

FY 2027 Budget Performance Review 34300 & Board of Licesnsed Perfusionists			
Version	Original	Date submitted	11/9/2025
Lead Administrator:		Lead Financial Officer:	

Date submitted
Lead Financial Officer:

Agency Mission

Division and Program Descriptions

Division or Program Number and Name

10 - General Operations

FY'26 Budgeted Department Funding By Source									
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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:

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
						\$0
Total remaining prior year appropriation balance:						\$0
<i>Report appropriations that have existing balances from all prior fiscal years at the 3-digit class fund number (i.e. 194, 195). Do not report carryover class funds separately. Include appropriations located in disbursing funds. Report PREP, but not ARPA/SRF, appropriations.</i>						

What changes did the agency make between FY'25 and FY'26?	
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?	None
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?	No

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	

List appropriation increases that the agency has received in the prior two years. List amounts received in each year. Include PREP, but not ARPA/SRF, appropriations.

FY'27 Requested Funding By Department and Source							
Dept. #	Department Name	Appropriations	Federal	Revolving	Other ¹	Total	% Change
1000001	Administration	\$0	\$0	\$43,700	\$0	\$43,700	0.00%
		\$0	\$0	\$0	\$0	\$0	#DIV/0!

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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:	n/a			
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	none			
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.	
No	

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

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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	0	0	0	0	0	0
Total		0	0	0	0	0	0

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	0.0	0.0	0.0	0.0	0.0	0.0
Total		0.0	0.0	0.0	0.0	0.0	0.0

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

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
101 NE 51st Street	OKC	OK	0	0	0	0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
Total Agency Employees						0