

FY 2027 Budget Performance Review 45000 & Board of Medical Licensure and Supervision			
Version	Original	Date submitted	XX/XX/XXXX
Lead Administrator:	Lead Financial Officer:		

XX/XX/XXXX

Agency Mission

Division and Program Descriptions

Division or Program Number and Name

10 - General Operations

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FY'26 Budgeted Department Funding By Source									
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1

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						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
Total	\$0	\$0	\$9,048,964	\$0	\$0	\$9,048,964

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
Total remaining prior year appropriation balance:						\$0

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		
Total:	\$0	\$0	\$0	\$0	

FY'27 Requested Funding By Department and Source									
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2

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

* Capital requests in the table above should be listed in the next table.

Does the agency has any costs associated with the Pathfinder retirement system and federal employees? If so, please describe the impact.	
No	

3

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How would the agency be affected by receiving the same appropriation for FY '27 as was received in FY '26? (Flat / 0% change)
Not adversely affected

How would the agency handle a 2% appropriation reduction in FY '27?
May reduce some services

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		No
Increase 2		No
Increase 3		No

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

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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?	None
2.) Are any of those funds inadequate to pay for the federal mandate?	n/a
3.) What would the consequences be of ending all of the federal funded programs for your agency?	n/a
4.) How will your agency be affected by federal budget cuts in the coming fiscal year?	n/a
5.) Has the agency requested any additional federal earmarks or increases?	n/a

FY 2026 Budgeted FTE							
Division #	Division Name	Supervisors	Non-Supervisors	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$100K	\$100K+
10	GeneralOperations	5	23	0	15	10	3
Total		5	23	0	15	10	3

FTE History by Fiscal Year							
Division #	Division Name	FY 2026 Budgeted	FY 2026 YTD	FY 2025	FY 2024	FY 2023	FY 2017
10	General Operations	28.0	28.0	28.5	24.0	24.0	23.0
Total		28.0	28.0	28.5	24.0	24.0	23.0

Performance Measure Review					
	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
Program Name					

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FY 2026 Current Employee Telework Summary									
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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
101 NE 51st Street	OKC	OK	28	0	0	28
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
				Total Agency Employees		28