# FY24 Programmatic Cost Reductions

## Instructions

This form should be completed for reductions that are **program/service reductions only.** Operational reductions should ***not*** be included here and are ***not*** required for submission during this budget cycle. Prior to completing this form, please review additional guidance materials [here](https://www.tn.gov/finance/fa/fa-budget-information/budget-instructions-and-forms.html).

|  |
| --- |
| Does this request directly impact a discrete program, intervention, or service? Contact OEI.Questions@tn.gov if you’re not sure. |
| [ ]  **No, it’s operational.***This reduction is for operational purposes, like internal department operations, facilities, equipment, IT improvement, advisory committees.* | [ ]  **Yes, it’s programmatic.***This reduction is for, or directly impacts (e.g., staffs), a discrete program, intervention, or service; any systematic activity that engages participants to achieve desired outcomes.*  |
| **Program or Intervention Name** | Program Name |
| **Stop with solid fillStop here.****This form is NOT needed for this type of reduction.** | **Is this program in the Program Inventory?**  | [ ] **No** [ ] **Yes** *If you’re not sure, check the interactive inventory* [*here*](https://www.tn.gov/finance/oei/program-inventory.html)*.* |
| **Traffic light with solid fillContinue to Section 1.****Complete and submit this form in full for programmatic reductions.** |

Complete this form in full for each program/service proposed for reduction or elimination. Include only vacancies/position reductions directly tied to the program or service.

Budget officers should:

1. Complete this form
2. Name the form with this convention: R\_Priority#\_AdjustmentName (e.g., R\_3\_ Analyst Positions)
3. Upload into the Budget Entry Analysis and Reporting System (BEARS)
4. Email a final copy to their [budget office analyst](https://www.tn.gov/finance/fa/fa-budget-information/fa-budget-agency.html), who will review each request and return entries that do not provide sufficient detail

#### **Section 1: General**

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| **Agency** | Choose an agency. |
| **Adjustment Number** | BDEADJ- Click here to enter five-digit code. |
| **Adjustment Name***Short name of request* | **e.g., Rural Opportunity Fund** |
| **Agency Prioritization***1 is the most preferred reduction* | Choose a number. |
| **Is this reduction a result of an efficiency?** *i.e., spending under the budgeted amount* | [ ] **No** [ ] **Yes**  |
| **Is this program or service revenue generating?** | [ ] **No, this program/service does not generate revenue** [ ] **Yes, this program/service generates revenue**  |

**Total Proposed Reduction**

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, include those figures in the respective columns.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Allotment Code** | **State Funds** | **Federal Funds** | **Other Funds** | **Total Positions** |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| **TOTAL** *enter manually* | **$0** | **$0** | **$0** | **0** |

**Position Reductions**

For position reductions ***directly related******to the program/service only***, use the table to provide position title, salary reduction, and whether the position(s) is currently vacant or filled.

|  |  |  |  |
| --- | --- | --- | --- |
| **Position Title** | **Salary Reduction** | **Filled Positions** | **Vacant Positions** |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |

#### **Section 2: Program/Department Effect**

**This section details how the proposed reduction might impact the department and any related services or resources.**

|  |  |
| --- | --- |
| **1.**  | **What is the program/initiative/resource that this request would reduce? How does this reduction impact the agency’s vision and mission and the goals within the agency’s strategic plan (e.g., Four-year Strategic Plan)?** **Include a list of any included key services/interventions. How would the proposed reduction impact the program’s capacity/eligibility criteria? How many people could be impacted, and how is that number estimated? With any data available, include program outcomes from the last two years.** |

Click or tap here to enter or paste text.

|  |  |
| --- | --- |
| **2.**  | **Is this reduction being offered due to program performance? If yes, explain.** |

[ ] **No** [ ] **Yes (explain)**

Click or tap here to enter explanation for *Yes*.

#### **Section 3: External Effect**

**This section identifies possible risks and impacts to statute and/or other agencies.**

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| --- | --- |
| **3.**  | **Would this solution require an associated rule or statutory change? If so, provide a specific reference to TCA or rule that would need to be modified and how it would need to be changed.** |

[ ] **No** [ ] **Yes (explain)**

Click or tap here to enter explanation for *Yes*.

|  |  |
| --- | --- |
| **4.**  | **Does this solution have an impact programmatically or fiscally on any other agency? If so, which one(s)? Describe the impact.** |

[ ] **No** [ ] **Yes (explain)**

Click or tap here to enter explanation for *Yes*.

## Section 4: Evidence & Impact

**This section captures the program’s evidence and research to provide context regarding program design and potential or realized success in Tennessee. Every program will fall within one of the five steps in the** [**Tennessee Evidence Framework**](https://www.tn.gov/finance/oei/evidence-based-budgeting.html)**. Answering the questions below will help determine the evidence step for the program related to this reduction.**

**Review guidance materials** [**here**](https://www.tn.gov/finance/fa/fa-budget-information/budget-instructions-and-forms.html) **prior to completing this section.**

|  |  |
| --- | --- |
| **What is the name of the *program* this request supports?** | Program Name |
| **5.** | **Does this program have a corresponding evaluation currently in progress?** |
| [ ] **No** [ ] **Yes (explain)** Click or tap here to enter or paste text.***All remaining questions refer to the program named above.***  |
| **6.** | **Provide the *program’s* theory of action using a brief if/then statement. At minimum, the statement should identify key activities as inputs, and short-term results as outcomes. Use the sample statement to draft the if/then statement; refer to detailed guidance for more on logic models.** |
| **Logic Model** |
| ***If we*** *[complete X activities]****,******then*** *[short/mid-term outcome(s)]* ***will result in*** *[long-term outcome(s)]****.*** |
| Click or tap here to enter text. |

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| **7.** | **Are outputs and/or outcomes currently being collected on this *program*? What are they, and what are the most recent results? If no data are being collected on this program, leave this table blank.** |
| **Output** | **Result** | **Year(s)** |
| *Outputs are the concrete, countable results of activities; often products or services measured in tangible terms. What evidence do you collect that demonstrates the service has been delivered?* ***Provide 3-5 outputs, with the most recent data, that tell the strongest story about the program.*** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | Year or period |
| 2.  |   |   |
| 3.  |   |   |
| 4.  |   |   |
| 5.  |   |   |
| **Outcome** | **Result** | **Year(s)** |
| *Outcomes describe the impact of activities; typically, they show benefits or changes in behavior for the participant/recipient. They include directionality and can be individual benefits or system-level changes. What changes in behavior or systems are you seeing?* ***Provide 1-3 outcomes, with the most recent data,******that tell the strongest******story about the******program.*** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | Year or period |
| 2.  |   |   |
| 3.  |   |   |

|  |  |
| --- | --- |
| **8.** | **Does this *program*, or one very similar to it, currently have an evidence base cited in a national clearinghouse or clearinghouse database like** [**Results First’s**](https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database)**? If so, list the information below. If not, leave this section blank. Refer to detailed guidance for more information.** |
| **Evaluation** | **Causal Evidence** |
| **Clearinghouse***Name the clearinghouse or database that reviewed the program or intervention.*  | **Entry Name & Link***Enter the name of the program from a clearinghouse you feel is a good match to your program, and the URL for the page.*  | **Evidence Rating***How is this piece of evidence rated in the clearinghouse?* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Important Notes***Does your program model or population differ in some way from the cited evidence? Provide any important notes here.*  |
| Click or tap here to enter text. |

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| **8b.** | **Sometimes programs also have interventions. If the interventions are also evidence-based, please include that information in the table below. Add rows as needed; leave blank if there are no interventions.** |
| **Intervention Name** | **Clearinghouse** | **Entry Name & Link** | **Evidence Rating** | **Notes** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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