

**5% Base Budget Reduction Form**  
[17-7-111-3\(f\)](#)

**AGENCY CODE & NAME:**

		<b>Minimum Requirement</b>	
		<b>General Fund</b>	<b>State Special Revenue Fund</b>
<b>TARGETED REDUCTION TO EQUAL 5% OF CURRENT BASE BUDGET</b>		\$ 336,348	\$ 1,111
<b>Priority</b>	<b>SERVICE(S) TO BE ELIMINATED OR REDUCED</b>	<b>General Fund Annual Savings</b>	<b>State Special Revenue Annual Savings</b>
<b>1</b>	Across the board reduction to the office of Economic Development in program 1	\$ 157,674	
<b>2</b>	Across the board reduction to program 2	\$ 1,476	
<b>3</b>	Across the board reduction to program 4	\$ 160,805	
<b>4</b>	Across the board reduction to program 5	\$ 8,927	
<b>5</b>	Across the board reduction to the office of the Mental Health Ombudsman	\$ 7,466	\$ 1,111
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
<b>10</b>			
<b>11</b>	<b>TOTAL SAVINGS</b>	\$ 336,348	\$ 1,111
	<b>DIFFERENCE</b>	<b>0</b>	<b>0</b>

*Form A*

# 5% Base Budget Reduction Form

AGE 31010 Governor's Office

**#1 BRIEF DESCRIPTION OF SERVICE TO BE CONSIDERED FOR ELIMINATION OR REDUCTION:**

Reduction in operating costs and personal services through vacancy savings across all programs.

**#2 THE SAVINGS THAT ARE EXPECTED:**

\$336,348

**#3 THE CONSEQUENCES OR IMPACTS OF THE PROPOSED ELIMINATION OR REDUCTION:**

All areas would be affected. Items could be staffing, travel, contracted services and supplies.

**#4**

**HOW THE IMPACT TO CONSTITUENTS AND STAFF MIGHT BE MITIGATED:**

The office could have difficulties with timely responses to requests from constituents, making appointments to the states boards and commissions, maintaining relationships with Montana's Indian tribes, managing the state's budget and financial issues, assisting with requests regarding public mental health, and responding to complaints about services at Montana's licnesed mental heath centers.

**#5 WHETHER THE SERVICE IS SPECIFICALLY REQUIRED BY STATE & /OR FEDERAL STATUTE - YES OR NO:**

Primary authority is Article VI, Montana Constitution

**Form B**

# 5% Base Budget Reduction Form

AGE 31010 Governor's Office

**#1 BRIEF DESCRIPTION OF SERVICE TO BE CONSIDERED FOR ELIMINATION OR REDUCTION:**

Reduce authority for Tribal Relations Training

**#2 THE SAVINGS THAT ARE EXPECTED:**

\$1,111

**#3 THE CONSEQUENCES OR IMPACTS OF THE PROPOSED ELIMINATION OR REDUCTION:**

May need to reduce the number of participants allowed to attend training.

**#4**

**HOW THE IMPACT TO CONSTITUENTS AND STAFF MIGHT BE MITIGATED:**

With a statute change, training could be done virtually instead of in person.

**#5 WHETHER THE SERVICE IS SPECIFICALLY REQUIRED BY STATE & /OR FEDERAL STATUTE - YES OR NO:**

Training is required per 2-15-143 MCA

**Form B**