# FY25 Cost Increase Request

## Instructions

This form should be completed for each cost increase request that is **not mandated by law**. Forms should correspond to BEARS adjustments on a 1:1 basis. Before completing this form, please review guidance materials [here](https://www.tn.gov/finance/fa/fa-budget-information/budget-instructions-and-forms.html). Budget officers should:

1. **Compile** all necessary information in this form, and **name** it with this convention: Priority#\_AdjustmentName (e.g., 3\_Analyst Positions).
2. **Enter** information into the Budget Entry Analysis and Reporting System (BEARS).
3. Include the **BEARS adjustment number** in this form.
4. **Email** a final copy of this form 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 submissions that do not provide sufficient detail.

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| **General Information** | |
| **Agency** | **Choose an agency.** |
| **Adjustment Number**  *Starting an entry in BEARS will generate this number.* | BDEADJ- 00000 |
| **Is there an off-setting reduction plan for this request?** | **No**  **Yes**  **If yes, please enter the adjustment number:BDEADJ-** 00000 |
| **Adjustment Name**  *Short name of request* | **e.g., Rural Opportunity Fund** |
| **Agency Prioritization**  *1 is the highest priority* | 3 |
| **Brief Description**  *Limit two sentences* | e.g., To provide non-recurring funding for the rural opportunity fund, which is a public-private partnership that provides loans and technical assistance to small, minority, and women-owned rural businesses that are unable to access traditional loan capital. |
| **Brief Expected Result**  *What do you expect to accomplish with this funding? Limit two sentences* | e.g., We hope to double the number of businesses we can serve with this additional funding, which we expect to increase the ROI. |

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| **Requested Funding & Positions** | | |
| **FY25** | **Recurring** | **Non-recurring FY25** |
| **General Fund State** | $0 | $0 |
| **Dedicated Funds** | $0 | $0 |
| **Federal Funds\*** | $0 | $0 |
| **Other Funds\*** | $0 | $0 |
| **TOTAL Dollars Requested** *enter manually* | **$0** | **$0** |
| **\*If using federal or other funds, provide the source of those funds here:** | | |
| Click or tap here to enter or paste text. | | |

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| **Positions** | | |
| **FY25** | **Full Time Positions** | **Seasonal/Part Time Positions** |
| **Positions Requested**  *Related to this request only* | **0** | **0** |
| **Current Positions**  *Related to this request only* | **0** | **0** |
| **Total Current Vacancies**  *Department-wide as of Aug. 1, 2023* | **0** | **0** |

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| **Previous Base Funding** | | | | | | |
|  | **State**  **Recurring** | **State**  **Non-Recurring** | **Federal**  **Recurring** | **Federal**  **Non-Recurring** | **Other** |
| **FY19** | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| **FY20** | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| **FY21** | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| **FY22** | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| **FY23** | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| **FY24** | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| **If there have been any related cost increases in the last four years, what has been the impact of that funding to this point?** | | | | | | |

Click or tap here to enter or paste text.

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| **Funding Details** |
| **1. Long Description & Connection to Strategic Plan: What is the program/initiative/resource that this request would fund? Describe any included key services/interventions. How does this request tie to the agency’s vision and mission and the goals within the agency’s strategic plan (e.g., Four-year Strategic Plan)?**  *Note to budget officers: this answer can take the place of the detailed entry in the Long Description box in BEARS. Copy and paste the description from here into Long Description box before uploading this document.* |

Click or tap here to enter or paste text.

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| **2a. Needs Assessment: What opportunity/problem is this budget adjustment trying to address? How will this adjustment address the issue?**   * *Include any compelling data or research here that show what the problem/opportunity is and justify the approach.* * *Include a description of the target population and delivery setting (e.g., high school CTE students in distressed counties, K-12 CTE programs delivered in school).* * *How many new or additional people would be served? Counties/communities? How many will remain unserved? If this is an existing program, how has the program population been trending the last few years?* |

Click or tap here to enter or paste text.

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| **2b. Anticipated Impact: How does the department plan to track program success—even if it’s a new program?**   * *How will this adjustment “move the needle”? What changes or benefits do you expect to see as a result of this adjustment? If applicable, list any new outputs, outcomes, or KPIs that you plan to measure in the future, but do not currently measure now. Be sure this response directly connects to the demonstrated problem.* |

Click or tap here to enter or paste text.

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| **3. New vs. Ongoing Effort: This request is:** *(select all that apply; add details where requested)* |
| **A change to an existing program/initiative/resource (e.g., adding staff or resources, serving more or a different group of people, making changes to the service model, etc.).**  **A completely new program/initiative/resource.**  **A planned multi-year effort.**  **Briefly describe what fiscal requests we can expect in the future and how this will impact program rollout:**  Click or tap here to enter or paste text.  **This is year 2 or 3 of a multi-year investment.**  **Provide insight into the status of the program and its implementation:**  Click or tap here to enter or paste text. |

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| **4. Budget & FTE Detail: What would the requested funds purchase, and what is the corresponding cost? (e.g., personnel, salary increases, equipment, contracted services, etc.). Describe the assumptions used to determine funding and position requests. If the impact is not specifically quantifiable, is a cost avoidance, or if additional information is needed to explain the fiscal impact, please elaborate.**  *For each proposed FTE, include the role name, the proposed annual salary, and a brief description of the role’s purpose and why the role is needed.* |
| ***e.g.:*** *Personnel:*   * *2 FTE (Data Analyst) at $87,000 each – this position supports data collection, analysis, and reporting* * *1 FTE (Program Director) at $104,000 – this position oversees hiring, program planning and operations, and oversees new data analysts*   *Equipment: $400,000*  *Contracted Services: $1,000,000 for marketing campaign* |

Click or tap here to enter or paste text.

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| **External Effects** |
| **5. Statute Change: 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 or paste text.

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| **6. Agency Impact: Does this solution have an impact programmatically or fiscally on any other agency? If so, which one(s)? Indicate if this program or initiative is jointly funded by any other agencies and if so, which ones and to what extent.** |

**No** **Yes (explain)**

Click or tap here to enter or paste text.

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| **Evidence & Impact** | | |
| *This section captures program 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 budget request. Review guidance materials on* [*OEI’s website*](https://www.tn.gov/finance/oei/evidence-based-budgeting.html) *and budget instructions* [*here*](https://www.tn.gov/finance/fa/fa-budget-information/budget-instructions-and-forms.html) *prior to completing this section.* | | |
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| 7. Request Type: Is this an operational or programmatic request? Contact [OEI.Questions@tn.gov](mailto:OEI.Questions@tn.gov) if you’re not sure. | | |
| **This request is operational.**  *This request is for internal department operations (HR, administration, legal, etc.), facilities, equipment, IT improvement, or an advisory board or committee.* | **This request is programmatic.**  *This request is for, or directly supports (e.g., expands, staffs), a discrete program, intervention, or service; any systematic activity that engages participants to achieve desired outcomes.* | |
| **Program Name** | **Program Name** |
| **Stop with solid fillStop here.**  **This form is ready to submit for operational requests.** | **Is this program in the Program Inventory?** | **No** **Yes**  *Not sure? Check* [*here*](https://www.tn.gov/finance/oei/program-inventory.html)*.* |
| **Does this program have a corresponding evaluation currently in progress?** | **No** **Yes (explain)**  Click or tap here to enter or paste text. |
| **Traffic light with solid fillContinue to Question 8.\***  **Complete questions 8-10 for programmatic requests.**  *\*****DCS, THEC, and TDOC:*** *If the program is in the inventory, stop here.*  ***For all other inventoried programs:*** *Complete question 9 only.*  *OEI will use available inventory data for this section.* | |

#### **Programmatic Requests Only: Questions 8-10**

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| **8. Logic Model: Provide a logic model statement, or “if/then,” for the related *program.* What is the program’s theory of action?**  *At minimum, the statement should identify key program activities and short-term results as outcomes. This statement should be about the program related to this request, not about how more dollars will make the program more effective or reach more people.* |
| ***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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| **9. Outputs/Outcomes: Are outputs and/or outcomes currently being collected on this *program*? What are they? What are the most recent results? How does that compare to previous results? Leave rows blank if no data are available.** | | | | |
| **Output**  *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 AND one year of prior data, that tell the strongest story about the program.*** | | **Year(s): Most Recent and Comparison**  *Please specify fiscal year (FY), calendar year (CY), academic year (AY), etc.* | | **Result: Most Recent and Comparison** |
| *E.g., Number of job training participants* | | *CY 2022* | | *3,225* |
|  | | *CY 201*7 | | *3,001* |
| 1. Click or tap here to enter text. | | Most recent, complete year | | Result |
|  | | Comparison year | | Result |
| 2. | |  | |  |
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| **Outcome**  *Outcomes describe the impact of activities; typically, they show benefits or changes in behavior for the participant/recipient, and do not focus on operational changes, such as growth in participation or services. They can be individual benefits or system-level changes. What changes in behavior, benefit, or systems are you seeing?* ***Provide 1-3 outcomes, with the most recent data AND one year of prior data, that tell the strongest story about the program.*** | | **Year(s): Most Recent and Comparison**  *Please specify fiscal year (FY), calendar year (CY), academic year (AY), etc.* | | **Result: Most Recent and Comparison** |
| *E.g., Percent of training graduates employed 12 months after training* | | *CY 2022* | | *65%* |
|  | | *CY 2017* | | *63%* |
| 1. Click or tap here to enter text. | | Most recent, complete year | | Result |
|  | | Comparison year | | Result |
| 2. | |  | |  |
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| **10. Evidence: 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://evidence2impact.psu.edu/what-we-do/research-translation-platform/results-first-resources/clearing-house-database/)**? If so, list the information below. If not, leave this section blank. Refer to detailed guidance for more information.** | | | | |
| **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. | | | | |