

FY 2027 Budget Performance Review 14000 - Podiatric Medical Examiners		
Version Original	Date submitted	11/9/2025
Lead Administrator:	Lead Financial Officer:	

11/9/2025

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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[illegible]

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						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
Total	\$0	\$0	\$25,910	\$0	\$0	\$25,910

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?
1. The agency has increased the number of staff in the program by 10 positions. 2. The agency has increased the number of staff in the program by 10 positions. 3. The agency has increased the number of staff in the program by 10 positions. 4. The agency has increased the number of staff in the program by 10 positions. 5. The agency has increased the number of staff in the program by 10 positions. 6. The agency has increased the number of staff in the program by 10 positions. 7. The agency has increased the number of staff in the program by 10 positions. 8. The agency has increased the number of staff in the program by 10 positions. 9. The agency has increased the number of staff in the program by 10 positions. 10. The agency has increased the number of staff in the program by 10 positions.

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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		\$0	\$0	\$0	\$0	\$0	#DIV/O!
1000003	Investigative Compliance	\$0	\$0	\$0	\$0	\$0	#DIV/O!
1000004	Accounting	\$0	\$0	\$0	\$0	\$0	#DIV/O!
1000006	Allied Professionals Peer Assistance Program	\$0	\$0	\$0	\$0	\$0	#DIV/O!
1000007	Woman's Right to Know	\$0	\$0	\$0	\$0	\$0	#DIV/O!
1000008	Legal	\$0	\$0	\$0	\$0	\$0	#DIV/O!
8800010	ISD DP Admin	\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
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		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
		\$0	\$0	\$0	\$0	\$0	#DIV/O!
Total		\$0	\$0	\$25,910	\$0	\$25,910	0.00%

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

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

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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Revolving Funds (200 Series Funds)			
	FY'23-25 Avg. Revenues	FY'23-25 Avg. Expenditures	June 2025 Balance
Fund: Fund Number, Fund Name			
<i>Describe fund purpose and revenue source. Include the statutory citation for the fund if applicable.</i>			
200 - Revolving Fund	\$18,956	\$17,126	\$109,940

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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	28	0	0	28
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
Total Agency Employees						28