

2019 JSCC Budget Training Presentation

Business Services



A budget is generally a list of all planned expenses and revenues. It is a plan for saving and spending. Jackson State uses budget controls for effective financial management.

Jackson State Budget Cycles



JSCC has three budget cycles.

- Proposed
- Revised
- Estimated

The Tennessee Board of Regents receives these budgets from Jackson State and approves them for each cycle.

TBR Policy 4.01.00.01 Budget Principles and Controls can be located at

https://policies.tbr.edu/policies/budget-principles





Proposed Budget

- Proposed Budgets are prepared in the spring and become effective July 1.
- Budget Managers are responsible for reviewing their respective base budgets.
 - A Dynamic Forms Budget Spreadsheet will be sent to Budget Managers. Any revisions and/or adjustments will need to be placed on the spreadsheet.
 - Proposed new positions should be submitted with justification and the amount needed on the position analysis form. Deleted/transferred positions and compensation adjustments are to also be completed for changes in current positions on the position analysis.



1st_full week in February — Budget Staff will submit Base Budgets - Operating, Travel & Salary Data

March 1st_— Budget Managers will submit Proposed Budgets to President and VPs

March 15- President and VPs will submit Proposed Budgets to VPFAA (including new positions and faculty promotions)

4th week in April— Final review of Proposed Budget by the President and VPs

1st Friday in May— Proposed Budget submitted to TBR

June 15th. – Budget managers are notified of the TBR approved budget

***VP should notify Budget Managers in their division of any approved items and the status of their other priorities by June 15th.



Revised Budget

- "October Revised Budget"
- Any revisions to the Proposed Budget are made during this cycle.



Estimated Budget

- This is the final budget submitted for the current fiscal year.
- **March 15-**-The Estimated Budget, for the current fiscal year, is submitted at the same time as the Proposed Budget, that is for the following fiscal year.
- After March 15 budget revisions for the current year require the President's approval.



Recurring Revenue & Expenses

Versus

Non-Recurring Revenue & Expenses

Recurring Non-Recurring

New Position Grant salaries

Increase in Travel One-time equipment purch.

Service Contract not in prior budget

What would be a Recurring and Non-Recurring requested item in your area for the annual July Proposed budget?

July Proposed

Operating and Travel Budget Development



Operating is inclusive of:

73000 - Travel Budget Pool

74000 - Operating Expense Budget Pool

75100 - Utilities and Fuel Budget Pool

*78000 - Capital Expense Budget Pool

79000 - Scholarships and Fellowships Budget Pool

Divisional Priorities Budget Request



This dynamic form will be used for:

- An increase in budget
- A decrease in budget
- Allocations

	es Budget Request					
Fiscal Year:	2020-2021					
Divisional Prioriti	es Budget Request For Incre	ase				
Organization	Organization #	Account #	Additional Funds Requeste	d Recurring/NonRecurring	Explanation Narrative Required Below	Prio
				Choose	·	1
				Choose V	'	2
				Choose 🗸		3
				Choose 🗸		4
				Choose V		5
				Choose	1	6
Budget Manager	*					
	(click to sign)					
	Signature	Da	ite			
Dean/Director	*					
	Signature	Da	ite			
Decreases/Offset	s associated with any priorit	ies (if applicable)				
Organization	Organization #	Account #	Amount	Priority Offset	Explanation	

- Final offsets will be automatically approved at Presidential Level, unless otherwise noted.
- Business Services will not change the prioritization of submitted budget request.
- Narrative is required.
- If no changes to base budget requested, submit email to supervisor as support.

Requesting an increase or decrease in your budget.



Fiscal Year: * 2021

Divisional Priorities Budget Request For Increase

Organization	Organization #	Account #	Additional Funds Requested	Recurring/NonRecurring	Explanation Narrative Required Below	Priority
Director of Physical Plant	410010	74000	\$ 5,000	Recurring	Increased cost for consulting services	_ 1
Maintenance	411010	74000	\$ 5,000	Recurring ~	Increased cost for equipment maintance	2
Custodial Services	412010	78000	\$ 10,000	Non-recurring - One t ∨	Floor Buffer	3
Security	415010	61300	\$ 45,000	Recurring ~	Salary	4
Security	415010	61300	\$ 20,700	Recurring	Associated Benefits (46%)	5
				Choose 🗸		6
				Choose 🗸		7
				Choose 🗸		8

Decreases/Offsets associated with any priorities (if applicable)

Organization	Organization #	Account #	Amount	Priority Offset	Explanation
Utilities	413010	75100	-\$ 5,000		Under spent the past 3 yr ×
]				
] [

Requesting an offset in your budget

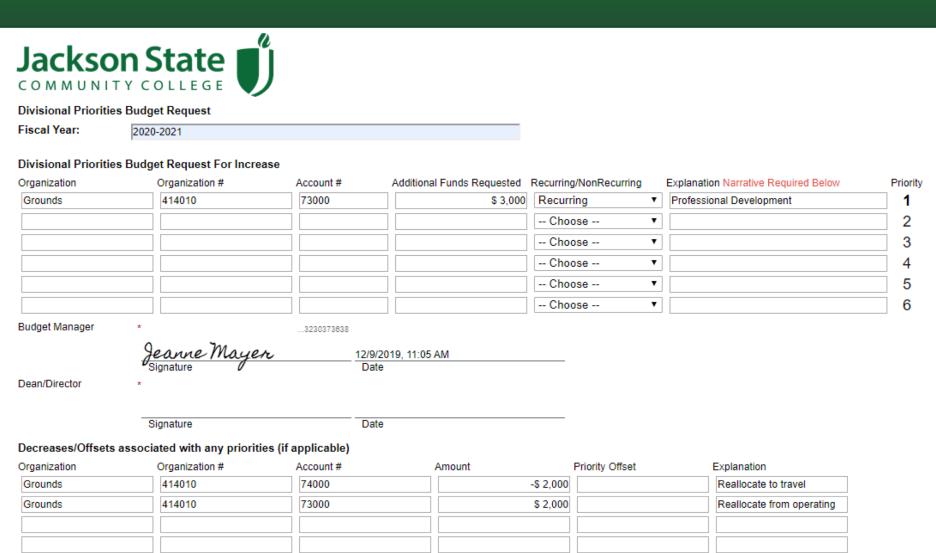


Budget Manager	*	3230373638				
	Jeanne Maye	r	12/9/2019, 11:05 Date	AM		
Dean/Director	*					
	Signature		Date			
Decreases/Offsets a	ssociated with any prioriti	es (if applicable)				
Organization	Organization #	Account #		Amount	Priority Offset	Explanation
Grounds	414010	74000		-\$ 2,000		Reallocate to travel
Grounds	414010	73000		\$ 2,000		Reallocate from operating

Final offsets will be automatically approved at Presidential Level, unless otherwise noted.

Requesting an offset plus additional dollars in your budget





*** As a Budget Manager you may put in your explanation that "offsets are contingent upon my number 1 item being approved".

Submit Consolidated Spreadsheet



Fiscal Year: * 2021

Divisional Priorities Budget Request For Increase

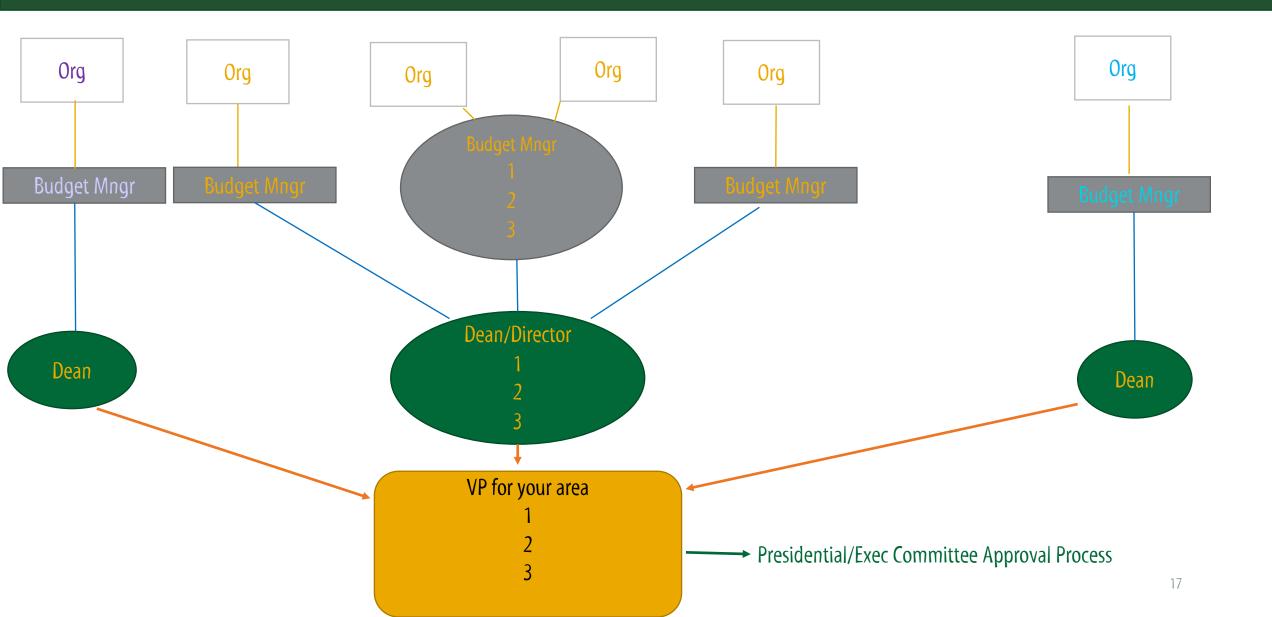
Organization	Organization #	Account #	Additional Funds Requested	Recurring/NonRecurring	Explanation Narrative Required Below	Priority
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				Choose		6
				Choose 🗸		7
				Choose		8

Decreases/Offsets associated with any priorities (if applicable)

Organization	Organization #	Account #	Amount	Priority Offset	Explanation
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Grounds	414010	73000	\$ 2,000		Reallocate from operating

What is the Budget Spreadsheet Approval Process?





Budget Requisition Narrative Form



INSTRUCTIONS:

If new positions are requested, please complete the sections below as well as the "Position Justification" form and attach. Anticipated changes in salaries should be explained on the Position Analysis form and attached. Projected rank promotions, passing of the CAP examination and reclassifications are examples of what to include. (Do not include Across-The-Board increases or equity adjustments.)

For each line item indicate how much is for recurring and how much is for non-recurring.

Provide written justification for the various line items that explains why the funds are needed. If there is an impact on Strategic Goals or Departmental Goals, please explain that as well. Include as much information as you deem necessary to express why the institution should allocate its resources to this specific budget item.

Budget Revision (not used for the Proposed Cycle)

Document Number:



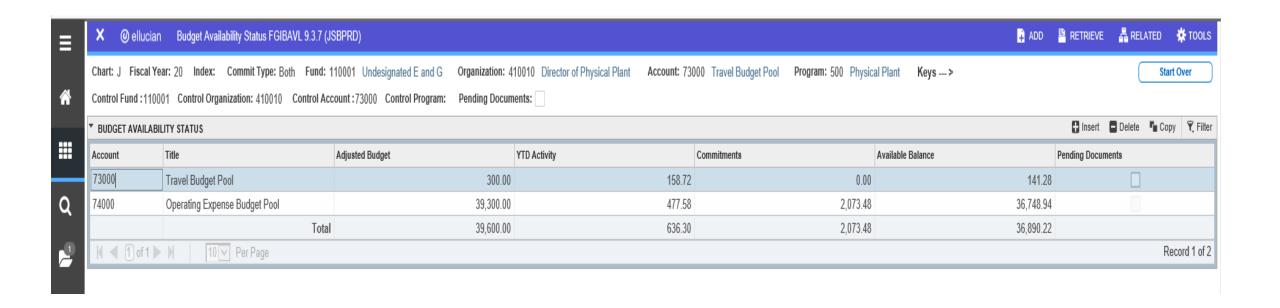
JACKSON STATE COMMUNITY COLLEGE

Request for Budget Revision

	Date 9/25/19 Account Name Custodial Maintance	Chart J J	Fund 110001 110001	Organization XXXXXX XXXXXX	Account 7XXXX 7XXXX	Program XXX XXX	Position Number	Increase/ (Decrease) \$ 1,000.00 \$ 1,000.00
All accounts should be rounded to the nearest 100 excluding salaries.								
	Please mark one:	Recurring Non-	recurring (one time				Total	2,000.00
		e sure	January .	fill th	nis s	ecti	on c	out.
	Recommended:	Division Chairman Director Budget Supervisor				Approved: _	Vice President	
						Approved:	Vice President o Finance & Admir Affairs	
	Entered in Accounting	Records:				Approved: _	President	

FGIBAVL – Banner Screen



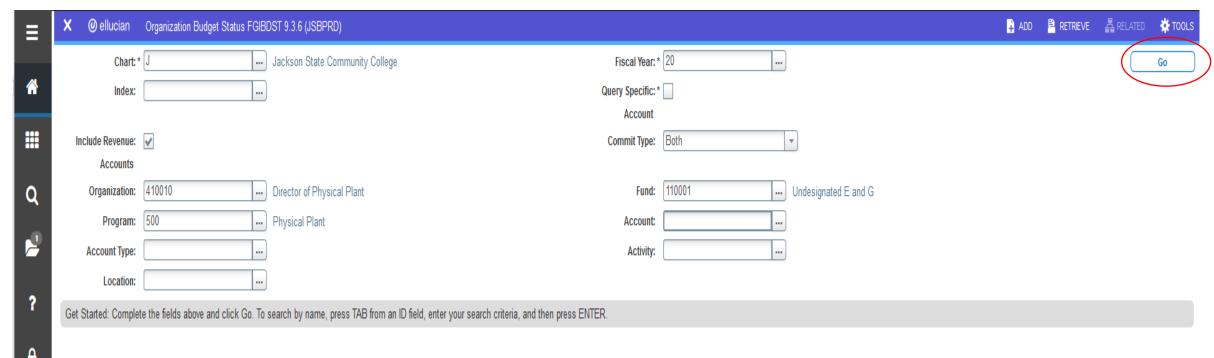


Banner 9 FGIBDST



Enter Parameters

- Enter at least your Fund and Organization
- Select Go in the top right corner of the page or Click on the Down Arrow in bottom left corner of page



FGIBDST —a view of your account

1 of 1 N 20 v Per Page

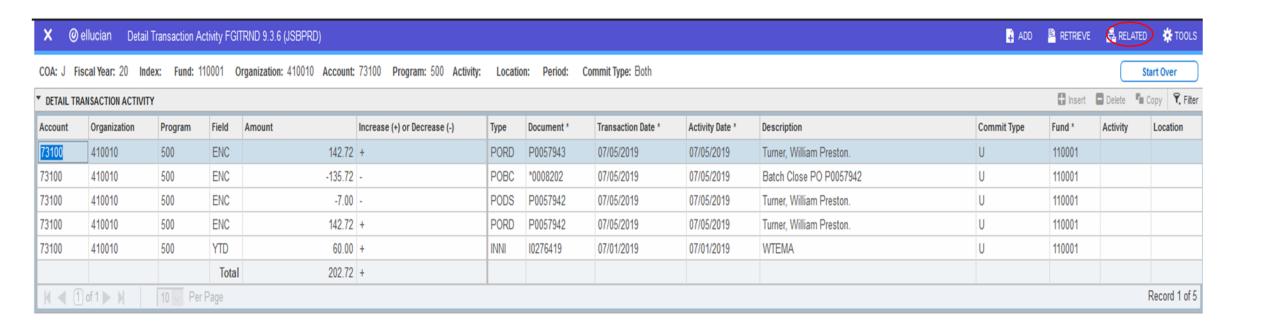


X @ ellucian	Organization Budget S	itatus FGIBDST 9.3.6 (JSBPRD)			a /	ADD 🖺 RETRIEVE 🚜 RELATED 🔅 TOOLS
Chart: J Jackson Sta	ate Community College	Fiscal Year: 20 Index: Query Specific Account: Include	Revenue Accounts: V Commit Type: Both Org	ganization: 410010 Director of Physical Plant	Fund: 110001 Undesignated E and G	Start Over
Program: 500 Physic	ical Plant Account:	Account Type: Activity: Location:				
▼ ORGANIZATION BUDGE	ET STATUS					🚹 Insert 📮 Delete 🍱 Copy 🔍 Filter
Account	Туре	Title	Adjusted Budget	YTD Activity	Commitments	Available Balance
61100	L	Administrative Salaries	73,553.00	6,249.98	0.00	67,303.02
61102	L	Administrative Salaries Longevity	1,300.00	0.00	0.00	1,300.00
61300	L	Clerical and Support Salaries	33,877.00	2,879.55	0.00	30,997.45
61302	L	Clerical and Support Sal Longevity	1,600.00	1,600.00	0.00	0.00
62000	L	Employee Benefits Budget Pool	57,200.00	0.00	0.00	57,200.00
62100	L	TCRS Retirement Non-Faculty	0.00	2,089.77	0.00	-2,089.77
62300	L	FICA	0.00	620.69	0.00	-620.69
62400	L	Medicare FICA	0.00	145.16	0.00	-145.16
62500	L	Group Insurance	0.00	2,232.92	0.00	-2,232.92
62900	L	401 K	0.00	100.00	0.00	-100.00
73000	E	Travel Budget Pool	300.00	0.00	0.00	300.00
73100	E	Individual Instate Travel	0.00	60.00	142.72	-202.72
74000	E	Operating Expense Budget Pool	39,300.00	0.00	0.00	39,300.00
74120	E	Printing of Supplies Outside Instit	0.00	0.00	1,000.00	-1,000.00
74260	E	Telephone Installation	0.00	11.12	55.38	-66.50
74502	E	Operational Supplies	0.00	253.49	30.00	-283.49
74620	E	Operating Leases Personal Property	0.00	0.00	587.40	-587.40
		Net Tota	-207,130.00	-16,242.68	1,815.50	22

FGITRND



If you want to look closer at what makes up a line item go to the related bar in the top right corner. From the drop down area select FGITRND. Below you will see transactions for line item 73100.



Travel and Operating questions?

Salary Budget Development

Budget Requisition Narrative Form



INSTRUCTIONS:

If new positions are requested, please complete the sections below as well as the "Position Justification" form and attach. Anticipated changes in salaries should be explained on the Position Analysis form and attached. Projected rank promotions, passing of the CAP examination and reclassifications are examples of what to include. (Do not include Across-The-Board increases or equity adjustments.)

For each line item indicate how much is for recurring and how much is for non-recurring.

Provide written justification for the various line items that explains why the funds are needed. If there is an impact on Strategic Goals or Departmental Goals, please explain that as well. Include as much information as you deem necessary to express why the institution should allocate its resources to this specific budget item.



Note new change

This form MUST go to HR before Priority Form Submission if you are requesting any change to a position.

HR will review and sign this form as support for your request, not approve it.

You must submit the form signed by HR with your Divisional Priorities form.

The Position Analysis form is located within Dynamic Forms.



Code

250009

Assistant Professor

Code

230090

Code

61200

Code

▼ 1111111

Jackson State Community College Position Analysis

New FOAP

Assistant Professor

Code

110001

Code

230010

Code

61200

Code

200

				P	roposed Budg	get ▼			
<u>ompensation Adjustment</u> Title Current		Title Proposed		Fund Code	Organization Code	Account Code	Program Code	Increase Amount	Justificatio
ecretary	N/A			110001	401010	61300	450 ▼	\$ 2,000	CAP certification
							Choose ▼		
							Choose ▼		
							Choose ▼		
							Choose ▼		
v Requested Position - New po	sition justific	<u>ation form requ</u>	uired with su	<u>ıbmission</u>					
Title	Fund Code	Organization Code	Account Code	Prograi Code	n Positio	on Job Grade		alary	Benefit Amt 40%
curity	110001	415010	61300	500	▼ TBD00	0			
				Choose	Τ ΔΙ	l new no	sitions reques	ted require a	New Position
				Choose	v [/11	i iicw pe	•		INCAN I OSICIOII
				Choose	▼		Justification	on Narrative.	
				Choose	▼				
leted Position									
eleted <i>Position</i> Title			und	Organizati		ount	Program	Position	
Title		С	ode	Code	C	ode	Code	#	
			ode			ode	Code 450 ▼		
Title		С	ode	Code	C	ode	Code	#	
Title		С	ode	Code	C	ode	Code 450 ▼ Choose ▼	#	

New Position Justification Form



JACKSON STATE COMMUNITY COLLEGE

JUSTIFICATION FOR NEW POSITION BUDGET FY _____

The "Justification" should be paragraphs which describe

"Position Skill Level" (classified employees only) and "Position Paygrade" (administrative/professional technical employees) Must be discussed with the Human Resource office.

approximately 1-2

position is needed to

support and justify your

WHY this

request.

DIVISION:		
ORGANIZATION:		
ORGANIZATION CODE:		
ACCOUNT CODE:		
POSITION NUMBER:		
POSITION TITLE:		
POSITION SKILL LEVEL:	POSITION PAYGRADI	<u> </u>
	POSITION PAYGRADI	<u>E:</u>
POSITION SKILL LEVEL: JUSTIFICATION:	POSITION PAYGRADI	<u>E:</u>
JUSTIFICATION:	POSITION PAYGRADI	<u> </u>
JUSTIFICATION: REQUIRED SIGNATURES:	POSITION PAYGRADI	<u> </u>
JUSTIFICATION:	POSITION PAYGRADI	<u>E:</u>

Group/Pooled Positions



		Program	Position		Account	ase Propose	d	2019-20	Additional	Recurring	Approved	Approved an	nount
Organization Code & Description		Number	Number	Group type	Code	Groups	Overtime	Proposed	Request	Y/N	Y/N		
415010	Security Services	500	530880	Clerical/Supp	61300	7,000.00		7,000.00	2,000.00	Υ	Υ	9,000.00	
415010	Security Services	500	530990	Overtime	61303		29,250.00	29,250.00	5,000.00	N	N	29,250.00	
	Total Security Services					7,000.00	29,250.00	36,250.00				38,250.00	

Budget Revision (not used for the Proposed Cycle)



JACKSON STATE COMMUNITY COLLEGE

Request for Budget Revision

Date 9/25/19							
Account Name	Chart	Fund	Organization	Account	Program	Position Number	Increase/ (Decrease)
Custodial	J	110001	XXXXXX	6XXXX	XXX		\$ 500.00
Maintance	J	110001	XXXXXX	6XXXX	XXX		\$ 500.00
				·			
·							
S. 100	-						-
						-	
P				·			1,000.00
Please mark one: Recurring	● Non-	recurring (one time)			Total _	.,
The reason for requesting this revis	ion is as fo	llows:					
Maka	1100	1 to	Fill +b	vic c	ooti	on c	NI IF
Make s	uie	ָ נט	ıııı u	112 2	CCLI	OHC	Jut.
Recommended:					Approved: _		
Division Ch Director Budget Su						Vice President	
					Approved: _	Vice President of Finance & Admir Affairs	
					Approved: _	President	
Entered in Accounting Records:						Headent	
Document Number:			Date:		Signature:		

NBAPBUD



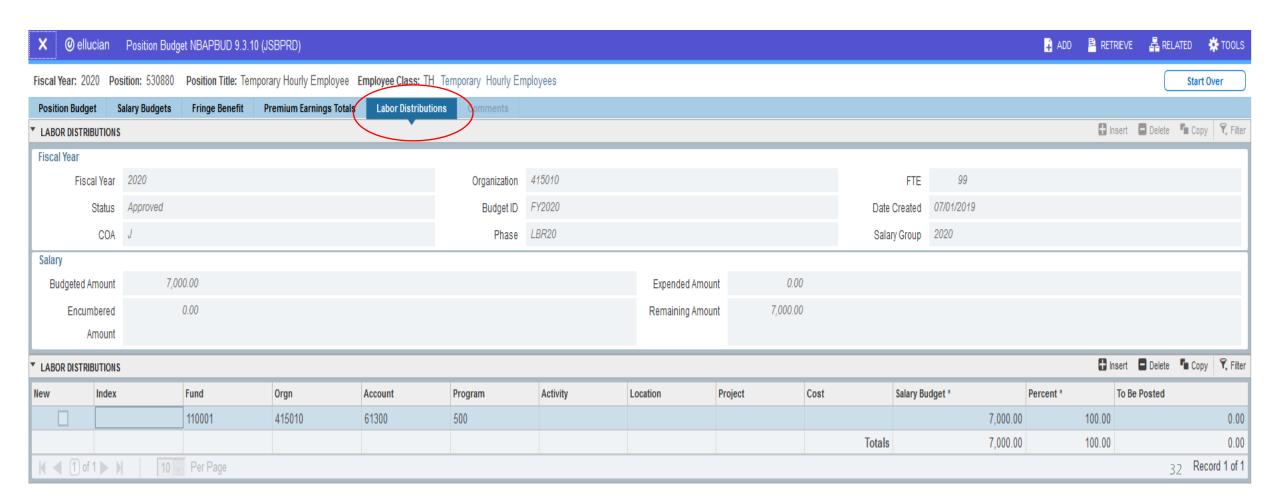
Enter the Fiscal Year and Position number. Select go.

If you are unsure of the position number contact Jeanne Mayer at Jmayer@jscc.edu





Tab over to the Labor Distribution form.



FGIBAVL



Enter your FOAP account information into FGIBAVL. Next, select Go in the top right corner.

X @ ellucian	Budget Availability Status FGIBAVL 9.3.13 (JSBPRD)			🔒 ADD 🖺 RETRIE	/E ♣ RELATED	TOOLS 🗱
Chart: *	J	Fiscal Year:	* 20			Go
Index:		Commit Type:	Both			
Fund:	110001 Undesignated E and G	Organization:	401010 Business Services			
Account:	62000 Employee Benefits Budget Pool	Program:		We would recommend		
Keys >				leaving program empty.		
Control Fund :		Control Organization:				
Control Account :		Control Program:				
Pending Documents:						
Get Started: Complete	e the fields above and click Go. To search by name, press TAB from an ID field, enter your search criteria, and then pres	ss ENTER.				

Monthly Budget Reporting



Preston Turner			Ledger Type	BUD	ACT	ACT		ACT											
					July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
i			Year	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019		2019
Organization	Account	t Program	n																1
413010	*	500	Utilities	820,000.00	69,955.02	66,476.47	63,614.59	66,584.61	63,489.46	63,034.59	22,857.21	62,519.61	99,796.91	57,916.40	58,138.02	58,342.89	1,361.64	754,087.42	754,087.42 -
																			1
i																			
i																			
					July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
			Year	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020		2020
Organization	Account	t Program	n																Available
413010	*	500	Utilities	820,000.00	64,098.87	63,925.18	63,466.84	-	-	-	-	-	-	-	-	-	-	191,490.89	191,490.89 628,509.11

Salary questions?

If you do not have access to any Banner 9 forms mentioned, please sign onto Jweb and go under Forms/Documents.

The System and Security access form is under the Banner section.



	System Se	curity Access F	Request/Change Form		
Section A – User Information:					
Name:				one#	
Job Title:		Username			
Department:		J#			
Circle the system(s) the user is	requesting acce	ess to:			
BANNER ARGOS	BD	oms DEGR	REEWORKS EPRINT	UC4 UC4	
Section B – User access needed The same as the The same as the New forms need Forms to delete D Remove all access	e former emplo e current emplo ded are listed ir are listed in Se	oyee whose Use on Section D ection	name was rname is		
Section C – Class Name:					
Form/User names needed in Class	1				
Form/User	Add/Delete	Query/Maint		Add/Delete	Query/Maint
1.			6.		
2.			7.		
3.	+		8.		
4.			9		
5.			10.		
Section D – List Form Access Ch Form Name 1. 2.	anges: Add/Delete	Query/Maint	Form Name 6. 7.	Add/Delete	Query/Maint
3.			8.		
4.			9		
5.			10.		
5.			10.		
Notes:					
Section E – Approval By requesting access to JSCC data,					
regulations and the JSCC Data Secu			sibility for knowing and comply	ing with all state an	d federal
regulations and the JSCC Data Secu		on jWeb.	, , ,	ing with all state an	d federal
	urity Plan located User's Si	on jWeb.	D		d federal
User's Name (Printed)	User's Signature of Supervisor	on jWeb.	D D	ate	d federal
User's Name (Printed) Supervisor's Name (Printed)	User's Signature of Supervisor	gnature or's Signature	D D	ate	d federal
User's Name (Printed) Supervisor's Name (Printed) Security Officer's Name (Printed)	User's Si Superviso Security	gnature or's Signature	, D	ate	d federal



Q₁₀ U₁ E₁ S₁ T₁ I₁ O₁ N₁ S₁

Please reach out to us if you have any questions.

Adina Kerfoot, Akerfoot@jscc.edu, Ext 52651 Shelia Reese, Sreese@jscc.edu, Ext 50446 Jeanne Mayer, Jmayer@jscc.edu, Ext 50360 Helen Crouse, Hcrouse@jscc.edu, Ext 59586

Note

Forms will be converted to Dynamic Forms throughout 2020 and made available on Jweb. If you are unable to locate a form, please contact us.