

FY 2023 Budget Request - FY-2022 Supplemental Requests - Detail

Agency Number & Name 35000 Oklahoma Historical Society Agency priority (number):

Brief Description of this Funding Change: Operating funds for Ft. Supply
(this is the "name" that will be used on the Summary to list this particular funding request)

Justification for the Funding Change:

1. Please describe the funding change, what you intend to accomplish, and by what month the funds will be needed:

Operational funds for the Ft. Supply historic site that was being supported by the Department of Corrections.

2. What are the short-term or long-term savings and/or cost effectiveness associated with this funding change?

3. Please describe the consequences that will occur for both the agency and agency clients if this supplemental request is not provided.

The agency would have to reduce services at other field sites to accomodate the funding needed for Ft. Supply.

4. Describe how the agency will address the consequences outlined above if the supplemental request is not provided.

The agency would have to reduce services at other field sites to accomodate the funding needed for Ft. Supply.

5. If the purpose of this funding change is to address a mandate, please specify whether it is a court ordered, state, or federal mandate, and include the appropriate legal reference and description.

a. Type of mandate:

b. Legal reference:

c. Description of mandate:

6. Please provide a description of the potential clients served including the number to be served through this funding change.

7. Do any other state, federal or local agencies administer a similar or cooperating program? If so, which agencies?

No

8. Explain funding sources, including details of any accounts that will be covered by federal or revolving funds (what federal program is providing the funding; are fees increases involved; etc.):

| Funding Source (State, Federal, Revolving) | Estimated Annual Amount | Description of Funding Source |
|--|-------------------------|-------------------------------|
| State | 66,000 | Appropriated |

9. Will this supplemental funding need to be continued in subsequent years? (Yes / No).

Yes

10. Provide the following expenditure and funding information. If this funding needs to be annualized and continued in subsequent years, include the expanded request in the Operating Requests tab.

Funding by Fund, Division, & Department, Statewide Program

| Class Fund # | Division | Department | Statewide Program | FY-2022 Budgeted | Additional FY-2022 need |
|--------------|----------|------------|-------------------|------------------|-------------------------|
| 19301 | 10 | 1000001 | NP000 | | 66,000 |
| Total | | | | 0 | 66,000 |