# FY25 Programmatic Cost Reductions

## Instructions

This form should be completed for reductions that are **program/service reductions only.** Operational reductions should ***not*** be included here and are ***not*** required for submission during this budget cycle. Prior to completing this form, please review additional guidance materials [here](https://www.tn.gov/finance/fa/fa-budget-information/budget-instructions-and-forms.html).

|  |  |  |
| --- | --- | --- |
| Is This Form Required? | | |
| Is this an operational or programmatic reduction? Contact [OEI.Questions@tn.gov](mailto:OEI.Questions@tn.gov) if you’re not sure. | | |
| **This reduction is operational.**  *This reduction is for internal department operations (HR, administration, legal, etc.), facilities, equipment, IT improvement, or an advisory board or committee.* | **This reduction is programmatic.**  *This reduction is for, or directly impacts (e.g., reduces capacity), a discrete program, intervention, or service; any systematic activity that engages participants to achieve desired outcomes.* | |
| **Program Name** | **Program Name** |
| **Stop with solid fillStop here.**  **This form is NOT needed for this type of reduction. Do not submit the form.** | **Is this program in the Program Inventory?** | **No** **Yes**  *Not sure? Check* [*here*](https://www.tn.gov/finance/oei/program-inventory.html)*.* |
| **Traffic light with solid fill Continue to General Information.**  **Complete and submit this form in full\* for programmatic reductions.**  *\*****DCS, THEC, and TDOC:*** *If the program is in the inventory,* ***SKIP*** *questions 5-7.*  ***For all other inventoried programs: SKIP*** *questions 5 and 7, but complete question 6 with pertinent data.*  *OEI will use available inventory data for this section.* | |

Complete this form in full for each program/service proposed for reduction or elimination. Include only vacancies/position reductions directly tied to the program or service. Budget officers should:

1. **Compile** all necessary information in this form, and **name** it with this convention: R\_Priority#\_AdjustmentName (e.g., R\_3\_ Analyst Positions).
2. **Enter** information into the Budget Entry Analysis and Reporting System (BEARS).
3. Include the **BEARS adjustment number** in this form.
4. **Email** a final copy of this form to their [budget office analyst](https://www.tn.gov/finance/fa/fa-budget-information/fa-budget-agency.html), who will review each request and return submissions that do not provide sufficient detail.

|  |  |
| --- | --- |
| **General Information** | |
| **Agency** | **Choose an agency.** |
| **Adjustment Number**  *Starting an entry in BEARS will generate this number.* | BDEADJ- 00000 |
| **Adjustment Name**  *Short name of request* | **e.g., Rural Opportunity Fund** |
| **Agency Prioritization**  *1 is the most preferred reduction* | Choose a number. |
| **Is this reduction a result of an efficiency?**  *i.e., spending under the budgeted amount* | **No**  **Yes** |
| **Is this program or service revenue generating?** | **No, this program/service does not generate revenue**  **Yes, this program/service generates revenue** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Proposed Reduction** | | | | |
| *This table should be reflective of all funds that would be impacted by the proposed reduction in state dollars. If a federal match or interdepartmental allocation would be reduced because of the state reduction, include those figures in the respective columns.* | | | | |
| **Allotment Code** | **State Funds** | **Federal Funds** | **Other Funds** | **Total Positions** |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| 0 | $0 | $0 | $0 | 0 |
| **TOTAL** *enter manually* | **$0** | **$0** | **$0** | **0** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Position Reductions** | | | |
| *For position reductions* ***directly related******to the program/service only****, use the table to provide position title, salary reduction, and whether the position(s) is currently vacant or filled.* | | | |
| **Position Title** | **Salary Reduction** | **Filled Positions** | **Vacant Positions** |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |
| Title | $0 | 0 | 0 |

|  |
| --- |
| **Program/Department Effect** |
| **1. Long Description & Connection to Strategic Plan: What is the program/initiative/resource that this request would reduce? How does this reduction impact the agency’s vision and mission and the goals within the agency’s strategic plan (e.g., Four-year Strategic Plan)?**  *Include a list of any included key services/interventions. How would the proposed reduction impact the program’s capacity/eligibility criteria? How many people could be impacted, and how is that number estimated? How has the program population been trending the last few years?* |

Click or tap here to enter or paste text.

|  |
| --- |
| **2. Program Performance: Is this reduction being offered due to program performance? If yes, explain.** |

**No** **Yes (explain)**

Click or tap here to enter explanation for *Yes*. Feel free to refer to output/outcome data listed in question 6 below.

|  |
| --- |
| **External Effects** |
| **3. Statute Change: Would this solution require an associated rule or statutory change? If so, provide a specific reference to TCA or rule that would need to be modified and how it would need to be changed.** |

**No** **Yes (explain)**

Click or tap here to enter explanation for *Yes*.

|  |
| --- |
| **4. Agency Impact: Does this solution have an impact programmatically or fiscally on any other agency? If so, which one(s)? Indicate if this program or initiative is jointly funded by any other agencies and if so, which ones and to what extent.** |

**No** **Yes (explain)**

Click or tap here to enter explanation for *Yes*.

|  |
| --- |
| **Evidence & Impact** |
| *This section captures program evidence and research to provide context regarding program design and potential or realized success in Tennessee. Every program will fall within one of the five steps in the* [*Tennessee Evidence Framework*](https://www.tn.gov/finance/oei/evidence-based-budgeting.html)*. Answering the questions below will help determine the evidence step for the program related to this budget request. Review guidance materials* [*here*](https://www.tn.gov/finance/fa/fa-budget-information/budget-instructions-and-forms.html) *prior to completing this section.*  *\*****DCS, THEC, and TDOC:*** *If the program is in the inventory,* ***STOP HERE.***  ***For all other inventoried programs: SKIP*** *questions 5 and 7 (logic model & evidence), but complete question 6 with pertinent data.*  *OEI will use available inventory data for this section.* |

|  |
| --- |
| **5. Logic Model: Provide a logic model statement, or “if/then,” for the related *program.* What is the program’s theory of action?**  *At minimum, the statement should identify key program activities and short-term results as outcomes. This statement should be about the program related to this request, not about how more dollars will make the program more effective or reach more people.* |
| ***If we*** *[complete X activities]****,******then*** *[short/mid-term outcome(s)]* ***will result in*** *[long-term outcome(s)]****.*** |
| Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6. Outputs/Outcomes: Are outputs and/or outcomes currently being collected on this *program*? What are they? What are the most recent results? How does that compare to previous results? Leave rows blank if no data are available.** | | | | |
| **Output**  *Outputs are the concrete, countable results of activities; often products or services measured in tangible terms. What evidence do you collect that demonstrates the service has been delivered?* ***Provide 3-5 outputs, with the most recent data AND one year of prior data, that tell the strongest story about the program.*** | | **Year(s): Most Recent and Comparison**  *Please specify fiscal year (FY), calendar year (CY), academic year (AY), etc.* | | **Result: Most Recent and Comparison** |
| *E.g., Number of job training participants* | | *CY 2022* | | *3,225* |
|  | | *CY 201*7 | | *3,001* |
| 1. Click or tap here to enter text. | | Most recent, complete year | | Result |
|  | | Comparison year | | Result |
| 2. | |  | |  |
|  | |  | |  |
| 3. | |  | |  |
|  | |  | |  |
| 4. | |  | |  |
|  | |  | |  |
| 5. | |  | |  |
|  | |  | |  |
|  | | | | |
| **Outcome**  *Outcomes describe the impact of activities; typically, they show benefits or changes in behavior for the participant/recipient, and do not focus on operational changes, such as growth in participation or services. They can be individual benefits or system-level changes. What changes in behavior, benefit, or systems are you seeing?* ***Provide 1-3 outcomes, with the most recent data AND one year of prior data, that tell the strongest story about the program.*** | | **Year(s): Most Recent and Comparison**  *Please specify fiscal year (FY), calendar year (CY), academic year (AY), etc.* | | **Result: Most Recent and Comparison** |
| *E.g., Percent of training graduates employed 12 months after training* | | *CY 2022* | | *65%* |
|  | | *CY 2017* | | *63%* |
| 1. Click or tap here to enter text. | | Most recent, complete year | | Result |
|  | | Comparison year | | Result |
| 2. | |  | |  |
|  | |  | |  |
| 3. | |  | |  |
|  | |  | |  |
|  | | | | |
| **7. Evidence: Does this *program*, or one very similar to it, currently have an evidence base cited in a national clearinghouse or clearinghouse database like** [**Results First’s**](https://evidence2impact.psu.edu/what-we-do/research-translation-platform/results-first-resources/clearing-house-database/)**? If so, list the information below. If not, leave this section blank. Refer to detailed guidance for more information.** | | | | |
| **Clearinghouse**  *Name the clearinghouse or database that reviewed the program or intervention.* | **Entry Name & Link**  *Enter the name of the program from a clearinghouse you feel is a good match to your program, and the URL for the page.* | | **Evidence Rating**  *How is this piece of evidence rated in the clearinghouse?* | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Important Notes**  *Does your program model or population differ in some way from the cited evidence? Provide any important notes here.* | | | | |
| Click or tap here to enter text. | | | | |