

<p align="center"><b>FY 2026 Budget Performance Review</b>  <b>285-Oklahoma Funeral Board</b></p>			
Version	Original	Date submitted	XX/XX/XXXX
Lead Administrator:		Lead Financial Officer:	

XX/XX/XXXX

Agency Mission
<p>The mission of the Oklahoma Funeral Board is to act in the public interest; for the public protection and enhancement of the profession with the powers vested in the Board by the Legislature of the State of Oklahoma entirely without appropriated funds. The Board shall examine and issue licenses to all that qualify and serve as an information resource on funeral service to the general public and members of the funeral profession.</p>

## Division and Program Descriptions

Division or Program Number and Name	
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<p><i>Compliance with Title 59, 396 requirements</i></p>
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<p>1. Please describe source of Local funding not included in other categories:</p> <p>2. Please describe source(s) and % of total of "Other" funding if applicable for each department:</p>
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Balances of Appropriated Funds from Prior Fiscal Years						
3-digit Class Fund #	Class Fund Name	GA Bill # and Section #	Fiscal Year of Original Appropriation	Original Appropriation Amount (\$)	Total Expended Amount as of 8/31/2024 (\$)	Balance as of 8/31/2024 (\$)
						\$0
						\$0
						\$0
						\$0
Total remaining prior year appropriation balance:						\$0

What changes did the agency make between FY'24 and FY'25?	
1.) Are there any services no longer provided because of budget cuts?	
2.) What services are provided at a higher cost to the user?	
3.) What services are still provided but with a slower response rate?	
4.) Did the agency provide any pay raises that were not legislatively/statutorily required?	

Appropriation Increase Review					
	Appropriation Increases <i>(Additional to Agency Base Appropriation)</i>			Expenditures	
Appropriation Increase Purpose	FY 2023	FY 2024	Total Amount Received FY 2023-2024	Total Expenditure of Increase as of 6/30/2024	If funds have not been spent, please explain why.
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
<b>Total:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

FY'26 Requested Funding By Department and Source							
Dept. #	Department Name	Appropriations	Federal	Revolving	Other <sup>1</sup>	Total	% Change
		\$0	\$0	\$533,411	\$0	\$533,411	0.00%

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	\$0	\$0	\$31,577	\$0	\$31,577	0.00%
	\$0	\$0	\$0	\$0	\$0	#DIV/0!
	\$0	\$0	\$0	\$0	\$0	#DIV/0!
	\$0	\$0	\$0	\$0	\$0	#DIV/0!
	\$0	\$0	\$0	\$0	\$0	#DIV/0!
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	\$0	\$0	\$0	\$0	\$0	#DIV/0!
	\$0	\$0	\$0	\$0	\$0	#DIV/0!
	\$0	\$0	\$0	\$0	\$0	#DIV/0!
	\$0	\$0	\$0	\$0	\$0	#DIV/0!
Total	\$0	\$0	\$564,988	\$0	\$564,988	0.00%

FY'26 Top Five Operational Appropriated Funding Increase Requests			
1	Police Department	1000000	1000000
2	Fire Department	800000	800000
3	Public Works Department	600000	600000
4	Public Safety Department	400000	400000
5	Public Health Department	300000	300000

Request by Priority	Request Description	Is this a Supplemental Request? (Yes/No)	Timeframe (One-Time or Recurring)	Appropriation Request Increase Amount (\$)
Request 1:				
Request 2:				
Request 3:				
Request 4:				
Request 5:				
Top Five Request Subtotal:				\$0
Total Increase above FY-25 Budget (including all requests)				
Difference between Top Five requests and total requests:				\$0

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

Description of requested increase in order of priority	Needed State Funding for Project (\$)	Submitted to LRCPC or OCAMP? (Yes/No)
Priority 1		
Priority 2		
Priority 3		

List any requests for new construction from the Legacy Capital Fund			

Description of requested increase in order of priority	Needed State Funding for Project (\$)	Submitted to LRCPC? (Yes/No)
Priority 1		

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

How would the agency be affected by receiving the same appropriation for FY '26 as was received in FY '25? (Flat/ 0% change)

How would the agency handle a 2% appropriation reduction in FY '26?

Is the agency seeking any fee increases for FY '26?		
Description of requested increase in order of priority	Fee Increase Request (\$)	Statutory change required? (Yes/No)
Increase 1		
Increase 2		
Increase 3		

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**Federal Government Impact**

<b>1.) How much federal money received by the agency is tied to a mandate by the Federal Government?</b>
<b>2.) Are any of those funds inadequate to pay for the federal mandate?</b>
<b>3.) What would the consequences be of ending all of the federal funded programs for your agency?</b>
<b>4.) How will your agency be affected by federal budget cuts in the coming fiscal year?</b>
<b>5.) Has the agency requested any additional federal earmarks or increases?</b>

**FY 2025 Budgeted FTE**

Division #	Division Name	Supervisors	Non-Supervisors	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$100K	\$100K+
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**FTE History by Fiscal Year**

Division #	Division Name	FY 2025 Budgeted	FY 2025 YTD	FY 2024	FY 2023	FY 2022	FY 2016
<b>Total</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Performance Measure Review**

	FY 2024	FY 2023	FY 2022	FY 2021	FY 2020
<b>Program Name</b>					

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**FY 2025 Current Employee Telework Summary**

*List each agency physical location (not division), 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
						0
<b>Total Agency Employees</b>						<b>0</b>