

**5% Base Budget Reduction Form**  
[17-7-111-3\(f\)](#)

**AGENCY CODE & NAME:**

		<b>Minimum Requirement</b>			
		<u>General Fund</u>	<u>State Special Revenue Fund</u>		
<b>TARGETED REDUCTION TO EQUAL 5% OF CURRENT BASE BUDGET</b>		\$ 222,894	\$ 64,105		
<b>Priority</b>		<b>General Fund Annual Savings</b>	<b>State Special Revenue Annual Savings</b>	<b>Matching Federal Funds</b>	
	<b>SERVICE(S) TO BE ELIMINATED OR REDUCED</b>				
1	Reduce Operating Costs in DETD	\$ 181,167	\$ 1,971	\$ 601,422	
2	Montana Independent Living Project	\$ 41,727			
3	Reduce MTAP Funding		\$ 62,134		
4					
5					
6					
7					
8					
9					
10					
11					
	<b>TOTAL SAVINGS</b>	\$ 222,894	\$ 64,105		
	<b>DIFFERENCE</b>	0	0		

Form A

# 5% Base Budget Reduction Form

## AGENCY CODE & NAME:

**#1 BRIEF DESCRIPTION OF SERVICE TO BE CONSIDERED FOR ELIMINATION OR REDUCTION:**

Operating Costs in DETD.

**#2 THE SAVINGS THAT ARE EXPECTED:**

Savings in operating and personal services costs.

**#3**

**THE CONSEQUENCES OR IMPACTS OF THE PROPOSED ELIMINATION OR REDUCTION:**

Reducing operating expenses would require delays in staffing, reduced travel and standard office expenditures. Program workload would have to be shifted and reduced resources would affect the delivery of program priorities.

**#4 HOW THE IMPACT TO CONSTITUENTS AND STAFF MIGHT BE MITIGATED:**

Target reductions to operating expenditures with the smallest impact on constituents and staff.

**#5 WHETHER THE SERVICE IS SPECIFICALLY REQUIRED BY STATE & /OR FEDERAL STATUTE - YES OR NO:**

No.

**Form B**

# 5% Base Budget Reduction Form

## AGENCY CODE & NAME:

**#1 BRIEF DESCRIPTION OF SERVICE TO BE CONSIDERED FOR ELIMINATION OR REDUCTION:**

Orientation & Mobility to mainstreamed children who are Blind or experience Low Vision.

**#2 THE SAVINGS THAT ARE EXPECTED:**

This act will reduce these contracts.

**#3 THE CONSEQUENCES OR IMPACTS OF THE PROPOSED ELIMINATION OR REDUCTION:**

Reduce department investment in this service that can also be funded through Office of Public Instruction or Medicaid.

**#4 HOW THE IMPACT TO CONSTITUENTS AND STAFF MIGHT BE MITIGATED:**

DETD would encourage Office of Public Instruction or Medicaid to fund this service.

**#5 WHETHER THE SERVICE IS SPECIFICALLY REQUIRED BY STATE & /OR FEDERAL STATUTE - YES OR NO:**

No.

**Form B**

# 5% Base Budget Reduction Form

## AGENCY CODE & NAME:

**#1 BRIEF DESCRIPTION OF SERVICE TO BE CONSIDERED FOR ELIMINATION OR REDUCTION:**

Reduction of MTAP program

**#2 THE SAVINGS THAT ARE EXPECTED:**

Reduced operation expenses.

**#3 THE CONSEQUENCES OR IMPACTS OF THE PROPOSED ELIMINATION OR REDUCTION:**

Reduced services.

**#4**

**HOW THE IMPACT TO CONSTITUENTS AND STAFF MIGHT BE MITIGATED:**

Reduction of outreach and/or reduced access to communication assistance.

**#5 WHETHER THE SERVICE IS SPECIFICALLY REQUIRED BY STATE & /OR FEDERAL STATUTE - YES OR NO:**

No.

**Form B**