



## EXAMPLE FOR ILLUSTRATION ONLY WORKSHEET-II-INCREASE (PROGRAM EXPANSION)

Status: OSBM\_Draft

**Reference Number:** CI-SO3C

**Budget Cycle:** 2017-19

**Budget Session:** Short

**Priority:** 2

**Recurrence:** Recurring

**Worksheet Type:** Increase

**Request Type:** Program expansion

**Department/Agency:** Department of Agriculture and Consumer Services

**BRU:** DEPARTMENT OF AGRICULTURE

**Division/Institution:** NC Forest Resources

**Budget Code:** 13700

**Title:** EXAMPLE FOR ILLUSTRATION ONLY

**Ibis ID:** SO3C

**Give a brief description of the item:**

	Describe the proposed expansion or new program.
	How will the funds will be spent?
	How will FTEs be utilized?
	What is the current state of the program or service and how will it be improved? (Cite evidence using data, statistics, or research studies.)
	Who will benefit and how? (Quantify with data or statistics.)
	Why is this the best solution? What evidence or research supports this solution?

**Problems/Issues being Addressed:**

	Describe the problem to be addressed. (Quantify with data and statistics.)
	How did the issue become a problem and how is it impacting workload, service delivery, or outcomes? (Quantify with data and statistics.)
	What are the consequences if this request is not approved? (Quantify using data and statistics.)

**Anticipated outcome/impact after implementation of changes:**

	What are the anticipated outcomes? Cite research studies or other evidence that supports this.
	How will success be measured?
	What data will be used for evaluation and how will it be collected?

**Relation to agency goals and agency key indicators:**

Summarize how this request advances department goals and priorities.

How is the request tied to a strategic / performance plan?

**OSBM Narrative:**

N.A.

**BUDGET OVERVIEW**

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|--|------|
| 1. Does this request require additional resources from another agency?                           | N.A. |
| 2. Does this change impact local government(s)?  | N.A. |
| 3. Does this request require statutory changes or special provisions?                            | N.A. |
| 4. Does this request relate to a capital improvement project?                                    | N.A. |
| 5. Does this request require additional space?   | N.A. |
| 6. Does this request require additional vehicles from the state motor pool?                      | N.A. |
| 7. Does this request include an IT component?  | N.A. |
| 8. If required per OSBM budget instructions, has the project been entered into the ITS PPM tool? | N.A. |