

**Budget Change Document**

MCA Title 17, Chapter 7, Part 4

Last Updated: March 16, 2004

**Budget Amendment**

line

st1 Agency number:  example: 31010 five digit business unit (bu) number

st2 Agency name: Fish, Wildlife, and Parks Automatically fills in when bu is entered

st3 Reference number:  example: BA003 Instructions for extensions

st4 Program number:   example: 01 450 two digit program no in the first box, first 3 digits of subclass in the second box

st5 Program name: FISHERIES DIVISION Automatically will fill in when two-digit program no is entered

st6 Ref.# related docs: Ref. number of other BCDs that do not share this ref.#, but have some relationship to this one.

st7  New Subclass  Renaming an existing Subclass

\* A subclass can not be renamed and used for a different purpose if there is a current or reverted approp on SABHRS using the subclass.

st8 Subclass no:  example: 110B3 If a new Subclass is needed or a subclass is being renamed, list the no.

st9 Subclass name: BA- Painted Rocks FWS-WB Limited to 27 characters, OBPP will add -XX

st10 New Fund:  example: 03123 If a new Fund was created, what is the DofA number?

**Remarks (summary transaction description/explanation).**

st11 This request is for BA authority for FWP, Fisheries Division, program - 03. This is a new WB grant that provides funding to assist DNRC with operation and maintenance of the dam at Painted Rocks Reservoir by sharing routine operation, maintenance and minor repair costs. The state share of funding will be paid through an earmarked Fisheries Division account, funded by non-federal contributions and proceeds from an established, non-federal interest-bearing trust account (project 38009).

These sheets will automatically fill in when the Planning and FTE sheets are complete AND you Refresh the data.

	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007
FTE	0.00	0.00	0.00	0.00
Sum of Amount	Budget Period			
First level	2005	Grand Total		
62000	\$22,125.00	\$22,125.00		
Grand Total	\$22,125.00	\$22,125.00		

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line

sp1 Is this an op plan change, program transfer or inter-agency transfer of already existing budget amendment authority?  Yes, stop here. Remaining questions do not apply.  No, continue with questions on this sheet.

*If yes, the reference number of this BCD must be an extension of the initial authorizing BA regardless of biennia.*

sp2 Revenue Source: (i) additional federal revenue:

sp3 Specific name of revenue source: Sport Fish Restoration

sp4 CFDA number: 15.605 [www.cfda.gov](http://www.cfda.gov)

If state special revenue (ssr) one of the following must be checked:

sp5  Required as matching funds for a grant. Documentation of adequate revenue is attached. MCA 17-7-402 (7)

sp6  Pursuant to 17-7-402 (1)(i) through (x) as explained in sp5. MCA 17-7-402 (1)(ii)-(xi)

sp7  An emergency exists as defined in MCA 17-7-102 (6). MCA 17-7-102 (8)

Use this box to explain the above choices.

sp8

MCA 17-7-402 (1)(b)

sp9 Agency certifies that there is no present or future commitment for increased general fund support.  Yes.  No.

MCA 17-7-403 (1)(d)

sp10 The agency certifies that general fund cannot be reduced because:

Replacing general fund with this revenue is contrary to federal law, rule, or contract.

Significantly different services are being provided with the federal revenue

No general fund in this program

None of the above (Then GF will be reduced by the amount of excess money received from federal sources. Stop here on this form. If reducing HB 2 general fund, use the HA form. If reducing gf from other sources, use the form for that source of authority.)

MCA 17-2-108

In accordance with 17-2-108, MCA, if the agency has indicated "none of the above" in sp10, then on the Planning Sheet, show the increase in federal special revenue and the decrease in general fund.

sp11 Certify that:

The agency DID receive written award notification prior to April 11, 2003.

The agency DID NOT receive written award notification prior to April 11, 2003.

MCA 17-7-402(1)(e)

If the matter was raised at a previous legislative session and denied by the legislature, summarize the significant event specific to Montana that occurred since the matter was raised with the legislature. Please state the specific MCA program or service reference.

MCA 17-7-402(1)(e)

sp12

tips on using these boxes

Certify and list the specific additional, measurable services that will result from the BA expenditures.

MCA 17-7-403(1)(a)

sp13 The funds provided through this grant agreement will help support necessary annual operations and maintenance payments as well as provide some funding for necessary minor dam repairs

Certify and explain that the BA services are necessary.

MCA 17-7-403(1)(b)

sp14 The services provided through this budget amendment are necessary to provide continued motorboat access to an important fishery (Painted Rocks Reservoir). Without these funds, FWP might not be able to meet all of the maintenance, operation and minor repair needs necessary to sustain the reservoir.

Is there a reasonable alternative within present law appropriations to provide all or parts of the services. Please certify and explain why this budget amendment is necessary.

MCA 17-7-403(1)(c)

sp15 There is no alternative authority in current law.

**Indirect Cost Recovery:**

sp16 Does this grant/award allow recovery of indirect costs?  Yes.  No.

MCA 17-3-111

If the grant does not allow indirect cost recovery, how does the agency intend to comply with the requirements of 17-3-111? Agency should submit documentation by fax demonstrating that indirect costs are not allowed.

sp17

If the grant does allow indirect cost recovery, list the grant allocations below:

sp18	SWCAP	Agy Indirect	Agy Admin	Agy Program	Total Grant
		33750		187500	221250

sp19 Start date of the grant/contract: January 1, 2005  
 sp20 End date of the grant/contract: 12/31/2014 0.00

**Biennial Op Plan (To be completed for continuing authority ONLY)**

Dollar amounts must be shown for every year through the life of the grant/contract. The total of all years must equal the total shown on the Planning Sheet. If the appropriation is not continuing, do not complete this box. Personal Services must be shown if there are FTE.

sp21		FY2004	FY2005	FY2006	FY2007	Total
	FTE	0.00	0.00	0.00	0.00	0.00
	61000					\$0
	62000		\$22,025	\$100		\$22,125
	63000					\$0
	<b>Total</b>	\$0	\$22,025	\$100	\$0	\$22,125

Add rows as necessary.

sp22 Does this request continue beyond Sept 30, 2005?  
 Yes. The amount needed beyond 9/30/05 must be included in HB2 or HB4 of the 2005 session.  
 The BA is a one-time-only award and must be included in HB 4.  
 The BA is of an ongoing nature (typically 5 yrs or more) and must be included in HB 2.  
 No.

MCA17-7-402(1)(f)

sp23 If the BA is to be included in HB 2:  
 EPP/Decision Package Number (if known):  
 Amount:

**Documents that are being sent in conjunction with this document**

- sp24  Notice of grant award or amend. to a grant award (rec'd on or after 4/11/03) [documentation for sp11]
- sp25  Substantiation of match requirement
- sp26  Cover, signature, and award pages of contract
- sp27  Copy of law, regulation, policy or guidance that limits indirect costs or administrative costs in this grant
- sp28  Executive Order
- sp29  Other - list
- sp30  Other - list

**Notes**

sp31 If the agency has received an extension for an existing budget amendment after FYE closing, there should be a journal entry to decrease the reverted appropriation and a journal to establish the balance with a continuing appropriation.



## FTE (Full-Time Equivalent) DETAIL SHEET

f1	Agency number:	52010	
f2	Agency name:	Fish, Wildlife, and Parks	
f3	Reference number:	BA311	
f4	Program number:	03/380	
f5	Ref.# related docs:	0	
f6	Academic Rank:	Budget Amendments	Instructions
f7	Subclass/fund FTE are paid out of:		

**A brief description of FTE changes only.** (If no additional information is appropriate this box may be left

f8	
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f9	Is a new Department ID being established? <span style="float: right;"><u>Guide to position numbers</u></span> <input type="radio"/> Yes <input type="radio"/> No If yes, has the new HR Dept ID form been completed and sent to Helen Kittel/OBPP by email?
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Detail by Human Resources Department ID - to be completed for each Department ID affected:

f10	HR Dept ID	Position No.	FTE FY2004	FTE FY2005	FTE FY2006	FTE FY2007



## Office of Budget and Program Planning use only

Approval in this section refers to both budget and FTE transactions

This request goes immediately to the Legislative Fiscal Division.  
If denied, it also goes to the Legislative Fiscal Division

line

### Budget Analyst

o1 Approved by: Elisen M. Rose Date approved: 12/21/2004 9:53

Check list

- o2  There is no Governor's Policy, or HB2 language or law that conflicts with the intent of this transaction. OTO, biennial, or other appropriation restrictions are not violated.
- o3  The Standard/Specific sheet and supporting documentation are complete.
- o4  The Planning sheet is correct and the transactions requested are legal.
- o5  The grant complies with full recovery of indirect costs (exceptions in comments).
- o6  The PeopleSoft entries match the planning sheet.
- o7  The fund used on the Planning sheet is available to this agency and appropriate for this use. (Use FIN0050)
- o8  The subclass used on the Planning sheet is available to this agency and appropriate for this use. (Use FIN0053)
- o9  Any reductions in appropriations have sufficient authority to accommodate the reduction.
- o10  Indirect costs are recovered or grant may be accepted without recovery.

Comments:

o11

Requesting new subclass and \$199,125 must be included in HB2. Total amount of contract is \$221,250. Agency will request an increase to HB2 during 2005 session. EMR

### Supervisor

o12 Approved by: Amy Sassano Date approved: 12/27/2004 16:55

- o13  There is no Governor's Policy, or HB2 language or law that conflicts with the intent of this transaction.
- o14  The Standard/Specific sheet and supporting documentation are complete.
- o15  The Planning sheet is correct.
- Indirect costs are recovered or grant may be accepted without recovery.

Comments:

o16

Include this amount in HB 4 and the remainder will be amended into HB 2. OK Amy S. 12/27/04

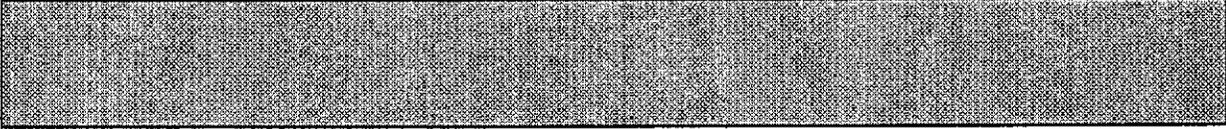
### Central Budget Poster

o17 Approved by: Helen Kittel Date approved: 1/2/2005 18:40

- o18  Verified BCD Planning sheet matches transactions on PeopleSoft
- o19  The Reference number is on each Appropriation journal.
- o20  The Reference number is on each Organization budget journal.
- o21  The fund used on the Planning sheet is available to this agency and appropriate for this use.
- o22  Any reductions in appropriations have sufficient authority to accommodate the reduction.
- The subclass used on the Planning sheet is available to this agency and appropriate for this use.

- o23  The subclass used on the Planning sheet is available to this agency and appropriate for this use.
- o24  All Appropriation/Org journals have been posted.
- o25  The Outlook Task has been set to 100%.
- o26  The Outlook Status Report has been sent to OBPP box, Agency, LFD and all others that have requested updates.
- o27  BCD Excel file has been moved to "FINAL BCD FY2004-05" directory.

Comments:

o28 

o29 **Date sent confirmation to LFD and Agency**

**1/2/2005 18:40**

# STATE COPY

52010 390 BA 311  
Eileen Rose Lpg

Version 7/03

## APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/17/2004	Applicant Identifier F- 12-B
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY NOV 19 2004	
Legal Name: Montana Fish Wildlife & Parks		Organizational Unit Department	
Organizational DUNS: 80-9791007		Division: Fisheries Division	
Address: Street: 1420 E. 6th Ave., PO Box 200701		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Chris	
City: Helena		Middle Name	
County: Lewis & Clark		Last Name Hunter	
State: MT Zip Code 59620-0701		Suffix:	
Country: USA		Email: chunter@state.mt.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 81-0302402		Phone Number (give area code) Fax Number (give area code) (406) 444-3183	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 05 15-634		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
TITLE (Name of Program): Sport Fish Restoration		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Painted Rocks Motorboat Access - Reservoir Operation and Maintenance	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ravalli County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide b. Project Statewide	
13. PROPOSED PROJECT Start Date: 01/01/2005 Ending Date: 12/31/2014		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 221,250.00 b. Applicant \$ c. State \$ 73,750.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 295,000.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix		First Name Adam	Middle Name B.
Last Name Brooks		Suffix	
b. Title Federal Aid Program Manager		c. Telephone Number (give area code)	
d. Signature of Authorized Representative		e. Date Signed 11/17/04	

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

*[Signature]* 11.30.04

Approved Effective

Chief, Federal Assistance

JAN 01 2005