

Agency Summary And Certification

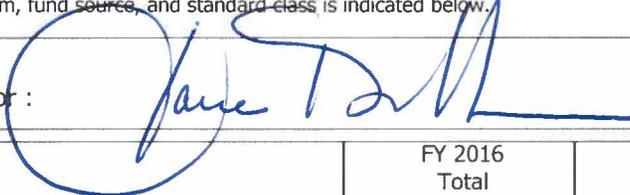
523 -- Vocational Rehabilitation

Original Submission ___ or Rev No. 1

FY2018 Request

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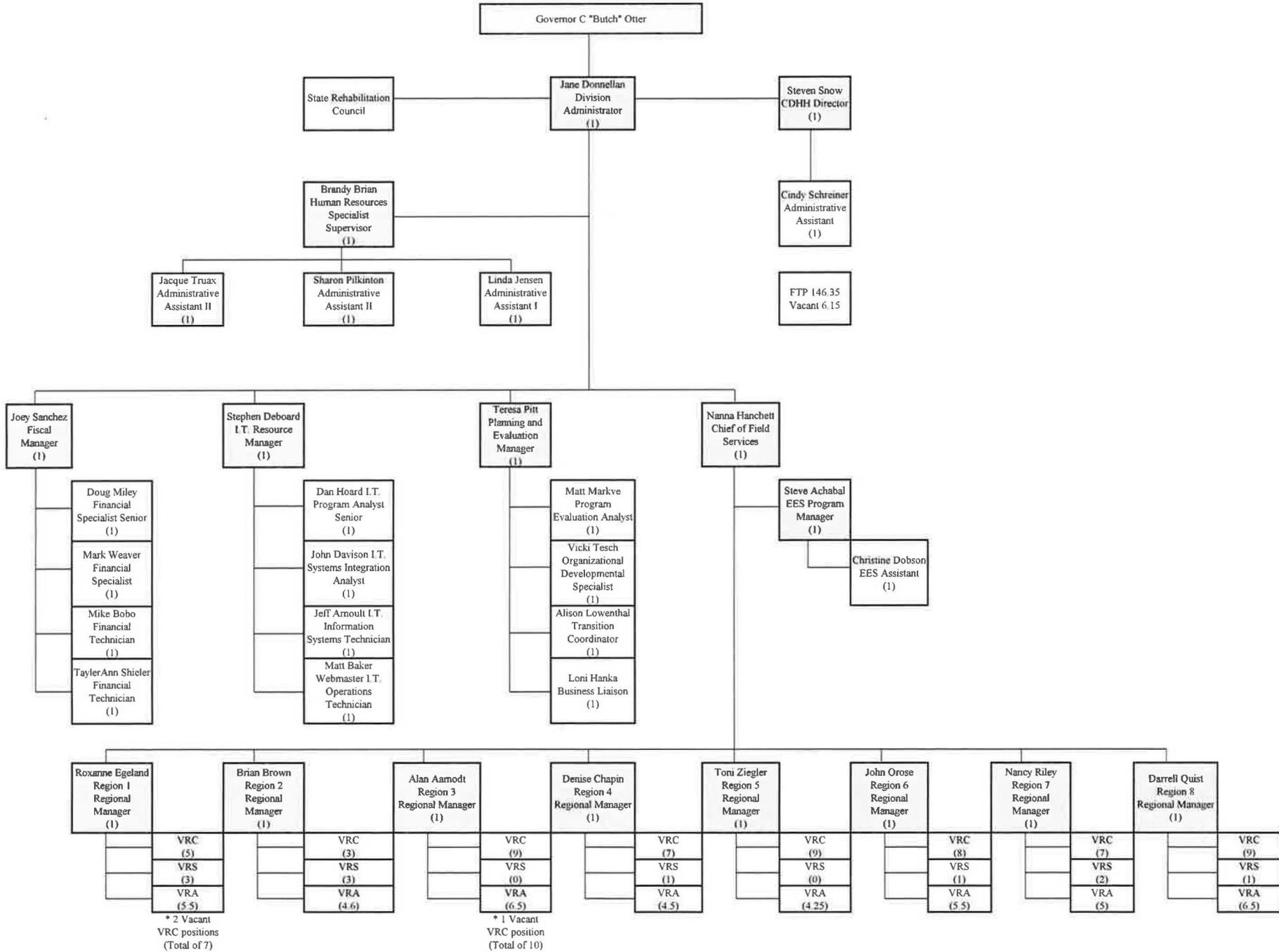
In accordance with 67-3503, Idaho Code, I certify the attached forms properly state the receipts and expenditures of the department (agency, office, or institution) for the fiscal years indicated. The summary of expenditures by major program, fund source, and standard class is indicated below.

Signature of Department Director :  Date: 9/22/16

Function/Activity	FY 2016 Total Appropriation	FY 2016 Total Expenditures	FY 2017 Original Appropriation	FY 2017 Estimated Expenditures	FY 2018 Total Request
Vocational Rehabilitation	21,332,200	21,332,200	23,368,900	23,368,900	24,296,800
Work Svcs. Comm. Supported Employment	3,908,100	3,908,100	4,207,200	4,207,200	4,418,000
Council Deaf & Hearing Impaired	203,400	203,400	215,800	218,800	330,400
Total	25,443,700	25,443,700	27,791,900	27,794,900	29,045,200
By Fund Source	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
G 0001-00 General Revenue Fund	7,557,800	7,557,800	8,336,100	8,336,100	8,862,300
D 0288-00 Rehabilitation Revenue & Refunds	1,081,500	1,081,500	1,081,500	1,081,500	1,081,500
F 0348-00 Federal Grant	15,843,500	15,843,500	17,408,900	17,408,900	18,133,100
O 0349-00 Miscellaneous Revenue	960,900	960,900	965,400	968,400	968,300
Total	25,443,700	25,443,700	27,791,900	27,794,900	29,045,200
By Object	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
Personnel Costs	10,012,300	10,012,300	10,742,600	10,742,600	10,783,000
Operating Expenditures	1,523,500	1,523,500	1,733,200	1,736,200	1,762,800
Capital Outlay	70,000	70,000	67,600	67,600	246,800
Trustee And Benefit Payments	13,837,900	13,837,900	15,248,500	15,248,500	16,252,600
Lump Sum	0	0	0	0	0
Total	25,443,700	25,443,700	27,791,900	27,794,900	29,045,200
FTP Total	152.50	152.50	152.50	152.50	153.50

Idaho Division of Vocational Rehabilitation Organizational Chart

(As of 8/10/2016)



Agency: 523 Vocational Rehabilitation

Decision Unit	Priority	Agency Request		
		FTP	General	Total
Vocational Rehabilitation				
12.02 Additional Grant and Match Funds	2	0.00	125,000	587,000
Work Svcs. Comm. Supported Employment				
12.01 Additional EES Funds For Provider Rate Increase	1	0.00	214,300	214,300
Council Deaf & Hearing Impaired				
12.03 Council for the Deaf and Hard of Hearing	3	1.00	111,100	111,100
		1.00	450,400	912,400

FORM B11: REVENUE

Agency/Department: Vocational Rehabilitation
 Program (If applicable) Vocational Rehabilitation

Request for Fiscal Year: 2018
 Agency Number: 523
 Budget Unit (If Applicable): EDNB
 Function/Activity Number (If Applicable): 2

Original Request Date: 9/1/16 Revision Request Date: _____

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Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Summary Object Code	Revenue Source Description -Summary Level	FY 2014 Actual Revenue	FY 2015 Actual Revenue	FY 2016 Actual Revenue	FY 2017 Estimated Revenue	FY 2018 Estimated Revenue
0288		Rehabilitation Revenue & Refunds		2001	Fed Grants & Contributions	275,928	1,013,364	534,096	600,000	615,000
0288		Rehabilitation Revenue & Refunds		3601	Miscellaneous Revenue	2,800	17,476	13,626	15,000	15,000
0288		Rehabilitation Revenue & Refu		FUND TOTAL		\$278,728	\$1,030,840	\$547,722	\$615,000	\$630,000
0348		Federal (Grant)		2001	Fed Grants & Contributions	13,804,174	13,597,338	15,518,529	17,398,900	17,921,167
0348		Federal (Grant)		3601	Miscellaneous Revenue	19,508	84	4,781	10,000	10,000
0348		Federal (Grant)		FUND TOTAL		\$13,823,682	\$13,597,422	\$15,523,310	\$17,408,900	\$17,931,167
0349		Miscellaneous Revenue Agreements		3601	Miscellaneous Revenue	576,555	645,165	639,303	650,000	650,000
0349		Miscellaneous Revenue Agreements		2701	Rent/Lease Income	50				
0349		Miscellaneous Revenue Agree		FUND TOTAL		\$576,605	\$645,165	\$639,303	\$650,000	\$650,000
				FUND TOTAL		\$0	\$0	\$0	\$0	\$0
				FUND TOTAL		\$0	\$0	\$0	\$0	\$0

Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Summary Object Code	Revenue Source Description -Summary Level	FY 2014 Actual Revenue	FY 2015 Actual Revenue	FY 2016 Actual Revenue	FY 2017 Estimated Revenue	FY 2018 Estimated Revenue
FUND TOTAL						\$0	\$0	\$0	\$0	\$0
GRAND TOTAL						\$14,679,015	\$15,273,427	\$16,710,335	\$18,673,900	\$19,211,167
SIGNIFICANT ASSUMPTIONS										
Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Provide Details for any Significant Assumptions Listed						FY 2018 Estimated Impact
										\$0
										\$0
										\$0
										\$0
										\$0
										\$0

FORM B12: ANALYSIS OF FUND BALANCES

Request for Fiscal Year : 2018

Agency/Department: Vocational Rehabilitation

Agency Number: 523

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

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Sources and Uses: This fund receives moneys from federal sources (other than Rehabilitation Services Administration), specifically, cost reimbursements for purchased services from Vocational Rehabilitation (Section 33-2301, Idaho Code). Social Security Administration (SSA) receipts and refunds are the only sources of moneys in this fund. The SSA reimbursements are considered program income under federal regulations and must be spent on purchased services for Vocational Rehabilitation and also must be spent before drawing down regular grant funds for IDVR activities.

FUND NAME:	Rehabilitation Revenue and Refunds	FUND CODE:	0288-00	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
1. Beginning Free Fund Balance				32,289	0	552,469	565,272	298,772
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
3. Beginning Cash Balance				32,289	0	552,469	565,272	298,772
4. Revenues (from Form B-11)				278,728	1,030,840	547,723	615,000	630,000
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				311,017	1,030,840	1,100,192	1,180,272	928,772
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				1,081,500	1,081,500	1,081,500	1,081,500	1,081,500
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				(770,483)	(603,129)	(546,580)	(200,000)	(152,728)
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				311,017	478,371	534,920	881,500	928,772
20. Ending Cash Balance				0	552,469	565,272	298,772	0
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				0	552,469	565,272	298,772	0
25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)				311,017	478,371	534,920	881,500	928,772
26. Outstanding Loans (if this fund is part of a loan program)								

Notes:

FORM B12: ANALYSIS OF FUND BALANCES

Request for Fiscal Year : 2018

Agency/Department: Vocational Rehabilitation

Agency Number: 523

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

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Sources and Uses:

FUND NAME:	ARRA Funds	FUND CODE:	0346-00	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
1. Beginning Free Fund Balance				10,680	10,680	10,680	10,680	0
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
3. Beginning Cash Balance				10,680	10,680	10,680	10,680	0
4. Revenues (from Form B-11)				0	0	0	0	0
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				10,680	10,680	10,680	10,680	0
9. Statutory Transfers Out: Return to Feds		Fund or Reference:		0	0	0	0	0
10. Operating Transfers Out:		Fund or Reference:		0	0	0	10,680	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				0	0	0	0	0
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				0	0	0	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				0	0	0	0	0
20. Ending Cash Balance				10,680	10,680	10,680	0	0
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				10,680	10,680	10,680	0	0
25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)				0	0	0	0	0
26. Outstanding Loans (if this fund is part of a loan program)								

Notes:

FORM B12: ANALYSIS OF FUND BALANCES

Request for Fiscal Year : 2018

Agency/Department: Vocational Rehabilitation

Agency Number: 523

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

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Sources and Uses: This fund receives moneys from federal grants primarily authorized under the Vocational Rehabilitation Act, as amended by WIOA.

FUND NAME:	Federal Grant Fund	FUND CODE:	0348-00	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
1. Beginning Free Fund Balance				774,471	827,420	(260,482)	(265,949)	(209,006)
2. Encumbrances as of July 1				0	0	189,386	275,910	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
3. Beginning Cash Balance				774,471	827,420	(71,096)	9,961	(209,006)
4. Revenues (from Form B-11)				13,823,682	13,597,421	15,523,310	17,408,900	17,931,167
5. Non-Revenue Receipts and Other Adjustments				800,000	800,000	800,000	800,000	800,000
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				15,398,153	15,224,841	16,252,214	18,218,861	18,522,161
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	541	(28,472)	0
12. Cash Expenditures for Prior Year Encumbrances				0	0	133,037	247,439	0
13. Original Appropriation				13,766,500	14,430,100	15,843,500	17,408,900	17,931,167
14. Prior Year Reappropriations, Supplementals, Rescissions				0	555,000	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				4,250	0	2,164	0	0
16. Reversions				(17)	(299,777)	(295,064)	0	0
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				0	(189,386)	(241,925)	0	0
19. Current Year Cash Expenditures				13,770,733	14,495,937	15,308,675	17,408,900	17,931,167
20. Ending Cash Balance				1,627,420	728,904	809,961	590,994	590,994
21. Prior Year Encumbrances as of June 30				0	0	33,985	0	0
22. Current Year Encumbrances as of June 30				0	189,386	241,925	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				800,000	800,000	800,000	800,000	800,000
24. Ending Free Fund Balance				827,420	(260,482)	(265,949)	(209,006)	(209,006)
25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)				13,770,733	14,685,323	15,550,600	17,408,900	17,931,167
26. Outstanding Loans (if this fund is part of a loan program)								

Notes:

FORM B12: ANALYSIS OF FUND BALANCES

Request for Fiscal Year : 2018

Agency/Department: Vocational Rehabilitation

Agency Number: 523

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

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Sources and Uses: Contributions and contract payments from the Department of Juvenile Corrections, Department of Correction, Idaho Educational Services for the Deaf and the Blind, Department of Labor, and various school districts.

FUND NAME:	Miscellaneous Revenue	FUND CODE:	0349-00	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
1. Beginning Free Fund Balance				430	0	466,804	502,793	262,393
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
3. Beginning Cash Balance				430	0	466,804	502,793	262,393
4. Revenues (from Form B-11)				576,605	645,165	639,303	650,000	650,000
5. Non-Revenue Receipts and Other Adjustments				(428)	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				576,607	645,165	1,106,107	1,152,793	912,393
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				970,700	960,700	960,900	965,400	965,400
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				(394,093)	(782,339)	(357,586)	(75,000)	(75,000)
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				576,607	178,361	603,314	890,400	890,400
20. Ending Cash Balance				0	466,804	502,793	262,393	21,993
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				0	466,804	502,793	262,393	21,993
25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)				576,607	178,361	603,314	890,400	890,400
26. Outstanding Loans (if this fund is part of a loan program)								

Notes:

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation

Function: 02 - Vocational Rehabilitation

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/ Benefit	Lump Sum	Total
FY 2016 Total Appropriation								
1.00 FY 2016 Total Appropriation								
HB 251								
0001-00	General	25.75	1,663,200	254,000	15,200	1,513,900	0	3,446,300
0288-00	Dedicated	0.00	0	0	0	1,081,500	0	1,081,500
0348-00	Federal	117.50	7,652,600	1,206,400	54,800	6,929,700	0	15,843,500
0349-00	Other	1.00	64,700	1,700	0	894,500	0	960,900
	Total	144.25	9,380,500	1,462,100	70,000	10,419,600	0	21,332,200
1.21 Net Object Transfers								
FY16 Object Transfers								
0001-00	General	0.00	(215,700)	0	116,200	99,500	0	0
0348-00	Federal	0.00	(241,900)	210,000	241,900	(210,000)	0	0
0349-00	Other	0.00	(16,000)	0	0	16,000	0	0
	Total	0.00	(473,600)	210,000	358,100	(94,500)	0	0
1.61 Reverted Appropriation Balances								
Reversions								
0288-00	Dedicated	0.00	0	0	0	(546,600)	0	(546,600)
0348-00	Federal	0.00	(35,800)	(84,100)	(300)	(174,900)	0	(295,100)
0349-00	Other	0.00	0	0	0	(357,600)	0	(357,600)
	Total	0.00	(35,800)	(84,100)	(300)	(1,079,100)	0	(1,199,300)
FY 2016 Actual Expenditures								
0001-00	General	25.75	1,447,500	254,000	131,400	1,613,400	0	3,446,300
0288-00	Dedicated	0.00	0	0	0	534,900	0	534,900
0348-00	Federal	117.50	7,374,900	1,332,300	296,400	6,544,800	0	15,548,400
0349-00	Other	1.00	48,700	1,700	0	552,900	0	603,300
	Total	144.25	8,871,100	1,588,000	427,800	9,246,000	0	20,132,900

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation

Function: 02 - Vocational Rehabilitation

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
FY 2017 Original Appropriation								
3.00 FY 2017 Original Appropriation								
SB 1395								
	0001-00 General	26.75	1,803,800	256,100	0	1,784,500	0	3,844,400
OT	0001-00 General	0.00	54,300	0	14,400	0	0	68,700
	0288-00 Dedicated	0.00	0	0	0	1,081,500	0	1,081,500
	0348-00 Federal	117.50	7,962,800	1,414,000	0	7,729,700	0	17,106,500
OT	0348-00 Federal	0.00	249,200	0	53,200	0	0	302,400
	0349-00 Other	1.00	67,300	1,700	0	894,500	0	963,500
OT	0349-00 Other	0.00	1,900	0	0	0	0	1,900
	Total	145.25	10,139,300	1,671,800	67,600	11,490,200	0	23,368,900
FY 2017 Total Appropriation								
	0001-00 General	26.75	1,803,800	256,100	0	1,784,500	0	3,844,400
OT	0001-00 General	0.00	54,300	0	14,400	0	0	68,700
	0288-00 Dedicated	0.00	0	0	0	1,081,500	0	1,081,500
	0348-00 Federal	117.50	7,962,800	1,414,000	0	7,729,700	0	17,106,500
OT	0348-00 Federal	0.00	249,200	0	53,200	0	0	302,400
	0349-00 Other	1.00	67,300	1,700	0	894,500	0	963,500
OT	0349-00 Other	0.00	1,900	0	0	0	0	1,900
	Total	145.25	10,139,300	1,671,800	67,600	11,490,200	0	23,368,900
Expenditure Adjustments								
6.31 FTP or Fund Adjustments								
Transfer unused FTPs from Vocational Rehabilitation Program to the Extended Employment Services (EES) Program for a new counselor position for the EES program.								
	0001-00 General	-0.38	0	0	0	0	0	0
	Total	-0.38	0	0	0	0	0	0
FY 2017 Estimated Expenditures								
	0001-00 General	26.37	1,803,800	256,100	0	1,784,500	0	3,844,400
OT	0001-00 General	0.00	54,300	0	14,400	0	0	68,700
	0288-00 Dedicated	0.00	0	0	0	1,081,500	0	1,081,500
	0348-00 Federal	117.50	7,962,800	1,414,000	0	7,729,700	0	17,106,500
OT	0348-00 Federal	0.00	249,200	0	53,200	0	0	302,400
	0349-00 Other	1.00	67,300	1,700	0	894,500	0	963,500
OT	0349-00 Other	0.00	1,900	0	0	0	0	1,900
	Total	144.87	10,139,300	1,671,800	67,600	11,490,200	0	23,368,900

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation

Function: 02 - Vocational Rehabilitation

	FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
Base Adjustments							
8.41 Removal of One-Time Expenditures							
Removal of 27th Payroll for FY17.							
OT 0001-00 General	0.00	(54,300)	0	0	0	0	(54,300)
OT 0348-00 Federal	0.00	(249,200)	0	0	0	0	(249,200)
OT 0349-00 Other	0.00	(1,900)	0	0	0	0	(1,900)
Total	0.00	(305,400)	0	0	0	0	(305,400)
8.42 Removal of One-Time Expenditures							
Removal of FY17 CO.							
OT 0001-00 General	0.00	0	0	(14,400)	0	0	(14,400)
OT 0348-00 Federal	0.00	0	0	(53,200)	0	0	(53,200)
Total	0.00	0	0	(67,600)	0	0	(67,600)
FY 2018 Base							
0001-00 General	26.37	1,803,800	256,100	0	1,784,500	0	3,844,400
OT 0001-00 General	0.00	0	0	0	0	0	0
0288-00 Dedicated	0.00	0	0	0	1,081,500	0	1,081,500
0348-00 Federal	117.50	7,962,800	1,414,000	0	7,729,700	0	17,106,500
OT 0348-00 Federal	0.00	0	0	0	0	0	0
0349-00 Other	1.00	67,300	1,700	0	894,500	0	963,500
OT 0349-00 Other	0.00	0	0	0	0	0	0
Total	144.87	9,833,900	1,671,800	0	11,490,200	0	22,995,900
Program Maintenance							
10.11 Change in Health Benefit Costs							
FY18 Change in Employer Healthcare Costs.							
0001-00 General	0.00	32,000	0	0	0	0	32,000
0348-00 Federal	0.00	145,100	0	0	0	0	145,100
0349-00 Other	0.00	1,200	0	0	0	0	1,200
Total	0.00	178,300	0	0	0	0	178,300
10.21 General Inflation Adjustments							
Inflationary adjustments for T&B.							
0001-00 General	0.00	0	0	0	34,300	0	34,300
0348-00 Federal	0.00	0	0	0	126,800	0	126,800
Total	0.00	0	0	0	161,100	0	161,100

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation

Function: 02 - Vocational Rehabilitation

		<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>
10.22	Medical Inflation Adjustments							
	Medical Inflationary Adjustments for T&B.							
	0001-00 General	0.00	0	0	0	8,900	0	8,900
	0348-00 Federal	0.00	0	0	0	32,800	0	32,800
	Total	0.00	0	0	0	41,700	0	41,700
10.23	Contract Inflation							
	Inflation for Office Space Lease.							
	0001-00 General	0.00	0	4,600	0	0	0	4,600
	0348-00 Federal	0.00	0	4,600	0	0	0	4,600
	Total	0.00	0	9,200	0	0	0	9,200
10.31	Repair, Replacement Items/Alterations							
	Replace 3 vehicles with a range of 77-86K miles and 8-9 years old as of June 30, 2016.							
	OT 0001-00 General	0.00	0	0	16,800	0	0	16,800
	OT 0348-00 Federal	0.00	0	0	61,200	0	0	61,200
	Total	0.00	0	0	78,000	0	0	78,000
10.32	Repair, Replacement Items/Alterations							
	Replace aging phone systems purchased in 2000 for offices. Phone systems are 16 years old as of June 30, 2016 and are failing. Parts are no longer available when phone systems need repaired.							
	OT 0001-00 General	0.00	0	0	14,400	0	0	14,400
	OT 0348-00 Federal	0.00	0	0	52,100	0	0	52,100
	Total	0.00	0	0	66,500	0	0	66,500
10.33	Repair, Replacement Items/Alterations							
	Replace 25 laptop computers. The agency has over 180 PCs that are replaced on a 5 year rotating basis.							
	OT 0001-00 General	0.00	0	0	6,000	0	0	6,000
	OT 0348-00 Federal	0.00	0	0	21,500	0	0	21,500
	Total	0.00	0	0	27,500	0	0	27,500
10.34	Repair, Replacement Items/Alterations							
	Replace 20 desktop computers. The agency has over 180 PCs that are replaced on 5-year rotating basis.							
	OT 0001-00 General	0.00	0	0	3,300	0	0	3,300
	OT 0348-00 Federal	0.00	0	0	11,700	0	0	11,700
	Total	0.00	0	0	15,000	0	0	15,000
10.35	Repair, Replacement Items/Alterations							
	Replace 10 routers that are aging and failing.							
	OT 0001-00 General	0.00	0	0	3,300	0	0	3,300
	OT 0348-00 Federal	0.00	0	0	11,700	0	0	11,700
	Total	0.00	0	0	15,000	0	0	15,000

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation

Function: 02 - Vocational Rehabilitation

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
10.36	Repair, Replacement Items/Alterations							
	Replace aging and failing video conference machines. As of June 30, 2016 the systems are 7 years old. The video systems allow the agency to save on meeting and travel costs.							
OT 0001-00	General	0.00	0	0	5,900	0	0	5,900
OT 0348-00	Federal	0.00	0	0	21,100	0	0	21,100
	Total	0.00	0	0	27,000	0	0	27,000
10.37	Repair, Replacement Items/Alterations							
	Replace 50 aging flat-panel monitors. The agency has over 360 flat-panel monitors.							
OT 0001-00	General	0.00	0	0	3,100	0	0	3,100
OT 0348-00	Federal	0.00	0	0	11,000	0	0	11,000
	Total	0.00	0	0	14,100	0	0	14,100
10.41	Attorney General Fees							
0001-00	General	0.00	0	(500)	0	0	0	(500)
0348-00	Federal	0.00	0	(1,800)	0	0	0	(1,800)
	Total	0.00	0	(2,300)	0	0	0	(2,300)
10.45	Risk Management Cost Increases							
0001-00	General	0.00	0	600	0	0	0	600
0348-00	Federal	0.00	0	2,200	0	0	0	2,200
	Total	0.00	0	2,800	0	0	0	2,800
10.46	Controller's Fee Charge							
0001-00	General	0.00	0	(100)	0	0	0	(100)
0348-00	Federal	0.00	0	(300)	0	0	0	(300)
	Total	0.00	0	(400)	0	0	0	(400)
10.47	Treasurer's Fee Charge							
0001-00	General	0.00	0	(300)	0	0	0	(300)
0348-00	Federal	0.00	0	(1,000)	0	0	0	(1,000)
	Total	0.00	0	(1,300)	0	0	0	(1,300)
10.61	Salary Multiplier - Regular Employees							
	1.0% Recommended CEC Calculation.							
0001-00	General	0.00	14,800	0	0	0	0	14,800
0348-00	Federal	0.00	64,700	0	0	0	0	64,700
0349-00	Other	0.00	600	0	0	0	0	600
	Total	0.00	80,100	0	0	0	0	80,100

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation

Function: 02 - Vocational Rehabilitation

	FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
10.62 Salary Multiplier - Group and Temporary							
1.0% Recommended CEC.							
0001-00 General	0.00	100	0	0	0	0	100
0348-00 Federal	0.00	300	0	0	0	0	300
Total	0.00	400	0	0	0	0	400

FY 2018 Total Maintenance

0001-00 General	26.37	1,850,700	260,400	0	1,827,700	0	3,938,800
OT 0001-00 General	0.00	0	0	52,800	0	0	52,800
0288-00 Dedicated	0.00	0	0	0	1,081,500	0	1,081,500
0348-00 Federal	117.50	8,172,900	1,417,700	0	7,889,300	0	17,479,900
OT 0348-00 Federal	0.00	0	0	190,300	0	0	190,300
0349-00 Other	1.00	69,100	1,700	0	894,500	0	965,300
OT 0349-00 Other	0.00	0	0	0	0	0	0
Total	144.87	10,092,700	1,679,800	243,100	11,693,000	0	23,708,600

Line Items

12.02 Additional Grant and Match Funds

Vocational Rehabilitation (VR) is requesting an additional \$125,000 in State funds and \$462,000 in Federal funds to have a sufficient amount of funds available to pay for assessment, training, tools, education, supplies, transportation, and other items to assist youth and students with disabilities as well as nonstudents and adults with disabilities prepare for and/or secure employment. Furthermore, VR is experiencing an approximate 7% increase in service expenditures annually, without increasing the number of individuals served. The additional funds will be used to meet the student transition requirement of WIOA as well as meet the needs of the all eligible nonstudent and adult populations being served by VR in Idaho.

VR is a ticket to self-sufficiency for Idahoans with disabilities. It is not another welfare program. VR services for eligible Idahoans with disabilities are the enabling tools to transition from unemployment to gainful employment; from dependence to independence. For Federal fiscal year 2015, 85% of VR customers who achieved or maintained employment reported their wages as their primary means of support instead of depending on public support and family support. Not only does an investment in VR reduce the amount of public support required, it also returns funds to the State of Idaho. Based on Federal Fiscal Year 2015 data it is estimated that a State investment of \$125,000 will return over \$1.3 million in direct sales tax and income tax to the State. That is a return on investment of over \$11 to \$1.

0001-00 General	0.00	0	0	0	125,000	0	125,000
0348-00 Federal	0.00	0	0	0	462,000	0	462,000
Total	0.00	0	0	0	587,000	0	587,000

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation

Function: 02 - Vocational Rehabilitation

		<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 Total								
	0001-00 General	26.37	1,850,700	260,400	0	1,952,700	0	4,063,800
OT	0001-00 General	0.00	0	0	52,800	0	0	52,800
	0288-00 Dedicated	0.00	0	0	0	1,081,500	0	1,081,500
	0348-00 Federal	117.50	8,172,900	1,417,700	0	8,351,300	0	17,941,900
OT	0348-00 Federal	0.00	0	0	190,300	0	0	190,300
	0349-00 Other	1.00	69,100	1,700	0	894,500	0	965,300
OT	0349-00 Other	0.00	0	0	0	0	0	0
	Total	144.87	10,092,700	1,679,800	243,100	12,280,000	0	24,295,600

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department: Idaho Division of Vocational Rehabilitation
 Function/Division: Vocational Rehabilitation
 Activity/Program: Basic Grant

Request for Fiscal Year : 2018
 Agency Number: 523
 Function/Activity Number: 2
 Budget Unit: EDNB

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

Page: _____ of _____

Decision Unit Number: 12.02 **Descriptive Title:** Additional Grant and Match Funds

Description	General	Dedicated	Federal	Other	Total
FULL TIME POSITIONS (FTP) PERSONNEL COSTS: 1. Salaries 2. Benefits 3. Group Position Funding					
TOTAL PERSONNEL COSTS:					
OPERATING EXPENDITURES by summary object: 1. 2. 3.					
TOTAL OPERATING EXPENDITURES:					
CAPITAL OUTLAY by summary object: 1. 2. 3.					
TOTAL CAPITAL OUTLAY:					
T/B PAYMENTS:	\$125,000		\$462,000		\$587,000
LUMP SUM:					
GRAND TOTAL	\$125,000		\$462,000		\$587,000

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base?

Vocational Rehabilitation (VR) is requesting an additional \$125,000 in State funds and \$462,000 in Federal funds to have a sufficient amount of funds available to pay for assessment, training, tools, education, supplies, transportation, and other items to assist youth and students with disabilities as well as nonstudents and adults with disabilities prepare for and/or secure employment. Under the Workforce Innovation and Opportunity Act (WIOA), Idaho is required to spend 15% of its VR grant on certain qualified students with disabilities pre-employment transition services, assisting students with disabilities transition to work. Furthermore, VR is experiencing an approximate 7% increase in service expenditures annually. The additional funds will be used to meet the student transition requirement of WIOA as well as meet the needs of the all eligible nonstudent and adult populations being served by VR in Idaho.

VR is a ticket to self-sufficiency for Idahoans with disabilities. It is not another welfare program. VR services for eligible Idahoans with disabilities are the enabling tools to transition from unemployment to gainful employment; from dependence to independence. For Federal fiscal year 2015, 85% of VR customers who achieved or maintained employment reported their wages as their primary means of support instead of depending on public support and family support. Not only does an investment in VR reduce the amount of public support required, it also returns funds to the State of Idaho. Based on Federal Fiscal Year 2015 data it is estimated that a State investment of \$125,000 will return over \$1.3 million in direct sales tax and income tax to the State. That is a return on investment of over \$11 to \$1. In addition, it will increase Idaho's other taxes, such as property and gas tax, and reduce the amount of public assistance to those individuals served. This is a good investment for Idaho and unlike many other government programs; it returns more dollars than are invested by the State.

The addition of \$587,000 in appropriations will allow Idaho to capture all of the funds allotted to it by the Federal Government. Without the State General Fund match of \$125,000, Idaho will lose \$462,000 in Federal funds set aside for Idaho. Furthermore, as a result of Federal funds being returned by other states that cannot meet their match, Idaho has the opportunity to capture even more Federal funds to assure adequate service delivery to all eligible Idahoans. Through this additional appropriation, it will also allow VR to help more Idahoans with disabilities move into the workforce. The emphasis will be on helping students with disabilities transition into the workforce, which will provide the biggest benefit to Idaho. Currently the average age of a VR customer is 38. Involving those with disabilities at a younger age means that independence for those with disabilities will start earlier and reduce the amount of public assistance needed by them. Transitioning students to the workforce should have an even bigger return on investment to the State of Idaho than mentioned above. The additional funds will not only assist those in need, but will also provide a great return on investment for Idaho.

IDVR is requesting additional State and Federal funds to be able to meet the program requirements of the Federal Workforce Innovation and Opportunity Act (WIOA). Without this increase the Division may not be able to meet the requirements WIOA and the needs of the Vocational Rehabilitation program. If that was the case then IDVR would need to adjust how the program operates in Idaho and would not be able to serve all eligible individuals with disabilities who need services. The VR program would need to implement an Order of Selection (OOS).

2. What resources are necessary to implement this request?

- a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service.
- b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted.
- c. List any additional operating funds and capital items needed.

No additional resources are necessary for for the above a thru c items

3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards.

This will allow VR to use all of the Federal funds allocated to the State. Annually, the Federal grant award increases by 1-3%. The \$125,000 in General Fund appropriations will allow Idaho to capture an additional \$462,000 of Federal Funds and also meet the requirements of WIOA. Idaho does not want to remit any portion of its allotment to other states as it has prior to SY 2017. Furthermore, this will allow VR to capture funds remitted by other states. This will allow Idaho to invest its full Federal allotment of over \$16 million in Idaho; where Idaho will receive a return on the investment. The grant funds are ongoing in subsequent years.

4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted?

This request will allow VR to continue to serve all of our customers without limiting available services. It will also allow Idaho to invest its share of this Federal grant in Idaho, where it has been returning in excess of \$11 in sales and State income tax for every \$1 invested by the State.

FORM B6: WAGE & SALARY RECONCILIATION

Agency/Department:	State Board of Education	Agency Number:	523
Function/Division:	Vocational Rehabilitation	Function/Activity Number:	0002
Activity/Program:	Vocational Rehabilitation	Budget Unit:	EDNB
		Fiscal Year:	2018
Original Request Date:	9/1/2016	Fund Name:	General
Revision Date:	9/22/2016	Fund Number:	0001-00
Revision #:	1	Budget Submission Page #	of

PCN	CLASS CODE	DESCRIPTION	Indicator Code	FTP	FY 2017 SALARY	FY 2017 HEALTH BENEFITS	FY 2017 VAR BENEFITS	FY 2017 TOTAL	FY 2018 SALARY CHANGE	FY 2018 CHG HEALTH BENEFITS	FY 2018 CHG VAR BENEFITS	TOTAL BENEFIT CHANGES
		Totals from Wage and Salary Report (WSR):										
		Permanent Positions	1	22.80	1,097,132	282,201	229,497	1,608,829	(40,635)	28,440	0	28,440
		Board & Group Positions	2		6,332	0	2,011	8,343				
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		TOTAL FROM WSR		22.80	1,103,464	282,201	231,508	1,617,173		28,440	0	28,440
		FY 2017 ORIGINAL APPROPRIATION			1,858,100	324,243	265,998	1,858,100				
		Unadjusted Over or (Under) Funded:	Est Difference	3.95	164,395	42,042	34,490	240,927		Calculated overfunding is 13.0% of Original Appropriation		
		Adjustments to Wage & Salary:										
		Add Funded / Subtract Unfunded - Vacant or Authorized - Positions:										
		Retire Cd										
		Adjustment Description / Position Title										
		R1 Deputy Administrator	1	0.50	47,861	6,120	10,218	64,199		610	0	610
5701	01108	R1 Voc Rehab Assistant	1	0.10	2,952	1,224	630	4,806		122	0	122
7707	38106	R1 Voc Rehab Specialist	1	0.20	8,224	2,448	1,756	12,428		244	0	244
7714	38106	R1 Voc Rehab Specialist	1	0.20	8,224	2,448	1,756	12,428		244	0	244
7757	38106	R1 Voc Rehab Specialist	1	0.20	8,224	2,448	1,756	12,428		244	0	244
7759	38105	R1 Rehab Counselor III	1	0.40	22,464	4,896	4,796	32,156		488	0	488
	38105	R1 Rehab Counselor III	1	0.05	2,056	612	439	3,107		61	0	61
7768	38106	R1 Rehab Specialist	1	0.20	8,224	2,448	1,756	12,428		244	0	244
				0.00	0	0	0	0		0	0	0
		Other Adjustments:										
1006	04242	R1 Incorrect Split	1	0.10	10,294	1,224	2,198	13,716		122	0	122
1007	05114	R1 Incorrect Split	1	0.10	5,185	1,224	1,107	7,516		122	0	122
1009	21217	R1 Incorrect Split	1	0.10	7,661	1,224	1,636	10,521		122	0	122
4301	04246	R1 Incorrect Split	1	0.10	4,102	1,224	876	6,202		122	0	122
4737	01663	R1 Incorrect Split	1	0.10	3,673	1,224	784	5,681		122	0	122
4904	04248	R1 Incorrect Split	1	0.10	4,204	1,224	898	6,326		122	0	122
5800	04245	R1 Incorrect Split	1	0.10	5,477	1,224	1,169	7,870		122	0	122
5901	01610	R1 Incorrect Split	1	0.20	14,111	2,448	3,013	19,572		244	0	244
6001	01618	R1 Incorrect Split	1	0.10	6,292	1,224	1,343	8,859		122	0	122
7402		R1 Incorrect Split	1	0.05	1,475	612	315	2,402		61	0	61
1003	38006	R1 Salary Overstated	1	0.00	(3,399)	0	(726)	(4,125)		0	0	0
7904	38007	R1 Salary Overstated	1	0.00	(2,974)	0	(635)	(3,609)		0	0	0
		Estimated Salary Needs:										
		Permanent Positions	1	25.70	1,261,462	317,697	264,580	1,843,738		31,978	0	31,978
		Board & Group Positions	2	0.00	6,332	0	2,011	8,343		0	0	0
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		Estimated Salary and Benefits		25.70	1,267,794	317,697	266,591	1,852,081		31,978	0	31,978
		Adjusted Over or (Under) Funding:										
		Orig. Approp		1.05	4,100	1,000	900	6,000		Calculated overfunding is .3% of Original Appropriation		
		Est. Expend		0.67	4,100	1,000	900	6,000		Calculated overfunding is .3% of Estimated Expenditures		
		Base		0.67	4,100	1,000	900	6,000		Calculated overfunding is .3% of the Base		
Personnel Cost Reconciliation - Relation to Zero Variance --->												

DU		Original Appropriation	FTP	FY 17 Salary	FY 17 Health Ben	FY 17 Var Ben	FY 2017 Total		FY 18 Chg Health Bens	FY 18 Chg Var Bens	Total Benefit Change
3.00	FY 2017 ORIGINAL APPROPRIATION	1,858,100	26.75	1,271,914	318,729	267,457	1,858,100				
	Rounded Appropriation		26.75	1,271,900	318,700	267,500	1,858,100				
	Appropriation Adjustments:										
4.11	Reappropriation		0.00	0	0	0	0				

FORM B6: WAGE & SALARY RECONCILIATION

4.31	Supplemental		0.00	0	0	0	0				0
5.00	FY 2017 TOTAL APPROPRIATION		26.75	1,271,900	318,700	267,500	1,858,100				
	Expenditure Adjustments:										
6.31	FTP or Fund Adjustment		(0.38)	0	0	0	0				0
6.51	Transfer Between Programs		0.00	0	0	0	0				0
7.00	FY 2017 ESTIMATED EXPENDITURES		26.37	1,271,900	318,700	267,500	1,858,100				
	Base Adjustments:										
8.31	Transfer Between Programs		0.00	0	0	0	0				0
8.41	Removal of One-Time Expenditures		0.00	(44,700)	0	(9,600)	(54,300)				0
8.51	Base Reduction		0.00	0	0	0	0				0
9.00	FY 2018 BASE		26.37	1,227,200	318,700	257,900	1,803,800				
10.11	Change in Health Benefit Costs				32,000		32,000				
10.12	Change in Variable Benefits Costs					0	0				
	Subtotal CEC Base:	Indicator Code	26.37	1,227,200	350,700	257,900	1,835,800				
10.51	Annualization			0	0	0	0				
10.61	CEC for Permanent Positions	1.00%		12,200		2,600	14,800				
10.62	CEC for Group Positions	1.00%		100		0	100				
10.63	CEC for Elected Officials & Commissioners			0		0	0				
11.00	FY 2018 PROGRAM MAINTENANCE		26.37	1,239,500	350,700	260,500	1,850,700				
	Line Items:										
12.01							0				
12.02							0				
12.03							0				
13.00	FY 2018 TOTAL REQUEST		26.37	1,239,500	350,700	260,500	1,850,700				

FORM B6: WAGE & SALARY RECONCILIATION

Agency/Department:	State Board of Education	Agency Number:	523
Function/Division:	Vocational Rehabilitation	Function/Activity Number:	0002
Activity/Program:	Vocational Rehabilitation	Budget Unit:	EDNB
		Fiscal Year:	2018
Original Request Date:	9/1/2016	Fund Name:	Federal Grant
Revision Date:	9/22/2016	Fund Number:	0348-00
Revision #:	1	Budget Submission Page #	of

PCN	CLASS CODE	DESCRIPTION	Indicator Code	FTP	FY 2017 SALARY	FY 2017 HEALTH BENEFITS	FY 2017 VAR BENEFITS	FY 2017 TOTAL	FY 2018 SALARY CHANGE	FY 2018 CHG HEALTH BENEFITS	FY 2018 CHG VAR BENEFITS	TOTAL BENEFIT CHANGES
Totals from Wage and Salary Report (WSR):												
		Permanent Positions	1	110.23	5,267,282	1,363,258	1,102,509	7,733,048	(195,085)	137,226	0	137,226
		Board & Group Positions	2		29,760	0	9,200	38,960				
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		TOTAL FROM WSR		110.23	5,297,042	1,363,258	1,111,709	7,772,008		137,226	0	137,226
		FY 2017 ORIGINAL APPROPRIATION			8,212,000	1,440,435	1,174,645	8,212,000				
		Unadjusted Over or (Under) Funded:		Est Difference	7.28	299,878	77,177	62,936				Calculated overfunding is 5.4% of Original Appropriation
		Adjustments to Wage & Salary:										
		Add Funded / Subtract Unfunded - Vacant or Authorized - Positions:										
		Retire Cd										
		Adjustment Description / Position Title										
		R1 Deputy Administrator	1	0.50	47,861	6,120	10,218	64,199		610	0	610
4101	04248	R1 Financial Technician	1	0.80	24,024	9,792	5,129	38,945		976	0	976
4706	01108	R1 Voc Rehab Assistant	1	1.00	29,515	12,240	6,301	48,056		1,220	0	1,220
5701	01108	R1 Voc Rehab Assistant	1	0.40	11,806	4,896	2,520	19,222		488	0	488
7707	38106	R1 Rehab Specialist	1	0.80	32,898	9,792	7,023	49,713		976	0	976
7714	38106	R1 Rehab Specialist	1	0.80	32,898	9,792	7,023	49,713		976	0	976
7757	38106	R1 Rehab Specialist	1	0.80	32,898	9,792	7,023	49,713		976	0	976
7759	38105	R1 Rehab Counselor III	1	0.60	33,696	7,344	7,194	48,234		732	0	732
7768	38106	R1 Rehab Specialist	1	0.60	24,673	7,344	5,267	37,284		732	0	732
7403	01231	R1 Incorrect Split	1	0.10	4,135	1,224	883	6,242		122	0	122
				0.00	0	0	0	0		0	0	0
				0.00	0	0	0	0		0	0	0
		Other Adjustments:										
1003	38006	R1 Salary Overstated	1	0.00	(10,196)	0	(2,177)	(12,373)		0	0	0
7904	38007	R1 Salary Overstated	1	0.00	(11,898)	0	(2,540)	(14,438)		0	0	0
4301	04246	R1 Incorrect Split	1	0.05	2,051	612	438	3,101		61	0	61
4905	01231	R1 Incorrect Split	1	0.02	673	245	144	1,061		24	0	24
7402		R1 Incorrect Split	1	0.25	8,848	3,060	1,889	13,797		305	0	305
		Estimated Salary Needs:										
		Permanent Positions	1	116.95	5,531,164	1,445,510	1,158,845	8,135,519		145,425	0	145,425
		Board & Group Positions	2	0.00	29,760	0	9,200	38,960			0	0
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		Estimated Salary and Benefits		116.95	5,560,924	1,445,510	1,168,045	8,174,479		145,425	0	145,425
		Adjusted Over or (Under) Funding:		Orig. Approp	0.56	25,500	6,600	5,400	37,500	Calculated overfunding is .5% of Original Appropriation		
				Est. Expend	0.56	25,500	6,600	5,400	37,500	Calculated overfunding is .5% of Estimated Expenditures		
				Base	0.56	25,500	6,600	5,400	37,500	Calculated overfunding is .5% of the Base		
Personnel Cost Reconciliation - Relation to Zero Variance --->												

DU			Original Appropriation	FTP	FY 17 Salary	FY 17 Health Ben	FY 17 Var Ben	FY 2017 Total		FY 18 Chg Health Bens	FY 18 Chg Var Bens	Total Benefit Change
3.00		FY 2017 ORIGINAL APPROPRIATION	8,212,000	117.50	5,586,449	1,452,145	1,173,406	8,212,000				
		Rounded Appropriation		117.50	5,586,400	1,452,100	1,173,400	8,212,000				
		Appropriation Adjustments:										
4.11		Reappropriation		0.00	0	0	0	0				
4.31		Supplemental		0.00	0	0	0	0				0
5.00		FY 2017 TOTAL APPROPRIATION		117.50	5,586,400	1,452,100	1,173,400	8,212,000				
		Expenditure Adjustments:										

FORM B6: WAGE & SALARY RECONCILIATION

6.31	FTP or Fund Adjustment		0.00	0	0	0	0			0
6.51	Transfer Between Programs		0.00	0	0	0	0			0
7.00	FY 2017 ESTIMATED EXPENDITURES		117.50	5,586,400	1,452,100	1,173,400	8,212,000			
	Base Adjustments:									
8.31	Transfer Between Programs		0.00	0	0	0	0			0
8.41	Removal of One-Time Expenditures		0.00	(205,400)	0	(43,800)	(249,200)			0
8.51	Base Reduction		0.00	0	0	0	0			0
9.00	FY 2018 BASE		117.50	5,381,000	1,452,100	1,129,600	7,962,800			
10.11	Change in Health Benefit Costs				145,400		145,400			
10.12	Change in Variable Benefits Costs					0	0			
	Subtotal CEC Base:	Indicator Code	117.50	5,381,000	1,597,500	1,129,600	8,108,200			
10.51	Annualization			0	0	0	0			
10.61	CEC for Permanent Positions	1.00%		53,500		11,400	64,900			
10.62	CEC for Group Positions	1.00%		300		0	300			
10.63	CEC for Elected Officials & Commissioners			0		0	0			
11.00	FY 2018 PROGRAM MAINTENANCE		117.50	5,434,800	1,597,500	1,141,000	8,173,400			
	Line Items:									
12.01										0
12.02										0
12.03										0
13.00	FY 2018 TOTAL REQUEST		117.50	5,434,800	1,597,500	1,141,000	8,173,400			

FORM B6: WAGE & SALARY RECONCILIATION

7.00		FY 2017 ESTIMATED EXPENDITURES	1.00	46,700	12,700	9,800	69,200	
		Base Adjustments:						
8.31		Transfer Between Programs	0.00	0	0	0	0	
8.41		Removal of One-Time Expenditures	0.00	(1,600)	0	(300)	(1,900)	
8.51		Base Reduction	0.00	0	0	0	0	
9.00		FY 2018 BASE	FTP	FY 18 Salary	FY18 Health Ben	FY 18 Var Ben	FY 2018 Total	
			1.00	45,100	12,700	9,500	67,300	
10.11		Change in Health Benefit Costs			1,200		1,200	
10.12		Change in Variable Benefits Costs				0	0	
		Subtotal CEC Base:	Indicator Code	1.00	45,100	13,900	9,500	68,500
10.51		Annualization		0	0	0	0	
10.61		CEC for Permanent Positions	1.00%	500		100	600	
10.62		CEC for Group Positions	1.00%	0		0	0	
10.63		CEC for Elected Officials & Commissioners		0		0	0	
11.00		FY 2018 PROGRAM MAINTENANCE	1.00	45,600	13,900	9,600	69,100	
		Line Items:						
12.01							0	
12.02							0	
12.03							0	
13.00		FY 2018 TOTAL REQUEST	1.00	45,600	13,900	9,600	69,100	

Form B4: Inflationary Adjustments

Agency: Vocational Rehabilitation

Agency Number: 523

FY 2018 Request

Function: Vocational Rehabilitation

Function/Activity Number: 02

Page ____ of ____

Activity: _____

Original Submission ____ or Revision No. ____

(1) Trustee/Benefit Summary Object	(2) FY 2013 Actual	(3) FY 2014 Actual	(4) FY 2015 Actual	(5) FY 2016 Actual	FY 2015 to FY 2016		(8) FY 2017 Approp	(9) FY 2017 Exp. Adj.	(10) FY 2017 Est. Exp.
					(6) Change	(7) % Change			
Awards Contr & Claims	1,107,812	1,469,085	1,706,729	1,764,505	57,776	3.39%	2,361,700	-	2,361,700
Education & Training Assistance	5,732,248	6,157,735	6,489,718	7,253,649	763,931	11.77%	8,900,000	-	8,900,000
Federal Payments To Subgrant	202,896	157,773	231,306	219,295	(12,011)	-5.19%	220,000	-	220,000
Miscellaneous Payments As Aged	111,561	-	-	-	-	#DIV/0!	-	-	-
Non Federal Payments To Subgrant	9,807	2,832	5,982	8,511	2,529	42.27%	8,500	-	8,500
Total	7,164,325	7,787,425	8,433,735	9,245,959	812,225	9.63%	11,490,200	-	11,490,200
FundSource									
General	1,412,899	1,423,200	1,652,962	1,613,355	(39,606)	-2.40%	1,784,500	-	1,784,500
Dedicated	1,201,821	883,727	603,446	1,087,787	484,341	80.26%	1,976,000	-	1,976,000
Federal	4,549,604	5,480,498	6,177,327	6,544,818	367,491	5.95%	7,729,700	-	7,729,700
Total	7,164,325	7,787,425	8,433,735	9,245,959	812,225	9.63%	11,490,200	-	11,490,200

FY2016 to FY2017		Fund Source				
Change	% Change	FY16	FY15	FY14	FY13	Average
597,195	33.84%					
1,646,351	22.70%					
705	0.32%					
-	#DIV/0!					
(11)	-0.13%					
2,244,241	24.27%					
171,145	10.61%	17.45%	19.60%	18.28%	19.72%	18.76%
888,214	81.65%	11.76%	7.16%	11.35%	16.78%	11.76%
1,184,882	18.10%	70.79%	73.25%	70.38%	83.50%	69.48%
2,244,241	24.27%	100.00%	100.00%	100.00%	100.00%	

(11) Part B: Trustee/Benefit Summary Object	(12) FY 2017 Est. Exp	(13) Remove One Time Funding	(14) SWCAP, Nondisc., Rent	(15) FY 2018 Base	(16) General Inflation (DU 10.21)	(17) % Change	(18) Medical Inflation (DU 10.22)	(19) % Change	(20) FY2018 Total
Awards Contr & Claims	2,361,700	-	-	2,361,700	-	0.00%	47,234	2.00%	2,408,934
Education & Training Assistance	8,900,000	-	-	8,900,000	178,000	2.00%	-	0.00%	9,078,000
Federal Payments To Subgrant	220,000	-	-	220,000	4,400	2.00%	-	0.00%	224,400
Miscellaneous Payments As Aged	-	-	-	-	-	#DIV/0!	-	0.00%	-
Non Federal Payments To Subgrant	8,500	-	-	8,500	170	2.00%	-	0.00%	8,670
Total	11,490,200	-	-	11,490,200	182,570	1.59%	47,234	0.41%	11,720,004
FundSource									
General	1,784,500	-	-	1,784,500	34,253	1.92%	8,862	0.50%	1,827,614
Dedicated	1,976,000	-	-	1,976,000	21,472	1.09%	5,555	0.28%	2,003,027
Federal	7,729,700	-	-	7,729,700	126,846	1.64%	32,817	0.42%	7,889,363
Total	11,490,200	-	-	11,490,200	182,570	1.59%	47,234	0.41%	11,720,004

Fund	DU		Total
	10.21	10.22	
General	34,252.71	8,861.76	43,114.47
Dedicated	21,471.76	5,555.11	27,026.87
Federal	126,845.53	32,817.12	159,662.66
			229,804.00

Form B4: Part C - Contract Inflation

Agency: Idaho Division Of Vocational Rehabilitation

Division: Vocational Rehabilitation

Program: _____

Agency Number: 523

Function/Activity Number: 2

Request **2018**

Page ____ of ____

Original Submission ____ or Revision No. ____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Part C: Contract (identify who and what)	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Est. Exp.	Contract Date	Term of Contract (Year x of x)	FY 2018 Contractual % Change	FY 2018 Change	FY 2018 Total
LBJ Central Office Lease - Dept of Admin	52,548	52,548	52,884	56,373				-	56,373
110 CDA Office Lease	28,774	30,532	31,446	32,367	09/2012	Year 5 of 6	3.00%	1,000	33,367
120 Sandpointe Office Lease	9,981	6,075	6,075	6,075	04/2014	Year 3 of 5	0.00%	-	6,075
210/250 Lewiston Office Lease - Dept of Adm	16,232	16,232	16,232	16,232				-	16,232
220 Orofino Office Lease -Dept of Labor	8,819	10,937	10,686	11,000	New	Lease	10.00%	1,100	12,100
230 Moscow Office Lease	10,620	10,620	10,400	10,196	02/2016	Year 1 of 3	2.50%	300	10,496
310 TV Special Programs Office Lease	21,121	21,121	23,554	24,648	09/2016	Year 1 of 4	3.00%	700	25,348
410 Twin Falls Office Lease	30,602	30,602	30,602	30,602	05/2013	Year 4 of 5	0.00%	-	30,602
420 Burley Office Lease	8,425	9,616	13,188	13,188	04/2015	Year 2 of 3	0.00%	-	13,188
510 Pocatello Office Lease	34,978	36,027	37,108	38,222	07/2015	Year 2 of 5	3.00%	1,100	39,322
520 Blackfot Office Lease	13,631	14,413	14,486	14,848	05/2015	Year 2 of 5	3.00%	400	15,248
530 Preston Office Lease	13,091	13,091	13,486	13,882	01/2014	Year 3 of 5	0.00%	-	13,882
610 Idaho Falls Lease	34,654	35,362	35,343	35,462	05/2015	Year 2 of 5	2.00%	700	36,162
620 Salmon Office Lease	5,454	5,454	5,522	5,535	09/2015	Year 2 of 3	0.00%	-	5,535
630 Rexburg Office Lease	8,996	9,896	10,151	10,241	09/2014	Year 3 of 3	3.00%	300	10,541
710 Treasure Valley West Office Lease	31,389	31,929	38,209	47,392	02/2016	Year 1 of 5	2.00%	900	48,292
720 Payette Office Lease	6,300	6,300	6,375	6,675	04/2016	Year 1 of 3	4.50%	300	6,975
740 Meridian Office Lease	19,662	19,823	20,377	20,988	02/2015	Year 2 of 3	3.00%	600	21,588
810 Boise Office Lease	60,521	62,971	56,870	56,972	09/2016	Year 1 of 4	3.00%	1,700	58,672
Total	415,796	423,549	432,993	450,898			2.02%	9,100	459,998
FundSource							Proportion		
General	207,898	211,774	216,496	225,449			50.0%	4,600	230,000
Dedicated	-	-	-	-			0.0%	-	-
Federal	207,898	211,774	216,496	225,449			50.0%	4,600	230,000
Total	415,796	423,549	432,993	450,898			100.00%	9,200	460,000

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation
 Function: 05 - Work Svcs. Comm. Supported Employment

	FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
FY 2016 Total Appropriation							
1.00 FY 2016 Total Appropriation							
HB 251							
0001-00 General	5.85	466,100	23,700	0	3,418,300	0	3,908,100
Total	5.85	466,100	23,700	0	3,418,300	0	3,908,100
1.21 Net Object Transfers							
FY16 Object Transfers							
0001-00 General	0.00	0	(13,900)	26,500	(12,600)	0	0
Total	0.00	0	(13,900)	26,500	(12,600)	0	0
1.61 Reverted Appropriation Balances							
FY16 Reversions							
0001-00 General	0.00	0	(900)	0	0	0	(900)
Total	0.00	0	(900)	0	0	0	(900)
FY 2016 Actual Expenditures							
0001-00 General	5.85	466,100	8,900	26,500	3,405,700	0	3,907,200
Total	5.85	466,100	8,900	26,500	3,405,700	0	3,907,200
FY 2017 Original Appropriation							
3.00 FY 2017 Original Appropriation							
SB 1395							
0001-00 General	4.85	410,500	23,700	0	3,758,300	0	4,192,500
OT 0001-00 General	0.00	14,700	0	0	0	0	14,700
Total	4.85	425,200	23,700	0	3,758,300	0	4,207,200
FY 2017 Total Appropriation							
0001-00 General	4.85	410,500	23,700	0	3,758,300	0	4,192,500
OT 0001-00 General	0.00	14,700	0	0	0	0	14,700
Total	4.85	425,200	23,700	0	3,758,300	0	4,207,200
Expenditure Adjustments							
6.31 FTP or Fund Adjustments							
Transfer unused FTPs from Vocational Rehabilitation Program to the Extended Employment Services (EES) Program for a new counselor position for the EES program.							
0001-00 General	0.38	0	0	0	0	0	0
Total	0.38	0	0	0	0	0	0

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation

Function: 05 - Work Svcs. Comm. Supported Employment

	FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
FY 2017 Estimated Expenditures							
0001-00 General	5.23	410,500	23,700	0	3,758,300	0	4,192,500
OT 0001-00 General	0.00	14,700	0	0	0	0	14,700
Total	5.23	425,200	23,700	0	3,758,300	0	4,207,200
Base Adjustments							
8.41 Removal of One-Time Expenditures							
Removal of FY17 27th Payroll.							
OT 0001-00 General	0.00	(14,700)	0	0	0	0	(14,700)
Total	0.00	(14,700)	0	0	0	0	(14,700)
FY 2018 Base							
0001-00 General	5.23	410,500	23,700	0	3,758,300	0	4,192,500
OT 0001-00 General	0.00	0	0	0	0	0	0
Total	5.23	410,500	23,700	0	3,758,300	0	4,192,500
Program Maintenance							
10.11 Change in Health Benefit Costs							
FY18 Change in Employer Healthcare Costs.							
0001-00 General	0.00	7,400	0	0	0	0	7,400
Total	0.00	7,400	0	0	0	0	7,400
10.61 Salary Multiplier - Regular Employees							
Required 1.0% CEC.							
0001-00 General	0.00	3,800	0	0	0	0	3,800
Total	0.00	3,800	0	0	0	0	3,800
FY 2018 Total Maintenance							
0001-00 General	5.23	421,700	23,700	0	3,758,300	0	4,203,700
OT 0001-00 General	0.00	0	0	0	0	0	0
Total	5.23	421,700	23,700	0	3,758,300	0	4,203,700

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation
Function: 05 - Work Svcs. Comm. Supported Employment

		<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>	
Line Items									
12.01 Additional EES Funds For Provider Rate Increase									
<p>The Division of Vocational Rehabilitation is requesting an additional \$214,300 in General Fund appropriation for the Extended Employment Services (EES) program. Idahoans with the most significant disabilities are some of the State's most vulnerable citizens. The EES program provides people with the most significant disabilities employment opportunities in both non-integrated settings or with a competitive job in the community. This additional amount of funding will assist in recruiting and retaining the most qualified front-line staff to support those individuals served. A preliminary assessment indicates, front-line staff are paid beginning at \$7.25/hr, depending on the position, providers pay structure, and benefits package. Our providers have indicated without a fee for service rate increase, they will struggle to recruit and retain qualified staff, therefore leaving the most significantly disabled vulnerable.</p> <p>A 5.7% increase to the level of fee for services for both Work Services and Community Supported Employment under the EES program is being requested in order to increase the providers' ability to recruit and retain qualified workers who can deliver services in a safe and effective manner to those served by the EES program.</p>									
	0001-00	General	0.00	0	0	0	214,300	0	214,300
	Total		0.00	0	0	0	214,300	0	214,300
FY 2018 Total									
	0001-00	General	5.23	421,700	23,700	0	3,972,600	0	4,418,000
	OT 0001-00	General	0.00	0	0	0	0	0	0
	Total		5.23	421,700	23,700	0	3,972,600	0	4,418,000

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department: Idaho Division of Vocational Rehabilitation
 Function/Division: Extended Employment Services
 Activity/Program: Extended Employment Services

Request for Fiscal Year : 2018
 Agency Number: 523
 Function/Activity Number: 5
 Budget Unit: EDNE

Original Request Date: September 1, 2016 Revision Request Date: _____
 Page: _____ of _____

Decision Unit Number: 12.01 **Descriptive Title:** Additional EES Funds for Provider Rate Increase

Description	General	Dedicated	Federal	Other	Total
FULL TIME POSITIONS (FTP)					
PERSONNEL COSTS:					
1. Salaries					
2. Benefits					
3. Group Position Funding					
TOTAL PERSONNEL COSTS:					
OPERATING EXPENDITURES by summary object:					
1.					
2.					
3.					
TOTAL OPERATING EXPENDITURES:					
CAPITAL OUTLAY by summary object:					
1.					
2.					
3.					
TOTAL CAPITAL OUTLAY:					
T/B PAYMENTS:	\$214,300				\$214,300
LUMP SUM:					
GRAND TOTAL	\$214,300				\$214,300

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base?

The Division of Vocational Rehabilitation is requesting an additional \$214,300 in General Fund appropriation for the Extended Employment Services (EES) program. Idahoans with the most significant disabilities are some of the State’s most vulnerable citizens. The EES program provides people with the most significant disabilities employment opportunities in both non-integrated settings or with a competitive job in the community. This additional amount of funding will assist in recruiting and retaining the most qualified front-line staff to support those individuals served. A preliminary assessment indicates, front-line staff are paid beginning at \$7.25, depending on the position, providers pay structure and benefits package. Our providers have indicated without a fee for service rate increase, they will struggle to recruit and retain qualified staff, therefore leaving the most significantly disabled vulnerable.

A 5.7% increase to the level of fee for services for both Work Services and Community Supported Employment under the EES program to be set by the Administrator of IDVR in order to increase the providers’ ability to recruit and retain qualified workers who can deliver services in a safe and effective manner to those served by the EES program.

2. What resources are necessary to implement this request?

- a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service.
- b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted.
- c. List any additional operating funds and capital items needed.

No additional resources are necessary for for the above a thru c items

3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards.

This is a request for ongoing additional EES program funds to directly benefit the fee for service rate of providers in order to compensate their front-line staff that provides the direct support to individuals with the most significant disabilities being served under the EES program. There is no additional revenue associated with this request.

4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted?

This request will assist the providers of EES services to recruit and retain qualified workers who can deliver services in a safe and effective manner to those served by the EES program. The impact is statewide. Idaho will benefit from having qualified staff in positions to support the most vulnerable as they engage in employment activity.

FORM B6: WAGE & SALARY RECONCILIATION

4.31	Supplemental		0.00	0	0	0	0			0
5.00	FY 2017 TOTAL APPROPRIATION		4.85	297,000	64,200	64,000	425,200			
	Expenditure Adjustments:									
6.31	FTP or Fund Adjustment		0.38	0	0	0	0			0
6.51	Transfer Between Programs		0.00	0	0	0	0			0
7.00	FY 2017 ESTIMATED EXPENDITURES		5.23	297,000	64,200	64,000	425,200			
	Base Adjustments:									
8.31	Transfer Between Programs		0.00	0	0	0	0			0
8.41	Removal of One-Time Expenditures		0.00	(12,100)	0	(2,600)	(14,700)			0
8.51	Base Reduction		0.00	0	0	0	0			0
9.00	FY 2018 BASE		5.23	284,900	64,200	61,400	410,500			
10.11	Change in Health Benefit Costs				6,400		6,400			
10.12	Change in Variable Benefits Costs					0	0			
	Subtotal CEC Base:	Indicator Code	5.23	284,900	70,600	61,400	416,900			
10.51	Annualization			0	0	0	0			
10.61	CEC for Permanent Positions	1.00%		2,800		600	3,400			
10.62	CEC for Group Positions	1.00%		0		0	0			
10.63	CEC for Elected Officials & Commissioners			0		0	0			
11.00	FY 2018 PROGRAM MAINTENANCE		5.23	287,700	70,600	62,000	420,300			
	Line Items:									
12.01							0			
12.02							0			
12.03							0			
13.00	FY 2018 TOTAL REQUEST		5.23	287,700	70,600	62,000	420,300			

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation
Function: 06 - Council Deaf & Hearing Impaired

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
FY 2016 Total Appropriation								
1.00 FY 2016 Total Appropriation								
HB 251								
0001-00	General	2.40	165,700	37,700	0	0	0	203,400
Total		2.40	165,700	37,700	0	0	0	203,400
1.61 Reverted Appropriation Balances								
FY16 Reversions								
0001-00	General	0.00	0	(600)	0	0	0	(600)
Total		0.00	0	(600)	0	0	0	(600)
FY 2016 Actual Expenditures								
0001-00	General	2.40	165,700	37,100	0	0	0	202,800
Total		2.40	165,700	37,100	0	0	0	202,800
FY 2017 Original Appropriation								
3.00 FY 2017 Original Appropriation								
SB 1395								
0001-00	General	2.40	172,700	37,700	0	0	0	210,400
OT 0001-00	General	0.00	5,400	0	0	0	0	5,400
Total		2.40	178,100	37,700	0	0	0	215,800
Appropriation Adjustments								
4.31 Supplemental								
An on-going \$3,000 spending authority for fund 0349 to support and reimburse for expenses incurred for annual state-wide deaf awareness day event. The sources of funding solely come from private donations by corporate and non-profit entities.								
0349-00	Other	0.00	0	3,000	0	0	0	3,000
Total		0.00	0	3,000	0	0	0	3,000
FY 2017 Total Appropriation								
0001-00	General	2.40	172,700	37,700	0	0	0	210,400
OT 0001-00	General	0.00	5,400	0	0	0	0	5,400
0349-00	Other	0.00	0	3,000	0	0	0	3,000
Total		2.40	178,100	40,700	0	0	0	218,800
FY 2017 Estimated Expenditures								
0001-00	General	2.40	172,700	37,700	0	0	0	210,400
OT 0001-00	General	0.00	5,400	0	0	0	0	5,400
0349-00	Other	0.00	0	3,000	0	0	0	3,000
Total		2.40	178,100	40,700	0	0	0	218,800

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation
 Function: 06 - Council Deaf & Hearing Impaired

	FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
Base Adjustments							
8.41 Removal of One-Time Expenditures							
Removal of FY17 27th Payroll.							
OT 0001-00 General	0.00	(5,400)	0	0	0	0	(5,400)
Total	0.00	(5,400)	0	0	0	0	(5,400)
FY 2018 Base							
0001-00 General	2.40	172,700	37,700	0	0	0	210,400
OT 0001-00 General	0.00	0	0	0	0	0	0
0349-00 Other	0.00	0	3,000	0	0	0	3,000
Total	2.40	172,700	40,700	0	0	0	213,400
Program Maintenance							
10.11 Change in Health Benefit Costs							
FY18 Change in Employer Healthcare Costs.							
0001-00 General	0.00	2,900	0	0	0	0	2,900
Total	0.00	2,900	0	0	0	0	2,900
10.21 General Inflation Adjustments							
Inflationary adjustments related to travel and misc expenditures.							
0001-00 General	0.00	0	1,500	0	0	0	1,500
Total	0.00	0	1,500	0	0	0	1,500
10.61 Salary Multiplier - Regular Employees							
Required 1.0% CEC.							
0001-00 General	0.00	1,500	0	0	0	0	1,500
Total	0.00	1,500	0	0	0	0	1,500
FY 2018 Total Maintenance							
0001-00 General	2.40	177,100	39,200	0	0	0	216,300
OT 0001-00 General	0.00	0	0	0	0	0	0
0349-00 Other	0.00	0	3,000	0	0	0	3,000
Total	2.40	177,100	42,200	0	0	0	219,300

FY 2018 Agency Budget - Request

Detail Report

Agency: 523 - Vocational Rehabilitation

Function: 06 - Council Deaf & Hearing Impaired

	<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>
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Line Items

12.03 Council for the Deaf and Hard of Hearing Community Outreach Position

The Council for the Deaf and Hard of Hearing is requesting one (1) additional Full Time Employee (FTE) identified as Communication and Outreach Coordinator. The Council for the Deaf and Hard of Hearing is a unique state agency following its mission of being "Dedicated to making Idaho a place where persons, of all ages, who are deaf or hard of hearing have an equal opportunity to participate fully as active, productive and independent citizens." Using the formula of 13% provided by the Gallaudet Research Institute, an estimated 203,785 people in Idaho have hearing loss.

Currently, there are only 2 FTE's working for the Council, the Executive Director and an Administrative Assistant. With the establishment of Idaho Sound Beginnings (newborn hearing screening) children who have hearing loss are being identified earlier, baby-boomers are increasing and veterans are returning to civilian life. The aforementioned causes the need for an additional staff member to provide specific functions for the Council. The role of the Communication and Outreach Coordinator would be to increase awareness of the Council's role, services and programs throughout the state of Idaho. Strategies may include developing collaborations with community organizations, staffing exhibit tables at expos, providing training sessions, educating on legal obligations to comply federal and state laws related accessibility and accommodations, developing and disseminating information and resources, and managing external and internal communications.

0001-00	General	1.00	91,500	15,900	0	0	0	107,400
OT 0001-00	General	0.00	0	0	3,700	0	0	3,700
Total		1.00	91,500	15,900	3,700	0	0	111,100

FY 2018 Total

0001-00	General	3.40	268,600	55,100	0	0	0	323,700
OT 0001-00	General	0.00	0	0	3,700	0	0	3,700
0349-00	Other	0.00	0	3,000	0	0	0	3,000
Total		3.40	268,600	58,100	3,700	0	0	330,400

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department: Idaho Division of Vocational Rehabilitation
 Function/Division: Council for the Deaf and Hard of Hearing
 Activity/Program: Council for the Deaf and Hard of Hearing

Request for Fiscal Year : 2018
 Agency Number: 523
 Function/Activity Number: 6
 Budget Unit: EDNF

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

Page: _____ of _____

Decision Unit Number: 12.03 **Descriptive Title: Community Outreach**

Description	General	Dedicated	Federal	Other	Total
FULL TIME POSITIONS (FTP)	1.00				1.00
PERSONNEL COSTS:					
1. Salaries	64,600				\$64,600
2. Benefits	26,900				\$26,900
3. Group Position Funding					
TOTAL PERSONNEL COSTS:	\$91,500				\$91,500
OPERATING EXPENDITURES by summary object:					
1. Employee Travel Costs	2,300				\$2,300
2. Communication	11,200				\$11,200
4. Rentals & Operating Leases	2,400				
TOTAL OPERATING EXPENDITURES:	\$15,900				\$13,500
CAPITAL OUTLAY by summary object:					
1. Office Equipment	1,300				\$1,300
2. Computer Equipment	2,400				\$2,400
3.					
TOTAL CAPITAL OUTLAY:	\$3,700				\$3,700
T/B PAYMENTS:					
LUMP SUM:					
GRAND TOTAL	\$111,100				\$108,700

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base?

The Council for the Deaf and Hard of Hearing is requesting one (1) additional Full Time Employee (FTE) identified as Communication and Outreach Coordinator. The Council for the Deaf and Hard of Hearing is a unique state agency following its mission of being “Dedicated to making Idaho a place where persons, of all ages, who are deaf or hard of hearing have an equal opportunity to participate fully as active, productive and independent citizens.” Using the formula of 13% provided by the Gallaudet Research Institute, an estimated 203,785 people in Idaho have hearing loss:

Total Idaho Population 1,567,582
Total Hearing Loss 203,785 (13%)
Severe Hearing Loss 34,486 (2.2%)
Profound Hearing Loss (deaf) 3,448 (.22%)

Currently, there are only 2 FTE’s working for the Council, the Executive Director and an Administrative Assistant. With the establishment of Idaho Sound Beginnings (newborn hearing screening) children who have hearing loss are being identified earlier, baby-boomers are increasing and veterans are returning to civilian life. The aforementioned causes the need for an additional staff member to provide specific functions for the Council. The role of the Communication and Outreach Coordinator would be to increase awareness of the Council’s role, services and programs throughout the state of Idaho. Strategies may include developing collaborations with community organizations, staffing exhibit tables at expos, providing training sessions, educating on legal obligations to comply federal and state laws related accessibility and accommodations, developing and disseminating information and resources, and managing external and internal communications.

One-time funds for initial office set up as desk, chair, desktop/laptop computers, monitors, warranties, and docking station is also being requested.

2. What resources are necessary to implement this request?

- a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service.

The title of this position is: Communications and Outreach Coordinator

Pay Grade: K

Full Time Status

Full Benefits

Anticipated Date of Hire: July 1, 2018

Terms of Service: NA

- b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted.

Existing Human Resources would be redirected to hire candidate. If this position were approved and funded, it would allow the two current staff members to spend 100% of their time on their assigned duties.

Currently the Executive Director and Administrative Assistant are the only staff involved in providing information, workshops, presentations, and everyday operations of the Council. This position would relieve some of the burdens of the current staff to provide the necessary services dictated by Idaho Code Chapter 13, Title 33

- c. List any additional operating funds and capital items needed.

Additional operating funds:

Office lease \$200/mo \$2,400.00 annually
Cell Phone \$1,200.00 annually
Overnight travel ~ 10 x ~ 80 \$ 800.00 annually
Per Diem ~ 20 x 33.00 \$ 660.00 annually
Flights ~ 2 @ \$400 \$ 800.00 annually
Communication/accommodation svcs \$10,000.00 annually

TOTAL Additional Operating Funds \$15,860.00

Capital Items

Desk \$740.00
Chair \$570.00
Desktop \$650.00
Desktop Warranty \$ 60.00
Laptop \$970.00
Laptop Warranty \$100.00
Docking Station \$160.00
Monitors \$160.00 Each

3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards.

Ongoing request \$107,400

One Time request \$ 3,410.00

All funds will be from General Funds. There are no expectations of additional grant monies or federal monies. There are no external funding available that is in line with the objectives, mission and responsibilities/duties of the Council.

If the request is not funded, CDHH will be unable to fully utilize the collaborative relationship with community organizations, local and state governmental entities, and proactively develop a presence for our Council and the programs and services provided.

4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted?

Idaho policymakers, the legislators, local, state agencies, businesses, and the 203,785 deaf and hard of hearing citizens will be served by this request. We anticipate the population to grow. This request allows for areas that are not currently served by the limited staff of CDHH to be included in the mission of the Council.

It has been over 24 years, since the inception of the Council, without any significant increase in FTE that serves the constituents and/or stakeholders directly. For the past two decades the deaf and hard of hearing population grew and assimilated much more deeply into the society more than ever before which demands more information and resources. The current staff finds it very difficult meeting the growing demands.

If this request is not funded, Idaho's deaf and hard of hearing population will continue to be underserved.

FORM B6: WAGE & SALARY RECONCILIATION

7.00		FY 2017 ESTIMATED EXPENDITURES	2.40	123,400	28,800	25,000	178,100	
		Base Adjustments:						
8.31		Transfer Between Programs	0.00	0	0	0	0	
8.41		Removal of One-Time Expenditures	0.00	(4,400)	0	(1,000)	(5,400)	
8.51		Base Reduction	0.00	0	0	0	0	
9.00		FY 2018 BASE	FTP	FY 18 Salary	FY18 Health Ben	FY 18 Var Ben	FY 2018 Total	
			2.40	119,000	28,800	25,000	172,700	
10.11		Change in Health Benefit Costs			2,900		2,900	
10.12		Change in Variable Benefits Costs				0	0	
		Subtotal CEC Base:	Indicator Code	2.40	119,000	31,700	25,000	175,600
10.51		Annualization		0	0	0	0	
10.61		CEC for Permanent Positions	1.00%	1,200		300	1,500	
10.62		CEC for Group Positions	1.00%	0		0	0	
10.63		CEC for Elected Officials & Commissioners		0		0	0	
11.00		FY 2018 PROGRAM MAINTENANCE	2.40	120,200	31,700	25,300	177,100	
		Line Items:						
12.01		Communications Outreach Position	1.00	64,600	13,460	13,440	91,500	
12.02							0	
12.03							0	
13.00		FY 2018 TOTAL REQUEST	3.40	184,800	45,160	38,740	268,600	

Form B4: Inflationary Adjustments

Agency: Vocational Rehabilitation

Agency Number: 523

FY 2018 Request

Function: Deaf & Hard of Hearing Council

Function/Activity Number: 06

Page ____ of ____

Activity: _____

Original Submission ____ or Revision No. ____

(1) Operating Expenditures Summary Object	(2) FY 2013 Actual	(3) FY 2014 Actual	(4) FY 2015 Actual	(5) FY 2016 Actual	FY 2015 to FY 2016		(8) FY 2017 Approp	(9) FY 2017 Exp. Adj.	(10) FY 2017 Est. Exp.
					(6) Change	(7) % Change			
Communication Costs	1,870	1,869	2,723	2,137	(585)	-21.50%	2,200	-	2,200
Employee Development Costs	1,817	6,114	7,222	6,596	(626)	-8.67%	6,600	-	6,600
General Services	1,052	227	150	23	(127)	-84.95%	100	-	100
Professional Services	3,120	14,471	9,197	11,548	2,350	25.55%	11,600	-	11,600
Repair & Maintenance Services	-	121	904	-	(904)	-100.00%	-	-	-
Administrative Services	738	1,003	1,003	564	(439)	-43.77%	600	-	600
Employee Travel Costs	4,798	10,397	7,157	9,287	2,130	29.76%	9,300	-	9,300
Administrative Supplies	5,637	1,057	2,641	1,053	(1,588)	-60.14%	1,100	-	1,100
Fuel & Lubricant Costs	-	-	-	-	-	#DIV/0!	-	-	-
Manufacturing & Merchandising	-	10	-	-	-	#DIV/0!	-	-	-
Computer Supplies	719	-	102	-	(102)	-100.00%	-	-	-
Repair & Maintenance Supplies	-	15	-	233	233	#DIV/0!	300	-	300
Specific Use Supplies	3,347	299	95	172	77	81.80%	200	-	200
Rentals & Operating Leases	1,244	4,909	5,401	4,497	(904)	-16.74%	4,600	-	4,600
Miscellaneous Expenditures	1,568	732	456	1,010	553	121.20%	1,100	-	1,100
Total	25,910	41,224	37,053	37,119	66	0.18%	37,700	-	37,700
FundSource									
General	23,974	37,326	37,053	37,119	66	0.18%	37,700	-	37,700
Dedicated	1,936	3,897	-	-	-	#DIV/0!	-	-	-
Federal	-	-	-	-	-	#DIV/0!	-	-	-
Total	25,910	41,224	37,053	37,119	66	0.18%	37,700	-	37,700

(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Part B: Operating Expenditures Summary Object	FY 2017 Est. Exp	Remove One Time Funding	SWCAP, Nondisc., Rent	FY 2018 Base	General Inflation (DU 10.21)	% Change	Medical Inflation (DU 10.22)	% Change	FY2018 Total
Communication Costs	2,200	-	-	2,200	200	9.09%	-	0.00%	2,400
Employee Development Costs	6,600	-	-	6,600	-	0.00%	-	0.00%	6,600
General Services	100	-	-	100	-	0.00%	-	0.00%	100
Professional Services	11,600	-	-	11,600	400	3.45%	-	0.00%	12,000
Repair & Maintenance Services	-	-	-	-	-	#DIV/0!	-	0.00%	-
Administrative Services	600	-	-	600	-	0.00%	-	0.00%	600
Employee Travel Costs	9,300	-	-	9,300	550	5.91%	-	0.00%	9,850
Administrative Supplies	1,100	-	-	1,100	-	0.00%	-	0.00%	1,100
Fuel & Lubricant Costs	-	-	-	-	-	#DIV/0!	-	0.00%	-
Manufacturing & Merchandising	-	-	-	-	-	#DIV/0!	-	0.00%	-
Computer Supplies	-	-	-	-	-	#DIV/0!	-	0.00%	-
Repair & Maintenance Supplies	300	-	-	300	-	0.00%	-	0.00%	300
Specific Use Supplies	200	-	-	200	-	0.00%	-	0.00%	200
Rentals & Operating Leases	4,600	-	-	4,600	350	7.61%	-	0.00%	4,950
Miscellaneous Expenditures	1,100	-	-	1,100	-	0.00%	-	0.00%	1,100
Total	37,700	-	-	37,700	1,500	3.98%	-	-	39,200
FundSource									
General	37,700	-	-	37,700	1,500	3.98%	-	0.00%	39,200
Dedicated	-	-	-	-	-	#DIV/0!	-	0.00%	-
Federal	-	-	-	-	-	#DIV/0!	-	0.00%	-
Total	37,700	-	-	37,700	1,500	3.98%	-	-	39,200

FORM B7: ONE-TIME OPERATING EXPENDITURES & ONE-TIME CAPITAL OUTLAY SUMMARY

Agency/Department:
Program (If applicable)

Vocational Rehabilitation

Request for Fiscal Year: 2018

Agency Number: 523

Function/Activity Number:

Original Request Date:
9/1/16

Revision Request Date:

Page: of

Priority Order	Program	DU	Fund	Sub-object Code	Item/Description	Mileage	Date Acquired	Quantity in Stock	Request Quantity Desired	Request Unit Cost	Request Total Cost
1	02	10.31	0001	6630	Replace 08 Ford Fusion w/ mid-size AWD SUV	85,367	6/26/2008	1	1	5,600	5,600
1	02	10.31	0348	6630	Replace 08 Ford Fusion w/ mid-size AWD SUV	85,367	6/26/2008	1	1	20,400	20,400
1	02	10.31	0001	6630	Replace 07 Chevy Impala w/ mid-size AWD SUV	77-83K	3/23/2007	2	2	5,600	11,200
1	02	10.31	0348	6630	Replace 07 Chevy Impala w/ mid-size AWD SUV	77-83K	3/23/2007	2	2	20,400	40,800
2	06	12.03	0001	6710	Desk/Chair			1	1	1,310	1,300
2	06	12.03	0001	6410	Standard Desktop			1	1	750	800
2	06	12.03	0001	6410	Standard Laptop			1	1	1,100	1,100
2	06	12.03	0001	6410	Docking Station			1	1	160	200
2	06	12.03	0001	6410	Flat Panel Monitor			1	1	280	300
3	02	10.32	0001	6416	Voip Telephone Systems		1/1/2000	9	9	1,604	14,400
3	02	10.32	0348	6416	Voip Telephone Systems		1/1/2000	9	9	5,785	52,100
4	02	10.33	0001	6410	Standard Laptop		1/1/2012	25	25	239	6,000
4	02	10.33	0348	6410	Standard Laptop		1/1/2012	25	25	861	21,500
5	02	10.34	0001	6410	Standard Desktop		1/1/2012	20	20	163	3,300
5	02	10.34	0348	6410	Standard Desktop		1/1/2012	20	20	587	11,700
6	02	10.35	0001	6413	Cisco Routers		1/1/2009	10	10	326	3,300
6	02	10.35	0348	6413	Cisco Routers		1/1/2009	10	10	1,174	11,700
7	02	10.36	0001	6720	Tanberg Video Conferencing System		9/29/2010	9	9	651	5,900
7	02	10.36	0348	6720	Tanberg Video Conferencing System		9/29/2010	9	9	2,349	21,100
8	02	10.37	0001	6410	Flat Panel Monitor		1/1/2012	50	50	61	3,100
8	02	10.37	0348	6410	Flat Panel Monitor		1/1/2012	50	50	219	11,000

Subtotal of filtered items											\$246,800
Grand Total by Program											\$246,800
	02										243,100
	06										3,700
											0
											0
											0
Grand Total by Decision Unit											\$246,800
		10.31									78,000
		10.32									66,500

Priority Order	Program	DU	Fund	Sub-object Code	Item/Description	Mileage	Date Acquired	Quantity in Stock	Request Quantity Desired	Request Unit Cost	Request Total Cost
		10.33									27,500
		10.34									15,000
		10.35									15,000
		10.36									27,000
		10.37									14,100
		12.03									3,700
Grand Total by Fund Source											\$246,800
			0001								56,500
			0348								190,300
											0
											0
Grand Total by Category								252	257		\$246,800
				6630				6	6		78,000
				6710				0	1		1,300
				6410				190	194		59,000
				6416				18	18		66,500
				6413				20	20		15,000
				6720				18	18		27,000
								0	0		0
								0	0		0
								0	0		0
								0	0		0

AGENCY NAME: IDAHO DIV OF VOC REHAB							
FACILITY INFORMATION SUMMARY FOR FISCAL YR			2018		BUDGET REQUEST		Include this summary with budget request.
Address, City, Zip, Purpose	Fiscal Year	Sq Ft	\$/Sq Ft	Cost/Yr	Work Areas	Sq Ft/FTE	FTPs, Temps and Comments
2025 W Park Place, Suite 101	2018	request	2,000	\$ 18.70	\$ 37,408	9	222 9 FTE
Coeur d'Alene 83814	2017	estimate	2,000	\$ 18.16	\$ 36,319	9	222 9 FTE
VR Reg 1 Office #110	2016	actual	2,000	\$ 17.64	\$ 35,283	9	222 9 FTE
		Change (request vs actual)	0	\$ -	2,125	0	0
		Change (estimate vs actual)	0	\$ -	1,036	0	0
102 S Euclid Ave, Suite 211	2018	request	500	\$ 15.75	\$ 7,877	2	250 2 FTE
Sandpoint 83864	2017	estimate	500	\$ 15.30	\$ 7,648	2	250 2 FTE
VR Reg 1 Sub Office #120	2016	actual	500	\$ 15.20	\$ 7,602	2	250 2 FTE
		Change (request vs actual)	0	\$ -	275	0	0
		Change (estimate vs actual)	0	\$ -	46	0	0
1118 F St	2018	request	1,772	\$ 9.72	\$ 17,220	6	295 5 FTE
Lewiston 83501	2017	estimate	1,772	\$ 9.43	\$ 16,718	6	295 5 FTE
VR Reg 2 Office #210	2016	actual	1,772	\$ 9.16	\$ 16,232	6	295 5 FTE
		Change (request vs actual)	0	\$ -	988	0	0
		Change (estimate vs actual)	0	\$ -	486	0	0
410 Johnson Ave	2018	request	244	\$ 47.98	\$ 11,708	2	122 2 FTE
Orofino 83544	2017	estimate	244	\$ 46.59	\$ 11,367	2	122 2 FTE
VR Reg 2 Sub Office #220	2016	actual	244	\$ 45.23	\$ 11,036	2	122 2 FTE
		Change (request vs actual)	0	\$ -	672	0	0
		Change (estimate vs actual)	0	\$ -	331	0	0
317 W 6th St, Suite 210	2018	request	655	\$ 15.96	\$ 10,451	2	328 2 FTE
Moscow 83843	2017	estimate	655	\$ 15.57	\$ 10,196	2	328 2 FTE
VR Reg 2 Sub Office #230	2016	actual	655	\$ 15.88	\$ 10,400	2	328 2 FTE
		Change (request vs actual)	0	\$ -	51	0	0
		Change (estimate vs actual)	0	\$ -	-204	0	0
TOTAL (PAGE __1__)	2018	request	5,171	\$ 16.37	\$ 84,664	21	246
	2017	estimate	5,171	\$ 15.91	\$ 82,248	21	246
	2016	actual	5,171	\$ 15.58	\$ 80,553	21	246
		Change (request vs actual)	0	\$ -	4,111	0	0
		Change (estimate vs actual)	0	\$ -	1,695	0	0
TOTAL (ALL PAGES)	2018	request			\$ -		
	2017	estimate			\$ -		
	2016	actual			\$ -		
		Change (request vs actual)			0		
		Change (estimate vs actual)			0		

AGENCY NAME: ID DIV OF VOCH REHAB								
FACILITY INFORMATION SUMMARY FOR FISCAL YR			2018	BUDGET REQUEST			Include this summary w/ budget request.	
Address, City, Zip, Purpose	Fiscal Year	Sq Ft	\$/Sq Ft	Cost/Yr	Work Areas	Sq Ft/FTE	FTPs, Temps and Comments	
10200 W Emerald St, Suite 102	2018	request	1,551	\$ 20.47	\$ 31,753	4	388	4 FTE
Boise 83704	2017	estimate	1,551	\$ 19.88	\$ 30,829	4	388	4 FTE
VR Reg 3 Tr Val Specl Prgms #310	2016	actual	1,551	\$ 19.87	\$ 30,822	4	388	4 FTE
		Change (request vs actual)		\$ -			0	
		Change (estimate vs actual)		\$ -			0	
650 Addison Ave, West 1st Floor	2018	request	2,782	\$ 11.41	\$ 31,753	11	253	7.5 FTE
Twin Falls 83301	2017	estimate	2,782	\$ 11.08	\$ 30,829	11	253	7.5 FTE
VR Reg 4 Office #410	2016	actual	2,782	\$ 11.08	\$ 30,822	11	253	7.5 FTE
		Change (request vs actual)		\$ -			0	
		Change (estimate vs actual)		\$ -			0	
1600 Park Avenue	2018	request	818	\$ 16.61	\$ 13,584	5	164	4.5 FTE
Burley 83318	2017	estimate	818	\$ 16.12	\$ 13,188	5	164	4.5 FTE
VR Reg 4 Sub Office #420	2016	actual	818	\$ 16.12	\$ 13,188	5	164	4.5 FTE
		Change (request vs actual)		\$ -			0	
		Change (estimate vs actual)		\$ -			0	
1070 Hilene Rd, Suite 200	2018	request	2,679	\$ 14.73	\$ 39,452	8	335	8 FTE
Pocatello 83201	2017	estimate	2,679	\$ 14.30	\$ 38,303	8	335	8 FTE
VR Reg 5 Office #510	2016	actual	2,679	\$ 13.88	\$ 37,187	8	335	8 FTE
		Change (request vs actual)		\$ -			0	
		Change (estimate vs actual)		\$ -			0	
490 Maple St, Suite B	2018	request	1,156	\$ 12.96	\$ 14,986	3	385	3 FTE
Blackfoot 83221	2017	estimate	1,156	\$ 12.90	\$ 14,911	3	385	3 FTE
VR Reg 5 Sub Office #520	2016	actual	1,156	\$ 12.58	\$ 14,547	3	385	3 FTE
		Change (request vs actual)	0	\$ -	439	0	0	
		Change (estimate vs actual)	0	\$ -	364	0	0	
TOTAL (PAGE __2__)	2018	request	8,986	\$ 14.64	\$ 131,528	31	290	
	2017	estimate	8,986	\$ 14.25	\$ 128,060	31	290	
	2016	actual	8,986	\$ 14.08	\$ 126,566	31	290	
		Change (request vs actual)	0	\$ -	4,962	0	0	
		Change (estimate vs actual)	0	\$ -	1,494	0	0	
TOTAL (ALL PAGES)	2018	request		\$ -				
	2017	estimate		\$ -				
	2016	actual		\$ -				
		Change (request vs actual)		0				
		Change (estimate vs actual)		0				

AGENCY NAME: ID DIV OF VOCH REHAB									
FACILITY INFORMATION SUMMARY FOR FISCAL YR				2018	BUDGET REQUEST		Include this summary w/ budget request.		
Address, City, Zip, Purpose	Fiscal Year		Sq Ft	\$/Sq Ft	Cost/Yr	Work Areas	Sq Ft/FTE	FTPs, Temps and Comments	
30 S State St	2018	request	2,200	\$ 6.98	\$ 15,361	3	733	3 FTE	
Preston 83263	2017	estimate	2,200	\$ 6.96	\$ 15,318	3	733	3 FTE	
VR Reg 5 Sub Office #530	2016	actual	2,200	\$ 6.76	\$ 14,881	3	733	3 FTE	
	Change (request vs actual)			\$ -				0	
	Change (estimate vs actual)			\$ -				0	
1825 Hoopes Avenue	2018	request	2,310	\$ 17.38	\$ 40,148	9	257	9 FTE	
Idaho Falls 83404	2017	estimate	2,310	\$ 17.07	\$ 39,432	9	257	9 FTE	
VR Reg 6 Office #610	2016	actual	2,310	\$ 16.97	\$ 39,197	9	257	9 FTE	
	Change (request vs actual)			\$ -				0	
	Change (estimate vs actual)			\$ -				0	
1300 Main St, Suite 3A	2018	request	401	\$ 13.88	\$ 5,567	2	201	2 FTE	
Salmon 83467	2017	estimate	401	\$ 13.88	\$ 5,566	2	201	2 FTE	
VR Reg 6 Sub Office #620	2016	actual	401	\$ 11.58	\$ 4,643	2	201	2 FTE	
	Change (request vs actual)			\$ -				0	
	Change (estimate vs actual)			\$ -				0	
155 W Main, # 3	2018	request	692	\$ 20.13	\$ 13,932	3	231	3 FTE	
Rexburg 83440	2017	estimate	692	\$ 19.55	\$ 13,526	3	231	3 FTE	
VR Reg 6 Sub Office #630	2016	actual	692	\$ 19.28	\$ 13,340	3	231	3 FTE	
	Change (request vs actual)			\$ -				0	
	Change (estimate vs actual)			\$ -				0	
1018 West Sannetta St	2018	request	3,580	\$ 15.01	\$ 53,733	9	398	8 FTE	
Nampa 83651	2017	estimate	3,580	\$ 14.70	\$ 52,628	9	398	8 FTE	
VR Reg 7 Office #710	2016	actual	3,580	\$ 12.09	\$ 43,292	9	398	8 FTE	
	Change (request vs actual)		0	\$ -	10,441	0	0		
	Change (estimate vs actual)		0	\$ -	9,336	0	0		
TOTAL (PAGE __3__)	2018	request	9,183	\$ 14.02	\$ 128,741	26	353		
	2017	estimate	9,183	\$ 13.77	\$ 126,470	26	353		
	2016	actual	9,183	\$ 12.56	\$ 115,353	26	353		
	Change (request vs actual)		0	\$ -	13,388	0	0		
	Change (estimate vs actual)		0	\$ -	11,117	0	0		
TOTAL (ALL PAGES)	2018	request			\$ -				
	2017	estimate			\$ -				
	2016	actual			\$ -				
	Change (request vs actual)				0				
	Change (estimate vs actual)				0				

AGENCY NAME: ID DIV OF VOCH REHAB								
FACILITY INFORMATION SUMMARY FOR FISCAL YR			2018	BUDGET REQUEST			Include this summary w/ budget request.	
Address, City, Zip, Purpose	Fiscal Year	Sq Ft	\$/Sq Ft	Cost/Yr	Work Areas	Sq Ft/FTE	FTPs, Temps and Comments	
29 North Main St	2018	request	571	\$ 14.67	\$ 8,375	2	286	2 FTE
Payette 83661	2017	estimate	571	\$ 14.07	\$ 8,035	2	286	2 FTE
VR Reg 7 Sub Office #720	2016	actual	571	\$ 13.48	\$ 7,695	2	286	2 FTE
		Change (request vs actual)		\$ -			0	
		Change (estimate vs actual)		\$ -			0	
600 E Watertower St, Suite B	2018	request	1,290	\$ 16.76	\$ 21,618	5	258	5 FTE
Meridian 83642	2017	estimate	1,290	\$ 16.27	\$ 20,988	5	258	5 FTE
VR Reg 7 Sub Office #740	2016	actual	1,290	\$ 15.80	\$ 20,377	5	258	5 FTE
		Change (request vs actual)		\$ -			0	
		Change (estimate vs actual)		\$ -			0	
10200 W Emerald St, Suite 101	2018	request	3,585	\$ 18.50	\$ 66,307	17	211	17.5 FTE
Boise 83704	2017	estimate	3,585	\$ 17.97	\$ 64,428	17	211	17.5 FTE
VR Reg 8 Office #810	2016	actual	3,585	\$ 17.88	\$ 64,109	17	211	17.5 FTE
		Change (request vs actual)		\$ -			0	
		Change (estimate vs actual)		\$ -			0	
650 W State St, Suite 150	2018	request	4,944	\$ 11.78	\$ 58,252	23	215	23 FTE
Boise 83720	2017	estimate	4,944	\$ 11.44	\$ 56,555	23	215	23 FTE
VR Cental Office Administrative	2016	actual	4,944	\$ 11.11	\$ 54,908	23	215	23 FTE
		Change (request vs actual)	0	\$ -		0	0	
		Change (estimate vs actual)	0	\$ -		0	0	
1720 Westgate Drive, Suite A	2018	request	300	\$ 12.73	\$ 3,819	2	150	2 FTE
Boise 83704	2017	estimate	300	\$ 12.36	\$ 3,708	2	150	2 FTE
Council Deaf & Hard of Hearing	2016	actual	300	\$ 12.00	\$ 3,600	2	150	2 FTE
		Change (request vs actual)	0	\$ -	219	0	0	
		Change (estimate vs actual)	0	\$ -	108	0	0	
	2018	request		\$ -			-	
	2017	estimate		\$ -			-	
	2016	actual		\$ -			-	
		Change (request vs actual)	0	\$ -	0	0	0	
		Change (estimate vs actual)	0	\$ -	0	0	0	
TOTAL (PAGE __4__)	2018	request	10,690	\$ 14.81	\$ 158,371	49	218	
	2017	estimate	10,690	\$ 14.38	\$ 153,714	49	218	
	2016	actual	10,690	\$ 14.10	\$ 150,689	49	218	
		Change (request vs actual)	0	\$ -	7,682	0	0	
		Change (estimate vs actual)	0	\$ -	3,026	0	0	
TOTAL (ALL PAGES)	2018	request	34,030	\$ 14.79	\$ 503,304	127	268	
	2017	estimate	34,030	\$ 14.41	\$ 490,492	127	268	
	2016	actual	34,030	\$ 13.90	\$ 473,161	127	268	
		Change (request vs actual)			30,143			
		Change (estimate vs actual)			17,332			

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	110 - Region One Regional Office				
City:	Coeur d'Alene	County:	Kootenai		
Street Address:	2025 W Park Place, Suite 101			Zip Code:	83814
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):	Lease Expires:	8/31/2017

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

Coeur d'Alene Regional Office for client counseling.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	9.00	9.00	9.00	9.00	9.00	9.00
Full-Time Equivalent Positions:	9.00	9.00	9.00	9.00	9.00	9.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	2,000	2,000	2,000	2,000	2,000	2,000

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" 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:	\$35,282.54	\$36,318.62	\$37,408.18	\$38,530.43	\$39,686.34	\$40,876.93

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Tracy @ 332-1933.
2. Upon completion, please send to Tracy Whittington at the Division of Public Works. This can be emailed to him at Tracy.Whittington@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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FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	120 - Sandpoint Sub-Regional Office		
City:	Sandpoint	County:	Bonner
Street Address:	102 S Euclid Avenue, Suite 211	Zip Code:	83864
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	State Owned (use "X" to mark):	<input checked="" type="checkbox"/> Lease Expires: 3/1/2019

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

Sub-Regional office for client counseling services. Space for Wheelchair maneuvering in counselor office is desirable. Facility must be handicap accessible.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	2.00	2.00	2.00	2.00	2.00	2.00
Full-Time Equivalent Positions:	2.00	2.00	2.00	2.00	2.00	2.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	500	500	500	500	500	500

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" 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:	\$7,602.01	\$7,647.82	\$7,877.25	\$8,113.57	\$8,356.98	\$8,607.69

IMPORTANT NOTES:

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AGENCY NOTES:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	210 Region 2 Regional Office plus EES-SWT, MH				
City:	Lewiston	County:	Nez Perce	Zip Code:	83501-1986
Street Address:	1118 F Street P O Box 1164			Zip Code:	83501-1986
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	State Owned (use "X" to mark):	X	Lease Expires:	Open Ended

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

Lewiston Regional, MH and EES-SWT office for client counseling services.

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.

Client confidentiality is a consideration in the design of counselor office space.

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 surplused.	N	N	N	N	N	N

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:	6.00	6.00	6.00	6.00	6.00	6.00
Full-Time Equivalent Positions:	5.00	5.00	5.00	5.00	5.00	5.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	1,772	1,772	1,772	1,772	1,772	1,772

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" 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:	\$16,231.52	\$16,718.47	\$17,220.02	\$17,736.62	\$18,268.72	\$18,816.78

IMPORTANT NOTES:

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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:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	220 Orofino Sub-regional Office				
City:	Orofino	County:	Clearwater		
Street Address:	410 Johnson Avenue			Zip Code:	83544
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):		State Owned (use "X" to mark):	X	Lease Expires: Open Ended

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

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.
Client confidentiality is a consideration in the design of counselor office space.

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 surplused.	N	N	N	N	N	N

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:	2.00	2.00	2.00	2.00	2.00	2.00
Full-Time Equivalent Positions:	2.00	2.00	2.00	2.00	2.00	2.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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
244	244	244	244	244	244	244

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" 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:	\$11,036.00	\$11,367.08	\$11,708.09	\$12,059.34	\$12,421.12	\$12,793.75

IMPORTANT NOTES:

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2. Upon completion, please send to Tracy Whittington at the Division of Public Works. This can be emailed to him at Tracy.Whittington@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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FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	230 Moscow Sub-Regional Office		
City:	Moscow	County:	Latah
Street Address:	317 W 6th St, Suite 210		Zip Code: 83843
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):
			Lease Expires: 1/31/2019

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

Sub-Regional office for client counseling services. Space for Wheelchair maneuvering in counselor office is desirable. Facility must be handicap accessible.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	2.00	2.00	2.00	2.00	2.00	2.00
Full-Time Equivalent Positions:	2.00	2.00	2.00	2.00	2.00	2.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	655	655	655	655	655	655

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" 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:	\$10,399.70	\$10,196.38	\$10,450.97	\$10,764.50	\$11,087.43	\$11,420.06

- IMPORTANT NOTES:**
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 - Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request.

AGENCY NOTES:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	310 Treasure Valley Special Programs		
City:	Boise	County:	Ada
Street Address:	10200 W Emerald Street, Suite 102		Zip Code: 83704
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):
			Lease Expires: 8/31/2020

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

Boise East Regional Field Office for client counseling services.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	4.00	4.00	4.00	4.00	4.00	4.00
Full-Time Equivalent Positions:	4.00	4.00	4.00	4.00	4.00	4.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	1,551	1,551	1,551	1,551	1,551	1,551

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" 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:	\$30,822.04	\$30,828.64	\$31,753.50	\$32,706.10	\$33,687.29	\$34,697.91

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Tracy @ 332-1933.
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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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FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	410 Region 4 Regional Office		
City:	Twin Falls	County:	Twin Falls
Street Address:	650 Addison Avenue West, Suite 102		Zip Code: 83301
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):
			Lease Expires: 4/30/2018

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

Twin Falls regional office for client counseling services. Space for Wheelchair maneuvering in counselor office is desirable. Facility must be handicap accessible.

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.

Client confidentiality is a consideration in the design of counselor office space.

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 surplused.	N	N	N	N	N	N

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:	11.00	11.00	11.00	11.00	11.00	11.00
Full-Time Equivalent Positions:	7.50	7.50	7.50	7.50	7.50	7.50
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	2,782	2,782	2,782	2,782	2,782	2,782

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" 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:	\$30,822.04	\$30,828.64	\$31,753.50	\$32,706.10	\$33,687.29	\$34,697.91

IMPORTANT NOTES:

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AGENCY NOTES:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	420 Burley Region 4 Sub-Regional Office and 430 LCSi SWT				
City:	Burley	County:	Cassia		
Street Address:	1600 Park Avenue			Zip Code:	83318
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):		State Owned (use "X" to mark):	X	Lease Expires: 3/31/2018

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

Two sub-regional field offices for client counseling services.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	5.00	5.00	5.00	5.00	5.00	5.00
Full-Time Equivalent Positions:	4.50	4.50	4.50	4.50	4.50	4.50
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	818	818	818	818	818	818

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" 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:	\$13,188.00	\$13,188.00	\$13,583.64	\$13,991.15	\$14,410.88	\$14,843.21

IMPORTANT NOTES:

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AGENCY NOTES:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	510 Region 5 Regional Office				
City:	Pocatello	County:	Bannock		
Street Address:	1070 Hilline Road, Suite 200			Zip Code:	83201
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):	Lease Expires:	6/30/2020

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

Pocatello regional office for client counseling services.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	8.00	8.00	8.00	8.00	8.00	8.00
Full-Time Equivalent Positions:	8.00	8.00	8.00	8.00	8.00	8.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	2,679	2,679	2,679	2,679	2,679	2,679

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" 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:	37,187.32	38,302.93	39,451.97	40,635.53	41,854.68	43,110.32

IMPORTANT NOTES:

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4. Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request.

AGENCY NOTES:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	520 Blackfoot Sub-Regional Office				
City:	Blackfoot	County:	Bingham		
Street Address:	490 N Maple, Suite B			Zip Code:	83221
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):	Lease Expires:	4/30/2019

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

Sub-Regional office for client counseling services. Space for Wheelchair maneuvering in counselor office is desirable. Facility must be handicap accessible.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	3.00	3.00	3.00	3.00	3.00	3.00
Full-Time Equivalent Positions:	3.00	3.00	3.00	3.00	3.00	3.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

SQUARE FEET: Use "net rentable" sq ft in a facility leased from a private party; use "usable" sq ft 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:	1,156	1,156	1,156	1,156	1,156	1,156

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" 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:	14,546.82	14,910.55	14,985.87	15,435.45	15,898.51	16,375.47

- IMPORTANT NOTES:**
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 4. Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request.

AGENCY NOTES:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	530 Preston, Southern Consortium School Work				
City:	Preston	County:	Franklin		
Street Address:	30 S State			Zip Code:	83263
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):		Lease Expires: 12/31/2019

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

Sub-Regional office for client counseling services.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	3.00	3.00	3.00	3.00	3.00	3.00
Full-Time Equivalent Positions:	3.00	3.00	3.00	3.00	3.00	3.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	2,200	2,200	2,200	2,200	2,200	2,200

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" 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:	14,880.69	15,318.10	15,361.18	15,823.58	16,298.29	16,787.24

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Tracy @ 332-1933.
2. Upon completion, please send to Tracy Whittington at the Division of Public Works. This can be emailed to him at Tracy.Whittington@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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FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	610 Region 6 Regional Office				
City:	Idaho Falls	County:	Bonneville		
Street Address:	1825 Hoopes Avenue			Zip Code:	83404
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):		Lease Expires: 4/30/2020

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

Idaho Falls regional office for client counseling services.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	9.00	9.00	9.00	9.00	9.00	9.00
Full-Time Equivalent Positions:	9.00	9.00	9.00	9.00	9.00	9.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	2,310	2,310	2,310	2,310	2,310	2,310

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" 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:	\$39,196.96	\$39,431.94	\$40,147.83	\$40,389.83	\$41,601.52	\$42,849.57

IMPORTANT NOTES:

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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:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	620 Salmon Sub-Regional Office		
City:	Salmon	County:	Lemhi
Street Address:	1300 Main Street, Suite 3A		Zip Code: 83467
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):
			Lease Expires: 8/31/2018

FUNCTION/USE OF FACILITY: Could be administrative use, client counseling, hearing rooms, field offices, etc. Address any specialized needs which require additional square feet.
 Sub-Regional office for client counseling services. Space for Wheelchair maneuvering in counselor office is desirable. Facility must be handicap accessible.

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.
 Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	2.00	2.00	2.00	2.00	2.00	2.00
Full-Time Equivalent Positions:	2.00	2.00	2.00	2.00	2.00	2.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	401	401	401	401	401	401

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" 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:	\$4,642.80	\$5,566.26	\$5,567.19	\$5,734.20	\$5,906.23	\$6,083.42

IMPORTANT NOTES:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	630 Rexburg Sub-Regional Office				
City:	Rexburg	County:	Madison		
Street Address:	155 W Main, #3			Zip Code:	83440
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):	Lease Expires:	8/31/2017

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

Sub-Regional office for client counseling services.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	3.00	3.00	3.00	3.00	3.00	3.00
Full-Time Equivalent Positions:	3.00	3.00	3.00	3.00	3.00	3.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	692	692	692	692	692	692

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" 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:	\$13,340.39	\$13,526.07	\$13,931.86	\$14,349.81	\$14,780.31	\$15,223.72

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Tracy @ 332-1933.
2. Upon completion, please send to Tracy Whittington at the Division of Public Works. This can be emailed to him at Tracy.Whittington@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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FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	Treasure Valley West #710. Region 7 Regional Office				
City:	Nampa	County:	Canyon		
Street Address:	1018 West Sannetta St			Zip Code:	83651
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):	Lease Expires:	1/31/2021

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

Regional office for client counseling and administrative use.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	9.00	9.00	9.00	9.00	9.00	9.00
Full-Time Equivalent Positions:	8.00	8.00	8.00	8.00	8.00	8.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	3,580	3,580	3,580	3,580	3,580	3,580

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" 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:	\$43,292.26	\$52,627.79	\$53,732.64	\$54,861.17	\$56,013.92	\$57,694.34

IMPORTANT NOTES:

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AGENCY NOTES:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	720 Payette Sub-Regional Office				
City:	Payette	County:	Payette		
Street Address:	29 N Main			Zip Code:	83661
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):		Lease Expires: 3/31/2019

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

Sub-Regional office for client counseling services.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	2.00	2.00	2.00	2.00	2.00	2.00
Full-Time Equivalent Positions:	2.00	2.00	2.00	2.00	2.00	2.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	571	571	571	571	571	571

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" 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:	\$7,695.00	\$8,034.60	\$8,375.39	\$8,626.65	\$8,885.45	\$9,152.01

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Tracy @ 332-1933.
2. Upon completion, please send to Tracy Whittington at the Division of Public Works. This can be emailed to him at Tracy.Whittington@adm.idaho.gov.
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AGENCY NOTES:

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	740 Meridian Sub-Regional Office, and 390 Deaf/Hard of Hearing Program				
City:	Meridian	County:	Ada	Zip Code:	83642
Street Address:	600 E Watertower Street, Suite B			Zip Code:	83642
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):	Lease Expires:	1/31/2018

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

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.
Client confidentiality is a consideration in the design of counselor office space.

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 surplused.	N	N	N	N	N	N

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:	5.00	5.00	5.00	5.00	5.00	5.00
Full-Time Equivalent Positions:	5.00	5.00	5.00	5.00	5.00	5.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

SQUARE FEET: Use "net rentable" sq ft in a facility leased from a private party; use "usable" sq ft 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:	1,290	1,290	1,290	1,290	1,290	1,290

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" 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:	\$20,376.65	\$20,988.36	\$21,618.01	\$22,266.55	\$22,934.55	\$23,622.58

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Tracy @ 332-1933.
2. Upon completion, please send to Tracy Whittington at the Division of Public Works. This can be emailed to him at Tracy.Whittington@adm.idaho.gov.
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4. Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request.

AGENCY NOTES:

--

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

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	810 Boise Region 8 Regional Office				
City:	Boise	County:	Ada		
Street Address:	10200 W Emerald Street, Suite 101			Zip Code:	83704
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):	X	State Owned (use "X" to mark):		Lease Expires: 8/31/2020

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

Boise West Regional office for client counseling services.

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.

Client confidentiality is a consideration in the design of counselor office space.

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 surplused.	N	N	N	N	N	N

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:	17.00	17.00	17.00	17.00	17.00	17.00
Full-Time Equivalent Positions:	17.50	17.50	17.50	17.50	17.50	17.50
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	3,585	3,585	3,585	3,585	3,585	3,585

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" 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:	\$64,109.41	\$64,428.19	\$66,306.95	\$68,216.37	\$70,108.72	\$72,211.99

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Tracy @ 332-1933.
2. Upon completion, please send to Tracy Whittington at the Division of Public Works. This can be emailed to him at Tracy.Whittington@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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FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	Central Office - LBJ Building					
City:	Boise	County:	Ada			
Street Address:	650 West State Street, Room 150			Zip Code:	83720	
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):		State Owned (use "X" to mark):	X	Lease Expires:	Open Ended

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

Administrative office. Facility must be handicap accessible.

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.

Client confidentiality is a consideration in the design of counselor office space.

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.	N	N	N	N	N	N

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:	23.00	23.00	23.00	23.00	23.00	23.00
Full-Time Equivalent Positions:	23.00	23.00	23.00	23.00	23.00	23.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

SQUARE FEET: Use "net rentable" sq ft in a facility leased from a private party; use "usable" sq ft 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:	4,944	4,944	4,944	4,944	4,944	4,944

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" 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:	\$54,908.24	\$56,555.49	\$58,252.15	\$59,999.72	\$61,799.71	\$63,653.70

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Tracy @ 332-1933.
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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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FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	BOARD OF EDUCATION		
Division/Bureau:	IDAHO DIVISION OF VOCATIONAL REHABILITATION - 523		
Prepared By:	Doug Miley	E-mail Address:	doug.miley@vr.idaho.gov
Telephone Number:	208-287-6449	Fax Number:	208-334-5305
DFM Analyst:	Gideon Tolman	LSO/BPA Analyst:	Jared Hoskins
Date Prepared:	8/19/2016	For Fiscal Year:	2018

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

Facility Name:	Council for the Deaf and Hard of Hearing				
City:	Boise	County:	Ada	Zip Code:	83704
Street Address:	1720 Westgate Drive, Suite A			Zip Code:	83704
Facility Ownership: (could be private or state-owned, use "X" to mark)	Private Lease (use "X" to mark):		State Owned (use "X" to mark):	X	Lease Expires: 6/30 each year

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

Administrative office for CDHH staff.

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.

Client confidentiality is a consideration in the design of counselor office space.

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 surplused.	N	N	N	N	N	N

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:	2.00	2.00	2.00	2.00	2.00	2.00
Full-Time Equivalent Positions:	2.00	2.00	2.00	2.00	2.00	2.00
Temp. Employees, Contractors, Auditors, etc.:	0.00	0.00	0.00	0.00	0.00	0.00

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:	300	300	300	300	300	300

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" 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:	\$3,600.00	\$3,708.00	\$3,819.24	\$3,933.82	\$4,051.83	\$4,173.39

IMPORTANT NOTES:

1. Please fill in the white sections only! If you have any questions, please call Tracy @ 332-1933.
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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:

**Federal Funds Inventory Form
As Required by Idaho Code 67-1917**

Reporting Agency/Department: Idaho Division of Vocational Rehabilitation-IDVR
Contact Person/Title: Joey Sanchez, Financial Manager

RS Agency Code: 523
Contact Phone Number: 287-6444

Fiscal Year: 2018
Contact Email: joey.sanchez@vr.idaho.gov

CFDA/ Cooperative Agreement # /Identifying #	Grant Type	Federal Granting Agency	Grant title	Description	Pass Through Federal Money From Other State Agency	FY 2016 Available Funds	FY 2016 Actual Expenditures	FY 2017 Estimated Available Funds	FY 2018 Estimated Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	Known Reductions; Plan for 10% or More Reduction
84.126A	F Formula	Dept of Education, RSA- Rehabilitation Services Administration	Rehabilitation Services- Vocational Rehabilitation Grants to States	Provide vocational rehabilitation goods and services to individuals with disabilities.	Not Applicable	14,907,274	14,907,274	16,500,000	16,800,000	Y	Y	The Voc Rehab program would likely have to limit the number of customers it serves which might mean using a mandated order of selection. Other programs might also experience reductions such as SILC or supported employment.
84.126A Reimb	R Reimburse	SSA-Social Security Administration	Vocational Rehabilitation Reimbursement	When Social Security clients obtain employment after receiving IDVR services, the SSA reimburses IDVR for those services.	Not Applicable	1,100,191	534,920	1,081,500	1,081,500	Y	N	A reduction in the VR program would likely reduce SSA reimbursements. See the explanation above.
84.187A	F Formula	Dept of Education, RSA- Rehabilitation Services Administration	Supported Employment Services for Individuals with the Most Significant Disabilities	Provide supported employment services to individuals with disabilities.	Not Applicable	287,385	287,385	297,000	297,000	Y	N	Shift funds from the VR program to Supported Employment or reduce the services
84.265B	O Other Project Grant	Dept of Education, RSA- Rehabilitation Services Administration	Rehabilitation Training-State Vocational Rehabilitation Unit In-Service Training - Quality Award	Funding to provide vocational rehabilitation training for agency employees.	Not Applicable	3,529	3,529	0	0	Y	N	Grant completed. No further funding available.
93.369	F Formula	Dept of Hlth & Human Svcs, ACL- Administration for Community Living	Independent Living-State Grant	Provide funds to the State Independent Living Council (SILC) and Disability Action Center(DAC), to expand and improve independent living services.	Not Applicable	152,448	152,448	167,942	167,942	Y	N	Reduce award amounts to both SILC and DAC.
Total						16,450,827	15,885,556	18,046,442	18,346,442			

Total FY 2016 All Funds Appropriation (DU 1.00) \$25,443,700
Federal Funds as Percentage of Funds 83.84%

*** Report must be submitted to the Division of Financial Management and Legislative Services Office as part of your budget request.

Part I – Agency Profile

Agency Overview

The Idaho Division of Vocational Rehabilitation (IDVR) is an agency under the oversight of the Office of the State Board of Education. Jane Donnellan is the Administrator for the Division. IDVR is charged with several major responsibilities: Management of the State/Federal Vocational Rehabilitation Program, Extended Employment Services (EES) and the fiscal management of the Council for the Deaf and Hard of Hearing (CDHH). It should be noted that nationally, under the Federal Vocational Rehabilitation Program, each state has the ability to choose to have a combined or separate agency to serve the blind and visually impaired. In Idaho, a separate state agency (the Idaho Commission for the Blind and Visually Impaired) provides vocational rehabilitation services for those who have a primary disability of blind and visually impaired.

The Public Vocational Rehabilitation program is one of the oldest and most successful Federal/State programs in the United States. Vocational Rehabilitation serves individuals with severe disabilities that impose significant barriers to gainful employment. In FFY 2015, the average time needed for a person to complete a rehabilitation plan and become employed was 21 months. Furthermore, employment of individuals with disabilities resulted in a 366% increase in customer weekly earnings and significant decreases in the need for public support.

The structure of IDVR includes a Field Services unit as well as a Planning and Evaluation, Fiscal, Information Technology and Extended Employment Services units. Under the Field Services unit, there are eight (8) regional managers who supervise field staff in the following regions: Coeur d'Alene, Lewiston, Boise, Treasure Valley Special Programs, Twin Falls, Pocatello, Idaho Falls, and Caldwell.

IDVR is comprised of 150 employees, of which 142 are full time positions serving in forty (40) offices throughout the state. Offices are located throughout the state to include: Boise, Meridian, Coeur d'Alene, Sandpoint, Lewiston, Orofino, Moscow, Twin Falls, Burley, Pocatello, Blackfoot, Preston, Idaho Falls, Salmon, Rexburg, Caldwell, Nampa, and Payette. There is one (1) Central Office, eight (8) Regional Offices, ten (10) general Sub-Offices, seven (7) Mental Health Sub-Offices, nine (9) School-Work Sub-Offices, and five (5) Corrections Sub-Offices.

Core Functions/Idaho Code

Legal Authority for the Idaho Division of Vocational Rehabilitation is Idaho Code, 33-2301 and the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act (WIOA), 29 U.S.C. 720, and is augmented by regulations promulgated and set forth at 34 CFR § 361.

Services that may be available include evaluation of rehabilitation potential, vocational guidance and counseling, physical and mental restoration, vocational, academic and other training, job placement and other services, which can reasonably be expected to benefit the individual in terms of employment.

The Extended Employment Services (EES) program provides funding to individuals with severe disabilities who are deemed unable to maintain employment without on-going support. A state financial allotment is provided annually to be distributed by the EES Program Manager to contracted Community Rehabilitation Programs who subsequently provide the long term support to eligible customers (IDAPA 47.01.02 Rules and Minimum Standards Governing Extended Employment Services under the authority of Idaho Code 33-2303).

CDHH is an independent agency. This is a flow-through council for budgetary and administrative support purposes only with no direct programmatic implication for IDVR. The Council's vision is to ensure that individuals who are deaf, hard of hearing, or hearing impaired have a centralized location to obtain resources and information about services available (Idaho Code, Title 67, Chapter 73, Idaho State Council for the Deaf and Hard of Hearing 67-7301 – 67-7308).

Revenue and Expenditures

Revenue	FY 2013	FY 2014	FY 2015	FY 2016
General Fund	\$7,222,720	\$7,350,178	\$7,344,535	\$7,086,525
Rehab Rev & Refunds	\$586,887	\$653,069	\$310,456	\$985,832
Federal Grant	\$11,316,948	\$12,473,938	\$13,710,931	\$14,457,626
ARRA		\$8,567		
Miscellaneous Revenue	\$729,208	\$467,798	\$755,359	\$661,707
Total	\$19,855,763	\$20,953,550	\$22,121,281	\$23,191,690
Expenditures	FY 2013	FY 2014	FY 2015	FY 2016
Personnel Costs	\$7,903,578	\$8,577,431	\$9,168,672	\$9,129,504
Operating Expenditures	\$1,543,577	\$1,553,005	\$1,831,248	\$1,464,243
Capital Outlay	\$23,025	\$99,255	\$50,271	\$90,337
Trustee/Benefit Payments	\$10,096,090	\$10,852,261	\$11,503,155	\$11,854,930
Total	\$19,566,270	\$21,081,952	\$22,553,346	\$22,539,014

**IDVR is primarily a federally funded program that assesses finances on a Federal Fiscal Year basis (October 1-September 30). For this reason, chart data represents figures that are different from State Fiscal year data. Example, FY2016 represents FFY2015.*

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	FY 2013	FY 2014	FY 2015	FY 2016
The Number of Individuals Served by Vocational Rehabilitation	13,129	11,324	11,704	12,177
The Number of Individuals Who Went to Work After Receiving VR Services	1814	1827	1978	2186

**Under WIOA, VR program performance reporting changed from a Federal Fiscal Year basis (October 1-September 30) to a Program Year (July 1-June 30) effective July 1, 2016. For this report performance is reported on a complete Federal Year. Example, FY2016 represents FFY2015. Future Performance Measurement Reports will report Program Year (PY) performance.*

Performance Highlights

IDVR continues to strive to increase the opportunities for employment for individuals with disabilities by developing new strategies for future success. The following highlights efforts to increase successful rehabilitations:

In FFY2016, IDVR had a 10.5% increase in successful employment outcomes from FFY2015. This increase demonstrates a positive trajectory in maintaining or returning Idahoans with disabilities back to work. Furthermore, 85% of VR customers who achieved or maintained employment reported their wages as their primary means of support. This demonstrates an increase in self-sufficiency and decrease in dependency on public assistance and family support.

Significant changes impacting the Vocational Rehabilitation program came to light on July 22, 2014, with the enactment of the Workforce Innovation and Opportunity Act (WIOA). This law replaces the Workforce Investment Act (WIA), which formerly governed the Vocational Rehabilitation program. WIOA includes many substantial changes aimed to improve the nation's workforce development system to help states and local areas better align workforce programs with each other and with the needs of employers for a skilled workforce.

On June 30, 2016 an advanced posting of the final rules was announced. IDVR has taken steps to strategize and incorporate elements of the law that could be implemented prior to these final rules. The Division will continue to further our understanding and adapting to changes described in the recently published final rule. IDVR continues to work with the core WIOA partners to develop strategies on initiatives that require joint collaboration, such as the combined state plan and common performance measures.

WIOA requires IDVR to implement substantial programmatic changes. These changes will impact policy development, staff training, and compliance reporting requirements. Fiscal and programmatic requirements to increase and expand services to students and youth with disabilities continue to be one of the division's highest priorities.

IDVR is in a period of transition for the next two program years (July 1-June 30) regarding performance accountability measures. Performance measures have changed dramatically for the program under WIOA. All prior performance measures are replaced with new WIOA common performance measures. IDVR will use the next two years to collect baseline data to establish benchmarks making next year's Performance Measurement Report challenging to formulate. It will appear substantially different from this performance report.

Part II – Performance Measures

Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
Goal 1						
<i>To provide excellent and quality customer service to individuals with disabilities while they prepare to obtain, maintain, or regain competitive employment and long term supported employment.</i>						
1. Number of individuals exiting the VR program who achieved an employment outcome	actual	1814	1827	1978	2186	-----
	benchmark		1815	1828	1979	2187
2. Number of transition age youth exiting the IDVR program who achieved an employment outcome will exceed the previous year's performance	actual	542	553	546	576	-----
	benchmark	581	543	554	547	577
3. Meet or exceed the percentage of individuals who exit the VR Program after receiving services who are determined to have achieved an employment outcome	actual	42.36%	60.04%	58.19%	56.59%	-----
	benchmark	55.8%	55.8%	55.8%	55.8%	55.8%
Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
Goal 2						
<i>To provide organizational excellence within the agency</i>						
1. Maintain a customer satisfaction survey rate of at least 90% as demonstrated by "agree" and "strongly agree" responses	actual	N/A	95.8%	93.6%	87.8%	-----
	benchmark	N/A	95%	95%	90%	90%

Performance Measure	FY 2013	FY 2014	FY 2015	FY 2016	Current Year	
Goal 3 <i>To have strong relationships with our stakeholders and partners engaged in the mission of Vocational Rehabilitation.</i>						
1. Increase the number of different occupational areas/categories employers are hiring IDVR customers**	actual	10	13	16	12	-----
	benchmark	9	11	14	17	13

Performance Measure Explanatory Notes

The benchmark of 55.8% for individuals who exit the VR program after receiving services who are determined to have achieved an employment outcome is a minimum requirement of the agency established by the federal Rehabilitation Services Administration.

***Occupational categories are defined by the Bureau of Labor Statistics, Federal Occupational Employment Statistics (OES) program which produces employment and wage estimates annually for over 800 occupations.*

For More Information Contact

Jane Donnellan, Administrator
 Idaho Division of Vocational Rehabilitation
 650 W State St., Rm. 150
 PO Box 83720
 Boise, ID 83720-0096
 Phone: (208) 287-6466
 E-mail: jane.donnellan@vr.idaho.gov

OCT 28 2016

FY 2018 Budget Request Revision for Statewide Cost Allocation

Fiscal Year: 2018

Revision No. 1

Agency Code: 523

Agency: Vocational Rehabilitation

Budget Unit	Program Name	Fund Number	Base	Attorney General	Risk Management	State Controller	State Treasurer	BU/Fund	Percent of Base	Percent of Fund
			SWCAP	DU 10.41	DU 10.45	DU 10.46	DU 10.47	Total		
			80,900							
EDNB	Vocational Rehabilitation	0001	17,200	(500)	600	(100)	(300)	(300)	21.26%	25.00%
EDNB	Vocational Rehabilitation	0348	63,700	(1,800)	2,200	(300)	(1,000)	(900)	78.74%	75.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
			0					0	0.00%	0.00%
Decision Unit Total			80,900	(2,300)	2,800	(400)	(1,300)	(1,200)	100.00%	100.00%

I request that the FY 2018 Budget Request be revised to reflect the above adjustments for Attorney General fees, Risk Management fees, State Controller's fees, and State Treasurer fees.

Signed Jane South Title Administrator Date 10/21/16

Instructions

Each year after the original budget submission deadline, the Division of Financial Management calculates the estimated amount of change from the current year to the budget year for certain interagency Nonstandard Adjustment decision units related to the Statewide Cost Allocation Plan (SWCAP). It is your responsibility to distribute those changes equitably between programs (budget units) and fund sources.

- 1) Locate your agency on the Indirect Cost Recovery Budget Adjustments spreadsheet.
- 2) Sum the "FY Approp. Basis" columns for all categories (Treasurer, Controller, Attorney General, Risk Management, and Facility Services) in cell E7.
- 3) Enter by budget unit and fund source the SWCAP appropriation basis in the column titled "Base SWCAP". The allocation should be the same as your actual expenditures by fund source for last year rounded to the nearest \$100.
- 4) Find "Request Adjustment" for each category noting "Statewide Accounting" and "Statewide Payroll" must be summed to calculate the Controller fees.
- 5) Identify the budget unit and fund source for each of the areas requiring adjustment.
- 6) Enter each budget unit in the column identified as Budget Unit. Flag any continuous budget units as "(Cont)". Repeat for each different fund.
- 7) In the column identified as Fund Number, place the number of the fund to which the increase or decrease in costs will be applied.
- 8) In the column identified as adjustment, place the dollar amount for each identified budget unit by fund. Round to nearest \$100.
- 9) Check that all totals match those on the Indirect Cost Recovery Budget Adjustment spreadsheet.
- 10) Sign and return a copy to each of your DFM and LSO analysts. *Thank you!*