

039 OBWEO

Date submitted
Lead Financial Officer: Shea Hollen

9/22/2023

Agency Mission

Note: Please define any acronyms used in program descriptions.

Financial Support Services and Administration

Agreement with OMES to provide IT Services to the agency

[illegible]

1. Please describe source of Local funding not included in other categories:

2. Please describe source(s) and % of total of "Other" funding if applicable for each department:

Class Fund #	Carryover Class Fund Name	Appropriations	Federal	Revolving	Local ¹	Other ²	Total
							\$0
							\$0
							\$0
							\$0

1. Please describe source of Local funding not included in other categories:

2. Please describe source(s) and % of total of "Other" funding if applicable:

1.) Are there any services no longer provided because of budget cuts?	No
2.) What services are provided at a higher cost to the user?	Fuel
3.) What services are still provided but with a slower response rate?	None
4.) Did the agency provide any pay raises that were not legislatively/statutorily required?	None

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[illegible]

1. Please describe source(s) and % of total of "Other" funding for each department:

FY'25 Top Five Operational Appropriation Funding Requests		
Request by Priority	Request Description	Appropriation Request Amount (\$)
Request 1:		
Request 2:		
Request 3:		
Request 4:		
Request 5:		
Top Five Request Subtotal:		\$0
Total Increase above FY-24 Budget (including all requests)		\$ -
Difference between Top Five requests and total requests:		\$0

Does the agency have any costs associated with the Pathfinder retirement system and federal employees?

Yes

How would the agency be affected by receiving the same appropriation for FY '25 as was received in FY '24? (Flat/ 0% change)

How would the agency handle a 2% appropriation reduction in FY '25?

Is the agency seeking any fee increases for FY '25?

	Fee Increase Request (\$)	Statutory change required? (Yes/No)
Increase 1		
Increase 2		
Increase 3		

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

Description of request in order of priority	Appropriated Amount (\$)	Submitted to LRCPC? (Yes/No)
Priority 1		
Priority 2		
Priority 3		

Federal Funds							
CFDA	Federal Program Name	Agency Dept. #	FY 24 budgeted	FY 23	FY 22	FY 21	FY 20

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1.) How much federal money received by the agency is tied to a mandate by the Federal Government?

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2.) Are any of those funds inadequate to pay for the federal mandate?	
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3.) What would the consequences be of ending all of the federal funded programs for your agency?

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

5.) Has the agency requested any additional federal earmarks or increases?

Division #	Division Name	Supervisors	Non-Supervisors	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$100K	\$100K+
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1 Administration	3	5.78	1	1	2	1
Total	3	5.78	1	1	2	1

Division #	Division Name	FY 2024 Budgeted	FY 2024 YTD	FY 2023	FY 2022	FY 2021	FY 2016
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1 Administration	8.8	6.8	5.4	5.7	4.6	4.0
Total	8.8	6.8	5.4	5.7	4.6	4.0

	FY 2023	FY 2022	FY 2021	FY 2020	FY 2019
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[illegible]

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Revolving Funds (200 Series Funds)			
Please provide fund number, fund name, description, and revenue source	FY'21-23 Avg. Revenues	FY'21-23 Avg. Expenditures	June '23 Balance
20000 Boll Weevil Eradication			
Boll Weevil Eradication Services	\$954,197	\$585,391	\$4,185,550

FY 2024 Current Employee Telework Summary						
List each agency location, then report the number of employees associated with that location in the teleworking categories indicated. Use "No specified location" to account for remote employees not associated with a site. Use actual current employees (headcount), not budgeted or actual FTE.			Full-time and Part-time Employees (#)			
Agency Location / Address	City	County	Onsite (5 days onsite, rarely remote)	Hybrid (2-4 days onsite weekly)	Remote (1 day or less weekly onsite)	Total Employees
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
			Total Agency Employees			0