

**FY 2025 Budget Performance Review  
Statewide Charter School Board #803**

Version Original  
Lead Administrator: Rebecca Wilkinson

Date submitted XX/XX/XXXX  
Lead Financial Officer: Lecrecia Schmidt

**Agency Mission**

The expected mission of the Statewide Charter School Board is to support education choice for Oklahoma families.

**Division and Program Descriptions**

*Note: Please define any acronyms used in program descriptions.*

**Division or Program Number and Name**

Charter School Authroization

Horizon

**FY'24 Budgeted Department Funding By Source**

Dept. #	Department Name	Appropriations	Federal	Revolving	Local <sup>1</sup>	Other <sup>2</sup>	Total
1100001-1	Charter School board				\$3,300,000		\$3,300,000
1100001-2	Horizon				\$3,400,000		\$3,400,000
							\$0
							\$0
<b>Total</b>		\$0	\$0	\$0	\$6,700,000	\$0	\$6,700,000

1. Please describe source of Local funding not included in other categories:

2. Please describe source(s) and % of total of "Other" funding if applicable for each department:

**FY'23 Carryover by Funding Source**

Class Fund #	Carryover Class Fund Name	Appropriations	Federal	Revolving	Local <sup>1</sup>	Other <sup>2</sup>	Total
N/A							\$0
							\$0
							\$0

1. Please describe source of Local funding not included in other categories:

2. Please describe source(s) and % of total of "Other" funding if applicable:

Foundational state aid

**What changes did the agency make between FY'23 and FY'24?**

- 1.) Are there any services no longer provided because of budget cuts?
- 2.) What services are provided at a higher cost to the user?
- 3.) What services are still provided but with a slower response rate?
- 4.) Did the agency provide any pay raises that were not legislatively/statutorily required?

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**FY'25 Requested Funding By Department and Source**

Dept. #	Department Name	Appropriations	Federal	Revolving	Other <sup>1</sup>	Total	% Change
1100001-1	Charter School Authorization	\$3,300,000	\$0	\$0	\$0	\$3,300,000	0.00%
1100001-2	Horizon	\$3,400,000	\$0	\$0	\$0	\$3,400,000	0.00%
		\$0	\$0	\$0	\$0	\$0	#DIV/0!
<b>Total</b>		<b>\$6,700,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,700,000</b>	<b>0.00%</b>

1. Please describe source(s) and % of total of "Other" funding for each department:

**FY'25 Top Five Operational Appropriation Funding Requests**

Request by Priority	Request Description	Appropriation Request Amount (\$)
Request 1:	Charter School Authorization	\$3,300,000
Request 2:	Horizon	\$3,400,000
Request 3:		
Request 4:		
Request 5:		
<b>Top Five Request Subtotal:</b>		<b>\$6,700,000</b>
<b>Total increase above FY-24 Budget (including all requests)</b>		<b>\$ 2,500,000</b>
Difference between Top Five requests and total requests:		-\$4,200,000

**Does the agency have any costs associated with the Pathfinder retirement system and federal employees?**

No

**How would the agency be affected by receiving the same appropriation for FY '25 as was received in FY '24? (Flat/ 0% change)**

No appropriations were received in FY '24

**How would the agency handle a 2% appropriation reduction in FY '25?**

**Is the agency seeking any fee increases for FY '25?**

	Fee Increase Request (\$)	Statutory change required? (Yes/No)
Increase 1		
Increase 2		
Increase 3		

**What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?**

Description of request in order of priority	Appropriated Amount (\$)	Submitted to LRCPC? (Yes/No)
Priority 1		
Priority 2		
Priority 3		

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**Federal Funds**

CFDA	Federal Program Name	Agency Dept. #	FY 24 budgeted	FY 23	FY 22	FY 21	FY 20

**Federal Government Impact**

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?

2.) Are any of those funds inadequate to pay for the federal mandate?

3.) What would the consequences be of ending all of the federal funded programs for your agency?

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

5.) Has the agency requested any additional federal earmarks or increases?

**FY 2024 Budgeted FTE**

Division #	Division Name	Supervisors	Non-Supervisors	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$100K	\$100K+
Total		0	0	0	0	0	0

**FTE History by Fiscal Year**

Division #	Division Name	FY 2024 Budgeted	FY 2024 YTD	FY 2023	FY 2022	FY 2021	FY 2016
Total		0.0	0.0	0.0	0.0	0.0	0.0

**Performance Measure Review**

Program Name	FY 2023	FY 2022	FY 2021	FY 2020	FY 2019
<i>Please provide fund number, fund name, description, and revenue source</i>	<i>FY'21-23 Avg. Revenues</i>		<i>FY'21-23 Avg. Expenditures</i>		<i>June '23 Balance</i>
Fund number: Fund name					
Describe fund purpose and revenue source					

**FY 2024 Current Employee Telework Summary**

List each agency location, then report the number of employees associated with that location in the teleworking categories indicated. Use "No" if no employees are teleworking.

Agency Location / Address	City	County	Full-time and Part-time Employees (#)			Total Employees
			Onsite (5 days onsite, rarely remote)	Hybrid (2-4 days onsite weekly)	Remote (1 day or less weekly onsite)	
						0
						0
<b>Total Agency Employees</b>						<b>0</b>