**FY21 Base Budget Reductions for Consideration**

**For each proposed budget reduction**, the following form should be submitted by budget officers to [their budget office analyst](https://www.tn.gov/finance/fa/fa-budget-information/fa-budget-agency.html) who will review each proposal and send back entries that do not provide sufficient detail. Please note that these forms are public.

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

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

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

**PART I**

**Agency:**  Choose an item.

**Agency Prioritization:** Choose an item.

*1 is the most preferred reduction*

**Total Proposed Reduction** *Total row will pre-populate. Double-click to enter data in the chart.*

This chart should be reflective of all funds that would be impacted by the proposed reduction in state dollars.

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



**For Position Reductions,** please provide, in a listing below, the class code and the salary reduction for each position recommended for elimination.

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| **Class Code** | **Salary Reduction** |
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1. How does this proposal impact the agency’s core function and ability to meet the goals within the agency’s strategic plan?
2. Does this proposal reduce or eliminate an existing program or service?

*If Yes, complete Part II.*

☐Yes ☐No

1. Why was this proposal identified?
2. Is this reduction a result of an efficiency (spending under the budgeted amount) or a result of a reduction?
3. Is this reduction being accomplished through a structural or organizational change to the department? If so, describe the structural and/or organizational changes being made.
4. How did you arrive at the amount of this proposal and what assumptions are included? Please note if this is a revenue generating program.
5. Has this proposal been submitted in the past? If so, did a reduction occur at that time? Please provide any necessary context regarding why the proposal was not accepted at the time of its submission.
6. Would this proposal require an associated rule or statutory change? If so, please provide a specific reference to TCA or rule that would need to be modified and how it would need to be changed.
7. Would this proposal impact another agency or program? If so, please explain the impact.
8. What is the timeline associated with the implementation of the proposed reduction? Include the date you anticipate the full reduction being realized and any relevant milestones that would be necessary in order to achieve the full reduction.

**PART II**

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

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

1. For proposed program reductions, please indicate the following items:
* Descriptions of the primary population served and/or eligibility criteria;
* How the proposed reduction would impact the program’s capacity and/or eligibility criteria;
* Descriptions of key program interventions and services;
* Number of persons impacted (anticipated / estimated) and the process of how these numbers were calculated if possible; and
* Program outcomes from the two most recent fiscal years with available data.
1. What evidence or research is the basis for this program / service? Please include:
* Citations for peer-reviewed research where possible; or
* Where research / evidence are unavailable, the theory of action supporting the program.
1. Is your program model similar to the model from the research/ evidence cited in #3?

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

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

1. Does the proposed reduction have a corresponding program evaluation that is currently in progress?
2. Is there an opportunity for consolidation of existing programs in order to offer the same services elsewhere? Please provide information additional to that provided in response to Part 1, #5 that’s unique to the programming effort.
3. Are there any challenges or down the line risks that we should know about as a result of the reduction or elimination of this program?