

<p align="center"><b>FY 2027 Budget Performance Review</b></p> <p align="center"><b>21500 BOARD OF DENISTRY</b></p>		
<p><b>Version</b>      Original</p> <p><b>Lead Administrator:</b> Susan Rogers</p>	<p><b>Date submitted</b></p> <p><b>Lead Financial Officer:</b> Naukeshia Johnson</p>	<p align="right">XX/XX/XXXX</p>

**Date submitted**  
**Lead Financial Officer: Naukeshia Johnson**

Agency Mission

## Division and Program Descriptions

#### Division or Program Number and Name

## Licensing and Renewals

*IT services to keep the agency operating.*

FY'26 Budgeted Department Funding By Source									
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						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,284,893</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,284,893</b>

## 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 8/31/2025 (\$)	Balance as of 8/31/2025 (\$)
						\$0
						\$0
						\$0
						\$0
<b>Total remaining prior year appropriation balance:</b>						<b>\$0</b>

**What changes did the agency make between FY'25 and FY'26?**

Appropriation Increase Review

	Appropriation Increases (Additional to Agency Base Appropriation)			Expenditures	
Appropriation Increase Purpose	FY 2024	FY 2025	Total Amount Received FY 2024-2025	Total Expenditure of Increase as of 6/30/2025	If funds have not been spent, please explain why.
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
<b>Total:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

FY'27 Requested Funding By Department and Source									
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Dept. #	Department Name	Appropriations	Federal	Revolving	Other <sup>1</sup>	Total	% Change
1000001	Administration	\$0	\$0	\$1,920,299	\$0	\$1,920,299	0.00%
8800001	Administration Info Tech	\$0	\$0	\$364,594	\$0	\$364,594	0.00%

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

FY'27 Top Five Incremental Appropriated Funding Increase Requests				
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-26 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	Total Project Cost (\$)	Needed State Funding for Project (\$)	Submitted to LRCPC? (Yes/No)
Priority 1			
Priority 2			
Priority 3			

Does the agency has any costs associated with the Pathfinder retirement system and federal employees? If so, please describe the impact.

\* Include the total number of federally funded FTE in the Pathfinder system.

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XX/XX/XXXX

How would the agency be affected by receiving the same appropriation for FY '27 as was received in FY '26? (Flat / 0% change)

How would the agency handle a 2% appropriation reduction in FY '27?

Is the agency seeking any fee increases for FY '27?

Description of requested increase in order of priority	Fee Increase Request (\$)	Statutory change required? (Yes/No)
Increase 1		
Increase 2		
Increase 3		

Federal Funds							
CFDA	Federal Program Name	Agency Dept. #	FY 26 budget (\$)	FY 25 actuals (\$)	FY 24 actuals (\$)	FY 23 actuals (\$)	FY 25 budgeted FTE (#)

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**Federal Government Impact**

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

0

**2.) Are any of those funds inadequate to pay for the federal mandate?**

**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?**

**FY 2026 Budgeted FTE**

Division #	Division Name	Supervisors	Non-Supervisors	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$100K	\$100K+
1000001	Administration	3	5.5	2	3.5	1	2
<b>Total</b>		<b>3</b>	<b>5.5</b>	<b>2</b>	<b>3.5</b>	<b>1</b>	<b>2</b>

**FTE History by Fiscal Year**

Division #	Division Name	FY 2026 Budgeted	FY 2026 YTD	FY 2025	FY 2024	FY 2023	FY 2017
1000001	Administration	8.5	8.0	7.5	7.8	8.8	5.8
<b>Total</b>		<b>8.5</b>	<b>8.0</b>	<b>7.5</b>	<b>7.8</b>	<b>8.8</b>	<b>5.8</b>

**Performance Measure Review**

	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
<b>Program Name</b>					

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**FY 2026 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
2920 N. Lincoln Blvd, Suite B	Oklahoma City	OK	6	1	1	8
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
			<b>Total Agency Employees</b>			<b>8</b>