevance of the measures submitted in the PB-5 and the expected impact to the program area if the request is funded.**
* **Describe the impact of funding the proposal on program outcomes, other departmental performance measures, and service levels.**
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| 1. **Proposed Implementation Timeline:**
* **Describe the implementation timeline including the expected dates of results.**
* **If this request has budgetary impacts beyond FY 2025, please describe. (For capital projects, please describe impacts to operating budget)**
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| 1. **Leveraged Resources and Collaboration:**
* **List and describe the impact of other resources such as grant funds, other County departments, or non-County external agency resources.**
* **What collaboration efforts exist with other departments/agencies that provide similar or supporting services?**
* **Describe ways that these departments/agencies can collaborate to ensure success of the proposal.**
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| **8.** | **Additional Revenue: Does this proposal generate additional revenue? Y/N** |  |
| **If yes, attach a copy of the County Auditor’s revenue form and other relevant backup information. *Please send original revenue materials to the Auditor’s Office.*** |
| **9.** | **If requesting a new position(s), is office space currently available? Y/N** |  |
| If no, attach a plan from Facilities Management explaining how to acquire space for this proposal. If yes, provide the information below: |
| **Contact Person from FMD**  |  |
| Building Name/Location |  | **Floor #** |  |
| Suite/Office # |  | **Workstation #** |  |
| **10. Please list any hardware/software (beyond routine desktop equipment) needed for this request.** |
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| **If this request is IT related or has a significant IT component, an ITS Assessment form is required. Please send completed form to ITS and attach a copy.**  |
| **Contact Person from ITS:** |  |
| **11. Supplemental Information for Capital Projects:*** **Describe the scope of the project, even if it extends beyond FY 2025. Define all acronyms and department/field-specific terms.**
* **Does the requested item meet the definition of an improvement? If so, how (e.g., higher quality material, increase in efficiency and/or capacity)?**
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