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SEP 26 2016

DEPARTMENT OF ADMINISTRATION ORGANIZATIONAL CIRCULAR: 2016-052

TO: Line Agencies under DOA Budget Allotment Purview

FROM: Director, Department of Administration

SUBJECT: **Fiscal Year 2017 Budget Allotment Process**

Buenas yan Håfa Adai! This circular is related to the BBMR Circular 17-01 dated September 22, 2016 regarding the Budget Allotment Process for those agencies listed below who fall under the purview of the Department of Administration per Subsection 1303.1 of Article 3 of Chapter 1 of Title 5 of the Guam Code Annotated (5 GCA 1 §1303.1).

Dept No.	Department or Agency
01	Unified Judiciary of Guam
11	Office of Attorney General
19	Guam Department of Education (added PL 33-185, Chapter II, Section 19)
28	Mayors Council of Guam
59	Office of Public Accountability
60	Guam Legislature / Office of Finance and Budget
66	Guam Memorial Hospital Authority
70	Guam Visitors Bureau
73	University of Guam
80	Public Defender
81	Guam Community College
1020	Department of Public Works-Fund 224 (added PL30-216 & PL31-77)

Your department/agency staff should review Public Law 33-185 and prepare the required Establishment of Account (EOA) and Budget Allotment Schedule for submission. Please ensure all applicable sections have been meticulously reviewed for mandated reporting requirements, restrictions and additions related to your department/agency. You may request for electronic copies from Anita Arile, Management Analyst at Anita.Arile@doa.guam.gov or by calling 475-1115.

A. As per established BBMR budget allotment schedule preparation guidelines:

1. Use the attached Request for Establishment of Account (EOA), version Dec-2015. And the Budget Allotment Schedule. Note that a request for EOA *not* necessary for existing accounts that will roll over in the FIRM400 (formerly AS400) for FY2017. The EOAs and Budget Allotment Schedules should be prepared for new program accounts only.
2. Fiscal restraint is necessary and will be imposed at 15% on all General Fund appropriations, except for those specifically delineated in Public 33-185.



CHRISTINE W. BALETO

REQUEST FOR ESTABLISHMENT/MODIFICATION OF ACCOUNT

TO: DEPARTMENT OF ADMINISTRATION - DIVISION OF ACCOUNTS
 VIA: BUREAU OF BUDGET & MANAGEMENT RESEARCH
 FROM: _____

* Agency Grant Manager / Contact Number: _____ / _____

ACCOUNT TITLE (Max 30 characters): _____

PURPOSE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Grant Award [Original] - Federal | <input type="checkbox"/> Catalog Number Change - Federal | <input type="checkbox"/> Appropriation [Original] - Local |
| <input type="checkbox"/> Grant Award [Supplement] - Federal | <input type="checkbox"/> Appropriation Type Change | <input type="checkbox"/> Appropriation [Supplemental] - Local |
| <input type="checkbox"/> Grant Period Modification - Federal | <input type="checkbox"/> Object Class(es) - Add / Delete | <input type="checkbox"/> Appropriation Period Modification |
| <input type="checkbox"/> Grant Number Change - Federal | <input type="checkbox"/> Local/Federal Participation Ratio Modification | <input type="checkbox"/> Other [specify]: _____ |

APPROPRIATION TYPE:

- | | | | |
|--|---|--|----------------------|
| <input type="checkbox"/> Local Operation [A] | <input type="checkbox"/> Federal 101 [E] | <input type="checkbox"/> Subgrants [J] | DOA USE ONLY: |
| <input type="checkbox"/> Federal Local Match [B] | <input type="checkbox"/> Federal CIP [F] | <input type="checkbox"/> Reimbursable Appropriations [X] | CIP - Yes No |
| <input type="checkbox"/> Local Continuing [C] | <input type="checkbox"/> Federal Match Continuing [G] | <input type="checkbox"/> Work Request [Z] | |
| <input type="checkbox"/> Local CIP [D] | <input type="checkbox"/> Federal 101 Continuing [H] | <input type="checkbox"/> Other: _____ | |

OBJECT CLASS(ES) REQUIRED:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 111 Salary | <input type="checkbox"/> 233 Office Space Rental | <input type="checkbox"/> 280 Sub-Recipient/Grants | <input type="checkbox"/> 450 Capital Outlay |
| <input type="checkbox"/> 112 Overtime/Premium Pay | <input type="checkbox"/> 240 Materials / Supplies | <input type="checkbox"/> 290 Miscellaneous | <input type="checkbox"/> 700 Indirect - Local |
| <input type="checkbox"/> 113 Benefits | <input type="checkbox"/> 250 Equipment | <input type="checkbox"/> 361 Utilities - Power | <input type="checkbox"/> 701 Indirect - Federal |
| <input type="checkbox"/> 220 Travel | <input type="checkbox"/> 270 Worker's Comp Benefits | <input type="checkbox"/> 362 Utilities - Water | <input type="checkbox"/> 800 Expense Reimb. |
| <input type="checkbox"/> 230 Contractual | <input type="checkbox"/> 271 Drug Testing | <input type="checkbox"/> 363 Utilities - Telephone | <input type="checkbox"/> _____
other |

AUTHORITY / * GRANT NO. / PL NO.	CATALOG NUMBER (Category Code)	START DATE	EXPIRATION DATE
*FEDERAL SHARE PERCENTAGE	* LOCAL SHARE PERCENTAGE	OBLIGATION END DATE	EXPENDITURE END DATE
APPROPRIATION (GL or REV) ACCOUNT NUMBER	TOTAL FUNDS		
	LOCAL	FEDERAL - AUTHORIZED (Cumulative)	FEDERAL - AWARDED
JOB ORDER ASSIGNED	** LOCAL MATCH ACCOUNT NUMBER	** NOTE	
		IF LOCAL MATCH ACCOUNT DOES NOT EXIST, PLEASE ATTACH SEPARATE E.O.A. REQUEST.	
REQUESTOR:	BBMR	DIVISION OF ACCOUNTS	
_____ REQUESTED BY DATE	_____ APPROVED BY DATE	_____ APPROVED BY DATE	
DIVISION OF ACCOUNTS - FEDERAL BRANCH USE ONLY			
_____ DRAW TYPE	_____ DRAW ACCT	_____ SUB-ACCT	_____ REPORTING REQ
_____ REVENUE ACCOUNT	_____ REVIEWED BY DATE		

NOTES: _____