

**FY 2027 Budget Performance Review**  
**OSU Veterinary Medicine Authority**

Version Original  
 Lead Administrator: Jeff Stroup

Date submitted  
 Lead Financial Officer: Kristi Howey

10/1/2025

**Agency Mission**

To provide operational funding support for the OSU College of Veterinary Medicine

**Division and Program Descriptions**

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

**Division or Program Number and Name**

OSU Veterinary Medicine Authority - single program

**FY'26 Budgeted Department Funding By Source**

Dept. #	Department Name	Appropriations	Federal	Revolving	Local <sup>1</sup>	Other <sup>2</sup>	Total
10	OSU Veterinary Medicine Authority	\$23,301,532					\$23,301,532
<b>Total</b>		<b>\$23,301,532</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$23,301,532</b>

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:

**Balances of Appropriated Funds from Prior Fiscal Years**

3-digit Class Fund #	Class Fund Name	GA Bill # and Section #	Fiscal Year of Original Appropriation	Original Appropriation Amount (\$)	Total Expended Amount as of 8/31/2025 (\$)	Balance as of 8/31/2025 (\$)
193	General Assistance (OADDL Renovations)	SB1125 / sec 108	FY2025	20,000,000	\$20,000,000	\$0
194	General Assistance	HB1004X / sec 99	FY2024	\$3,950,000	\$3,950,000	\$0
195	General Assistance	SB1125 / sec 107	FY2025	\$19,272,000	\$15,322,000	\$3,950,000
<i>Total remaining prior year appropriation balance:</i>						<b>\$3,950,000</b>

*Report appropriations that have existing balances from all prior fiscal years at the 3-digit class fund number (i.e. 194, 195). Do not report carryover class funds separately. Include appropriations located in disbursing funds. Report PREP, but not ARPA/SRF, appropriations.*

**What changes did the agency make between FY'25 and FY'26?**

1.) Are there any services no longer provided because of budget cuts?

No

2.) What services are provided at a higher cost to the user?

None

3.) What services are still provided but with a slower response rate?

None

4.) Did the agency provide any pay raises that were not legislatively/statutorily required?

NA

**Appropriation Increase Review**

Appropriation Increase Purpose	Appropriation Increases (Additional to Agency Base Appropriation)			Expenditures	
	FY 2024	FY 2025	Total Amount Received FY 2024-2025	Total Expenditure of Increase as of 6/30/2025	If funds have not been spent, please explain why.
Original agency appropriation (none in FY23)	\$14,277,000	\$4,995,000	\$14,277,000	\$10,327,000	\$3,950,000 for LCF payment carryover
Year 2 of hospital support plan and rural scholarship program			\$4,995,000	\$4,995,000	
<b>Total:</b>	<b>\$14,277,000</b>	<b>\$4,995,000</b>	<b>\$19,272,000</b>	<b>\$15,322,000</b>	

*List appropriation increases that the agency has received in the prior two years. List amounts received in each year. Include PREP, but not ARPA/SRF, appropriations.*

**FY'27 Requested Funding By Department and Source**

Dept. #	Department Name	Appropriations	Federal	Revolving	Other <sup>1</sup>	Total	% Change
10	OSU Veterinary Medicine Authority	\$23,301,532	\$0	\$0	\$0	\$23,301,532	0.00%
<b>Total</b>		<b>\$23,301,532</b>		<b>\$0</b>	<b>\$0</b>	<b>\$23,301,532</b>	<b>0.00%</b>

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

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FY'27 Top Five Incremental Appropriated Funding Increase Requests				
Request by Priority	Request Description	Is this a Supplemental Request? (Yes/No)	Timeframe (One-Time or Recurring)	Appropriation Request Increase Amount (\$)
Request 1:	New LCF Funding (HB2773 2025)	No	Recurring	\$12,500,000
Request 2:	In- State Student Population Increase	No	Recurring	\$3,888,000
Top Five Request Subtotal:				<b>\$16,388,000</b>
<b>Total Increase above FY-26 Budget (including all requests)</b>				<b>\$16,388,000</b>
<b>Difference between Top Five requests and total requests:</b>				<b>\$0</b>

\* Capital requests in the table above should be listed in the next table.

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?			
Description of requested increase in order of priority	Total Project Cost (\$)	Needed State Funding for Project (\$)	Submitted to LRCPC? (Yes/No)
Priority 1			

Does the agency has any costs associated with the Pathfinder retirement system and federal employees? If so, please describe the impact.
No

\* Include the total number of federally funded FTE in the Pathfinder system.

How would the agency be affected by receiving the same appropriation for FY '27 as was received in FY '26? (Flat / 0% change)
The agency could not fulfill the LCF Bill approved in 2025 (HB2773)

How would the agency handle a 2% appropriation reduction in FY '27?
The agency and vet school would likely reduce scholarship amounts and limit faculty hiring.

Is the agency seeking any fee increases for FY '27?		
Description of requested increase in order of priority	Fee Increase Request (\$)	Statutory change required? (Yes/No)
Increase 1 None		

Federal Funds						
CFDA	Federal Program Name	Agency Dept. #	FY 26 budget (\$)	FY 25 actuals (\$)	FY 24 actuals (\$)	FY 23 actuals (\$)
NA						

Federal Government Impact						
1.) How much federal money received by the agency is tied to a mandate by the Federal Government?						
NA						
2.) Are any of those funds inadequate to pay for the federal mandate?						
NA						
3.) What would the consequences be of ending all of the federal funded programs for your agency?						
NA						
4.) How will your agency be affected by federal budget cuts in the coming fiscal year?						
NA						
5.) Has the agency requested any additional federal earmarks or increases?						
NA						

FY 2026 Budgeted FTE						
Division #	Division Name	Supervisors	Non-Supervisors	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$100K
No Employees						
Total		0	0	0	0	0

FTE History by Fiscal Year						
Division #	Division Name	FY 2026 Budgeted	FY 2026 YTD	FY 2025	FY 2024	FY 2023
No Employees						
Total		0.0	0.0	0.0	0.0	0.0

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Performance Measure Review					
	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
Program Name					
Operational Support transfer to the OSU College of Veterinary Medicine	Complete	Complete	NA	NA	NA

Revolving Funds (200 Series Funds)			
Fund: Fund Number, Fund Name	FY'23-25 Avg. Revenues	FY'23-25 Avg. Expenditures	June 2025 Balance
Describe fund purpose and revenue source. Include the statutory citation for the fund if applicable.			

FY 2026 Current Employee Telework Summary						
List each agency physical location (not division), then report the number of employees associated with that location in the teleworking categories indicated. Use "No specified location" to account for remote employees not associated with a site. Use actual current employees (headcount), not budgeted or actual FTE.			Full-time and Part-time Employees (#)			
Agency Location / Address	City	County	Onsite (5 days onsite, rarely remote)	Hybrid (2-4 days onsite weekly)	Remote (1 day or less weekly onsite)	Total Employees
No Employees						0
Total Agency Employees						0