

When you have completed the form, click File, Save As and name this PDF the same as your Exceptional Item. Save a copy for your files and send another copy to [budget@txstate.edu](mailto:budget@txstate.edu) for approval.  
**Due on or before 03.01.20**

<b>Date:</b>		<b>Contact name:</b>		<b>Phone Number:</b>	
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<b>Item short name (35 characters):</b>	
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<b>Item long name (210 characters):</b>	
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Please quantify each type of expenditure associated with your request. This form will automatically total the column for each fiscal year. Enter whole dollars only.

Budget Request	Fiscal Year 2022	Fiscal Year 2023
Salaries-Staff/Wages		
Salaries-Faculty		
Travel		
M&O		
Capital		
<b>Total Request</b>		

<b>Program Duration (check one)</b>	
Two-year Startup	Ongoing
Other-Specify Duration:	From September 1, 2021 to August 31,

Enter the full-time employee equivalent (1.00 = one full-time person, 0.50 = one half-time person) for each job position to be funded by this request.

<b>Positions</b>		
FTE	Job Title	Description of Position
<b>Total FTE Positions</b>		

**Note: The following information must be entered into the legislative ABEST system. Each field shows the maximum number of characters ABEST will accept and this form is designed accordingly. Character limits include letters, spaces, punctuation, and numbers. Please be thorough, but brief and craft your responses to fit well within these limits.**

**Description and justification for the request (2000 characters):**

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**Internal and External Factors Affecting the Request**

**Major accomplishments to date and expected over the next two years (400 characters):**

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**Year established and funding sources prior to receiving special item funding (200 characters):**

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**Non-general revenue sources of funding (300 characters):**

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**Consequences of not funding (850 characters):**

**If the non-formula support item is eligible to be funded through the formulas, indicate the formula amount which may be applied and the effective date(s); complete this step for all applicable items, including all program development, enhancement, or startup items. (1000 characters):**

**Non-Formula Support Needed on a Permanent Basis/Discontinued (1500 characters):**

*Is non-formula support for the item needed on a permanent basis or will the funding be discontinued after a specific period is reached or when the non-formula support item attains a specific benchmark?*

**Non-formula Support Associated with Time Frame (1500 characters):**

*If funding for the non-formula support item is associated with a specific time frame, include information related to this time frame.*

**Performance Reviews (1500 characters):**

*Does the institution have specific criteria in place in reviewing the performance of the non-formula support item? If the institution does have criteria in place, provide additional information related to this criteria.*

**IT Component Details**

An IT component would be a need in excess of \$100,000. If you answer "yes" to the question below, please continue to fill out the form. If your answer is "no" move to the "Anticipated Out-year Costs" section.

Is there an IT Component?

**Description of IT Component (200 characters):**

Is IT Component New or Current Project?

**Proposed Software (200 characters):****Proposed Hardware (200 characters):****Please provide a breakdown of development cost and other cost (200 characters):**

Type of Project?

**Please explain the alternative solution if this IT component is not funded. Can the project be scaled down if partial funding is received? If so, please provide details. (400 characters)****Estimated IT Cost:**

2019	2020	2021	2022	2023	2024	2025	Total Over Life of Project

**Anticipated Out-year Costs**

If you have any anticipated out-year costs please fill out this section. If your answer is "no" move to the "Contracts" section below.

Anticipated out-year costs?

Enter a detailed description of anticipated out-year costs and whether they represent estimated implementation costs, ongoing program maintenance and/or administrative costs, or a combination. (200 characters)

Enter any changes in full-time equivalent positions related to the out-year costs. (200 characters)

**Estimated anticipated out-year costs:**

2024	2025	2026

**Contracting Details**

If you anticipate contracts greater than \$50,000 please fill out this section.

Will this item involve contracts greater than \$50,000?

Approximate percentage of exceptional item:  %

Contract description (200 characters):

What type of contract will be awarded?

Anticipated method of procurement for contract(s)?

For consulting, professional or other services give an explanation of why the service cannot be performed in house. (200 characters)

**Do not fill out the remainder of this form unless requested by the Budget Office**

**Benchmarks (1500 characters)**

*If funding for the non-formula support item is associated with specific benchmarks, include information related to these benchmarks.*

Empty text area for benchmarks.

**Output Measures Related to the Request (2000 characters)**

Empty text area for output measures.

**Efficiency Measures Related to the Request (2000 characters)**

**Follow-up Funding (200 characters)**

*If you received special item funding for a limited duration, how will you fund this program afterward?*

**Performance Measures (1000 characters)**

*Performance Measures are requested in the event the legislature requires an Exceptional Item Request to be turned into a Rider, as happened in the LAR cycle for FY 10-11. Please complete this section to the best of your ability. If you need examples of performance measures, see bill pattern language in the General Appropriations Act. Do not make blanket statements, such as, "Increase number of nursing graduates." Include specific measures of performance, for example, "Increase number of nursing graduates by 25% in 2015, with a 15% annual increase in subsequent years."*