

Agency Summary And Certification

422 -- Accountancy, State Board of

AUG 31 2016

Original Submission or Rev No.

FY2018 Request

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In accordance with 67-3503, Idaho Code, I certify the attached forms properly state the receipts and expenditures of the department (agency, office, or institution) for the fiscal years indicated. The summary of expenditures by major program, fund source, and standard class is indicated below.

Signature of Department Director :



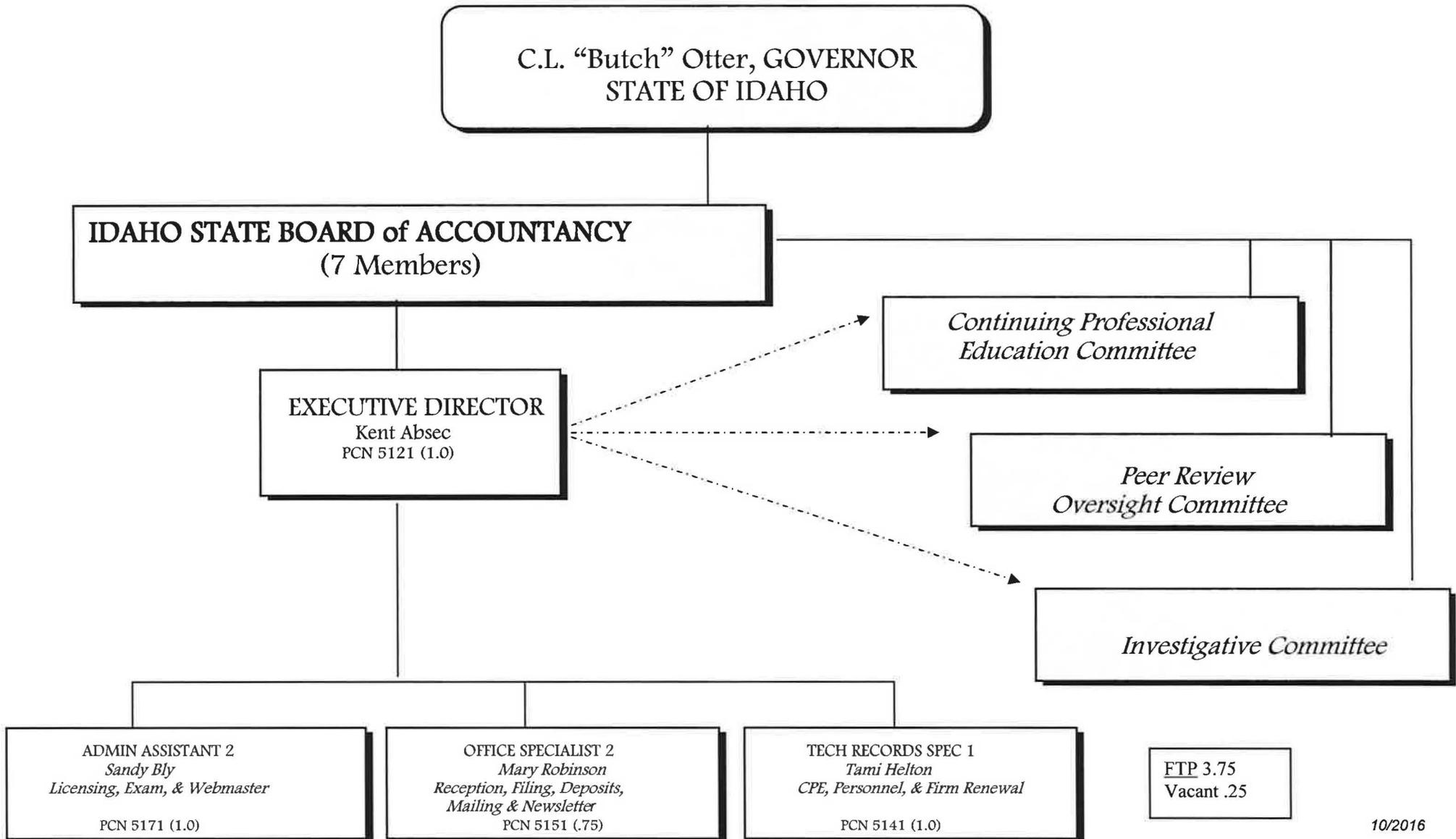
Date: *August 29, 2016*

Function/Activity	FY 2016 Total Appropriation	FY 2016 Total Expenditures	FY 2017 Original Appropriation	FY 2017 Estimated Expenditures	FY 2018 Total Request
Accounting Regulation	529,900	399,200	554,200	554,200	548,100
Total	529,900	399,200	554,200	554,200	548,100
By Fund Source	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
D 0229-00 State Regulatory Fund	529,900	399,200	554,200	554,200	548,100
Total	529,900	399,200	554,200	554,200	548,100
By Object	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
Personnel Costs	276,300	219,200	296,000	296,000	294,300
Operating Expenditures	253,600	180,000	253,800	253,800	253,800
Capital Outlay	0	0	4,400	4,400	0
Trustee And Benefit Payments	0	0	0	0	0
Lump Sum	0	0	0	0	0
Total	529,900	399,200	554,200	554,200	548,100
FTP Total	4.00	4.00	4.00	4.00	4.00

IDAHO STATE BOARD OF ACCOUNTANCY

FY 2017 ORGANIZATIONAL CHART

OCT 27 2016



FY 2018 Agency Budget - Request
Detail Report
Agency: 422 - Accountancy, State Board of

Function: 10 - Accounting Regulation

		<u>FTP</u>	<u>Personnel Cost</u>	<u>Operating Expense</u>	<u>Capital Outlay</u>	<u>Trustee/ Benefit</u>	<u>Lump Sum</u>	<u>Total</u>
FY 2016 Total Appropriation								
1.00 FY 2016 Total Appropriation								
SB 1132								
0229-00	Dedicated	4.00	276,300	253,600	0	0	0	529,900
Total		4.00	276,300	253,600	0	0	0	529,900
1.61 Reverted Appropriation Balances								
Revert Funds from FY16								
0229-00	Dedicated	0.00	(57,100)	(73,600)	0	0	0	(130,700)
Total		0.00	(57,100)	(73,600)	0	0	0	(130,700)
FY 2016 Actual Expenditures								
0229-00	Dedicated	4.00	219,200	180,000	0	0	0	399,200
Total		4.00	219,200	180,000	0	0	0	399,200
FY 2017 Original Appropriation								
3.00 FY 2017 Original Appropriation								
SB 1372								
0229-00	Dedicated	4.00	287,100	253,800	0	0	0	540,900
OT 0229-00	Dedicated	0.00	8,900	0	4,400	0	0	13,300
Total		4.00	296,000	253,800	4,400	0	0	554,200
FY 2017 Total Appropriation								
0229-00	Dedicated	4.00	287,100	253,800	0	0	0	540,900
OT 0229-00	Dedicated	0.00	8,900	0	4,400	0	0	13,300
Total		4.00	296,000	253,800	4,400	0	0	554,200
FY 2017 Estimated Expenditures								
0229-00	Dedicated	4.00	287,100	253,800	0	0	0	540,900
OT 0229-00	Dedicated	0.00	8,900	0	4,400	0	0	13,300
Total		4.00	296,000	253,800	4,400	0	0	554,200
Base Adjustments								
8.41 Removal of One-Time Expenditures								
Removal of FY17 one-time expenses of 27th payroll period and new computers (capital outlay)								
OT 0229-00	Dedicated	0.00	(8,900)	0	(4,400)	0	0	(13,300)
Total		0.00	(8,900)	0	(4,400)	0	0	(13,300)

FY 2018 Agency Budget - Request
Detail Report
Agency: 422 - Accountancy, State Board of

Function: 10 - Accounting Regulation

		<u>FTP</u>	<u>Personnel Cost</u>	<u>Operating Expense</u>	<u>Capital Outlay</u>	<u>Trustee/ Benefit</u>	<u>Lump Sum</u>	<u>Total</u>
FY 2018 Base								
	0229-00	Dedicated	4.00	287,100	253,800	0	0	540,900
	OT 0229-00	Dedicated	0.00	0	0	0	0	0
	Total		4.00	287,100	253,800	0	0	540,900
Program Maintenance								
10.11 Change in Health Benefit Costs								
Change in Health Care costs for FY18								
	0229-00	Dedicated	0.00	4,900	0	0	0	4,900
	Total		0.00	4,900	0	0	0	4,900
10.61 Salary Multiplier - Regular Employees								
CEC for Permanent Positions								
	0229-00	Dedicated	0.00	2,300	0	0	0	2,300
	Total		0.00	2,300	0	0	0	2,300
FY 2018 Total Maintenance								
	0229-00	Dedicated	4.00	294,300	253,800	0	0	548,100
	OT 0229-00	Dedicated	0.00	0	0	0	0	0
	Total		4.00	294,300	253,800	0	0	548,100
FY 2018 Total								
	0229-00	Dedicated	4.00	294,300	253,800	0	0	548,100
	OT 0229-00	Dedicated	0.00	0	0	0	0	0
	Total		4.00	294,300	253,800	0	0	548,100

FORM B12: ANALYSIS OF FUND BALANCES

Request for Fiscal Year : 2018

Agency/Department: Accountancy Board

Agency Number: 422

Original Request Date: September 1, 2016 or Revision Request Date: _____

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Sources and Uses:

FUND NAME:	State Regulatory	FUND CODE:	0229	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
1. Beginning Free Fund Balance				477,600	520,000	527,900	596,600	506,900
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
3. Beginning Cash Balance				477,600	520,000	527,900	596,600	506,900
4. Revenues (from Form B-11)				468,400	432,000	467,900	464,500	469,500
5. Non-Revenue Receipts and Other Adjustments				0	0	0	0	0
6. Statutory Transfers in:			Fund or Reference:	0	0	0	0	0
7. Operating Transfers in:			Fund or Reference:	0	0	0	0	0
8. Total Available for Year				946,000	952,000	995,800	1,061,100	976,400
9. Statutory Transfers Out:			Fund or Reference:	0	0	0	0	0
10. Operating Transfers Out:			Fund or Reference:	0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments				0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances				0	0	0	0	0
13. Original Appropriation				512,200	522,700	529,900	554,200	548,100
14. Prior Year Reappropriations, Supplementals, Rescissions				0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				0	0	0	0	0
16. Reversions				(86,200)	(98,600)	(130,700)	0	0
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				0	0	0	0	0
19. Current Year Cash Expenditures				426,000	424,100	399,200	554,200	548,100
20. Ending Cash Balance				520,000	527,900	596,600	506,900	428,300
21. Prior Year Encumbrances as of June 30				0	0	0	0	0
22. Current Year Encumbrances as of June 30				0	0	0	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				0	0	0	0	0
24. Ending Free Fund Balance				520,000	527,900	596,600	506,900	428,300
25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)				426,000	424,100	399,200	554,200	548,100
26. Outstanding Loans (if this fund is part of a loan program)								

Notes:

FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	Idaho State Board of Accountancy		
Division/Bureau:			
Prepared By:	Kent A. Absec	E-mail Address:	kent.absec@isba.idaho.gov
Telephone Number:	208-334-2490	Fax Number:	208-334-2615
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	
Date Prepared:	10-Aug-16	For Fiscal Year:	2018

FACILITY INFORMATION (please list each facility separately by city and street address)

Facility Name:	Riverfront Plaza		
City:	Boise	County:	Ada
Street Address:	3101 W. Main St, Suite 210	Zip Code:	83702
Facility Ownership: (could be private or state-owned, use "X" to mark one):	Private Lease (use "X" to mark): <input checked="" type="checkbox"/>	State Owned (use "X" to mark): <input type="checkbox"/>	Lease Expires: 31-Aug-18

FUNCTION/USE OF FACILITY: Could be administrative use, client counseling, hearing rooms, field offices, etc. Address any specialized needs which require additional square feet.

COMMENTS: Address reasons for expanding or relocating; amount of space leased to other state agencies, federal agencies, etc. & the amount of rent they pay for the use of your facility; or other comments which might be helpful.

SURPLUS PROPERTY: Facilities to be disposed of and funds re-utilized for building replacement or renovation of facilities. This could also include leased facilities if the leased facility is to be vacated prior to the expiration date of the lease.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Use "X" to mark the year facility would be surplus.						

WORK AREAS: Work areas are areas occupied by full-time employees, contractors, seasonal employees, auditors, etc. (3 people working in one building would be 3 work areas)

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Number of Work Areas:	4	4	4	4	4	4
Full-Time Equivalent Positions:	3	3.75	3.75	3.75	3.75	3.75
Temp. Employees, Contractors, Auditors, etc.:						

SQUARE FEET: Use "net rentable" sq ft if in a facility leased from a private party; use "usable" sq ft if in a State-owned facility. Typically, this will be the figure shown in the Lease Agreement if leased from a private party or in the MOU if state-owned.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Square Feet:	1711	1711	1711	1711	1711	1711

FACILITY COST: Include annual rent, plus any facility-related costs, such as utilities, janitorial service, property taxes or building maintenance which are not included in rent payment made to your Landlord. If improvements will need to be made to the facility and will be paid by the agency, this should be included as well. If the lease will be expiring and the future rent is not specified in the lease agreement, increase rent by 3%/yr. Increase all other facility-related costs by 3%/yr as well. Use "Calculation Sheet" tab below if necessary. Do not include telephone costs or rent discounts. If you anticipate moving to a new facility, you need to take into account any increase in sq ft leased and estimate a new market rate for the new facility. Do NOT use your old rate per sq ft – it may not be a realistic figure.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Facility Cost/Yr:	\$32,299.25	\$33,268.22	\$34,266.27	\$35,294.25	\$36,353.10	\$37,443.70

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Ruth @ 332-1933.
2. Upon completion, please send to Ruth Swan-Brown at the Division of Public Works via email to Ruth.Swan-Brown@adm.idaho.gov.
3. If you have five or more locations, please summarize the information on the Facility Information Summary Sheet and include this summary sheet with your submittal.
4. Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request.

AGENCY NOTES:

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