

Board of Massage Therapy P.O. Box 20 Morton, MS 39117

Robert Wilkins, LMT

AGENCY ADDRESS CHIEF EXECUTIVE OFFICER

	Actual Expenses FY Ending June 30, 2012	Estimate Expenses FY Ending June 30, 2013	Requested for FY Ending June 30, 2014	Requested Increase (+) or Decrease (-) FY 2014 vs. FY 2013 (Col. 3 vs. Col. 2)	
				AMOUNT	PERCENT
<b>I. A. PERSONAL SERVICES</b>					
1. Salaries, Wages & Fringe Benefits (Base)					
a. Additional Compensation					
b. Proposed Vacancy Rate (Dollar Amount)					
c. Per Diem	2,040	4,000	4,000		
<b>Total Salaries, Wages &amp; Fringe Benefits</b>	<b>2,040</b>	<b>4,000</b>	<b>4,000</b>		
2. Travel					
a. Travel & Subsistence (In-State)	5,009	7,000	7,000		
b. Travel & Subsistence (Out-of-State)		3,000	3,000		
c. Travel & Subsistence (Out-of-Country)					
<b>Total Travel</b>	<b>5,009</b>	<b>10,000</b>	<b>10,000</b>		
<b>B. CONTRACTUAL SERVICES (Schedule B):</b>					
a. Tuition, Rewards & Awards					
b. Communications, Transportation & Utilities	601	1,000	1,000		
c. Public Information					
d. Rents					
e. Repairs & Service					
f. Fees, Professional & Other Services	142,755	164,000	164,000		
g. Other Contractual Services	881	2,000	2,000		
h. Data Processing	7,590	30,000	30,000		
i. Other	705	1,000	1,000		
<b>Total Contractual Services</b>	<b>152,532</b>	<b>198,000</b>	<b>198,000</b>		
<b>C. COMMODITIES (Schedule C):</b>					
a. Maintenance & Construction Materials & Supplies					
b. Printing & Office Supplies & Materials		5,000	5,000		
c. Equipment, Repair Parts, Supplies & Accessories					
d. Professional & Scientific Supplies & Materials					
e. Other Supplies & Materials					
<b>Total Commodities</b>		<b>5,000</b>	<b>5,000</b>		
<b>D. CAPITAL OUTLAY:</b>					
<b>1. Total Other Than Equipment (Schedule D-1)</b>					
<b>2. Equipment (Schedule D-2):</b>					
b. Road Machinery, Farm & Other Working Equipment					
c. Office Machines, Furniture, Fixtures & Equipment					
d. IS Equipment (Data Processing & Telecommunications)		2,000	2,000		
e. Equipment - Lease Purchase					
f. Other Equipment					
<b>Total Equipment (Schedule D-2)</b>		<b>2,000</b>	<b>2,000</b>		
<b>3. Vehicles (Schedule D-3)</b>					
<b>4. Wireless Comm. Devices (Schedule D-4)</b>					
<b>E. SUBSIDIES, LOANS &amp; GRANTS (Schedule E):</b>					
<b>TOTAL EXPENDITURES</b>	<b>159,581</b>	<b>219,000</b>	<b>219,000</b>		
<b>II. BUDGET TO BE FUNDED AS FOLLOWS:</b>					
Cash Balance-Unencumbered	218,133	254,071	240,071	( 14,000)	( 5.51%)
General Fund Appropriation (Enter General Fund Lapse Below)					
State Support Special Funds					
Federal Funds _____ Other Special Funds (Specify) _____					
Board of Massage Therapy Fees	195,519	205,000	205,000		
Less: Estimated Cash Available Next Fiscal Period	( 254,071)	( 240,071)	( 226,071)	( 14,000)	( 5.83%)
<b>TOTAL FUNDS (equals Total Expenditures above)</b>	<b>159,581</b>	<b>219,000</b>	<b>219,000</b>		
GENERAL FUND LAPSE					
<b>III. PERSONNEL DATA</b>					
Number of Positions Authorized in Appropriation Bill	a.) Full Perm				
	b.) Full T-L				
	c.) Part Perm.				
	d.) Part T-L				
Average Annual Vacancy Rate (Percentage)	a.) Full Perm				
	b.) Full T-L				
	c.) Part Perm.				
	d.) Part T-L				

Approved by: Robert Wilkins, LMT  
 Official of Board or Commission

Budget Officer: Yvonne Laird / heart\_yvonne@bellsouth.net

Phone Number: 601-856-6127

Submitted by: Yvonne Laird  
 Name

Title: Board Administrator

Date: July 25, 2012

REPORT BY FUNDING SOURCE

Name of Agency Board of Massage Therapy

Specify Funding Sources As Shown Below	FY 2012 Actual Amount	% Of Line Item	% Of Total Budget	FY 2013 Estimated Amount	% Of Line Item	% Of Total Budget	FY 2014 Requested Amount	% Of Line Item	% Of Total Budget
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees	2,040	100.00%		4,000	100.00%		4,000	100.00%	
11.									
12.									
13.									
<b>Total Salaries</b>	<b>2,040</b>		<b>1.27%</b>	<b>4,000</b>		<b>1.82%</b>	<b>4,000</b>		<b>1.82%</b>
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees	5,009	100.00%		10,000	100.00%		10,000	100.00%	
11.									
12.									
13.									
<b>Total Travel</b>	<b>5,009</b>		<b>3.13%</b>	<b>10,000</b>		<b>4.56%</b>	<b>10,000</b>		<b>4.56%</b>
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees	152,532	100.00%		198,000	100.00%		198,000	100.00%	
11.									
12.									
13.									
<b>Total Contractual</b>	<b>152,532</b>		<b>95.58%</b>	<b>198,000</b>		<b>90.41%</b>	<b>198,000</b>		<b>90.41%</b>
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees				5,000	100.00%		5,000	100.00%	
11.									
12.									
13.									
<b>Total Commodities</b>				<b>5,000</b>		<b>2.28%</b>	<b>5,000</b>		<b>2.28%</b>

Name of Agency Board of Massage Therapy

Specify Funding Sources As Shown Below	FY 2012 Actual Amount	% Of Line Item	% Of Total Budget	FY 2013 Estimated Amount	% Of Line Item	% Of Total Budget	FY 2014 Requested Amount	% Of Line Item	% Of Total Budget
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees									
11.									
12.									
13.									
<b>Total Other Than Equipment</b>									
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees				2,000	100.00%		2,000	100.00%	
11.									
12.									
13.									
<b>Total Equipment</b>				<b>2,000</b>		<b>0.91%</b>	<b>2,000</b>		<b>0.91%</b>
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees									
11.									
12.									
13.									
<b>Total Vehicles</b>									
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees									
11.									
12.									
13.									
<b>Total Wireless Comm. Devices</b>									

**REQUEST BY FUNDING SOURCE**

Name of Agency Board of Massage Therapy

Specify Funding Sources As Shown Below	FY 2012 Actual Amount	% Of Line Item	% Of Total Budget	FY 2013 Estimated Amount	% Of Line Item	% Of Total Budget	FY 2014 Requested Amount	% Of Line Item	% Of Total Budget
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees									
11.									
12.									
13.									
<b>Total Subsidies, Loans &amp; Grants</b>									
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. ARRA - Education, Disc., FMAP									
7. Hurricane Disaster Reserve Fund									
8. Capital Expense Fund									
9. Federal _____ Other Special (Specify) _____									
10. Board of Massage Therapy Fees	159,581	100.00%		219,000	100.00%		219,000	100.00%	
11.									
12.									
13.									
<b>TOTAL</b>	<b>159,581</b>		<b>100.00%</b>	<b>219,000</b>		<b>100.00%</b>	<b>219,000</b>		<b>100.00%</b>

**SPECIAL FUNDS DETAIL**

Board of Massage Therapy  
Name of Agency

<b>S. STATE SUPPORT SPECIAL FUNDS</b>		(1) Actual Revenues FY 2012	(2) Estimated Revenues FY 2013	(3) Requested Revenues FY 2014
Source (Fund Number)	Detailed Description of Source			
	Cash Balance-Unencumbered			
Budget Contingency Fund	BCF - Budget Contingency Fund			
Education Enhancement Fund	EEF - Education Enhancement Fund			
Health Care Expendable Fund	HCEF - Health Care Expendable Fund			
Tobacco Control Fund	TCF - Tobacco Control Fund			
ARRA - Education, Discretionary, FMAP	ARRA - Education, Discretionary, FMAP			
Hurricane Disaster Reserve Fund	HDRF - Hurricane Disaster Reserve Fund			
Capital Expense Fund	CEF - Capital Expense Fund			
<b>Section S TOTAL</b>				

<b>A. FEDERAL FUNDS*</b>		Percentage Match Requirement		(1) Actual Revenues FY 2012	(2) Estimated Revenues FY 2013	(3) Requested Revenues FY 2014
Source (Fund Number)	Detailed Description of Source	FY 2013	FY 2014			
	Cash Balance-Unencumbered					
<b>Section A TOTAL</b>						

<b>B. OTHER SPECIAL FUNDS (NON-FED'L)</b>		(1) Actual Revenues FY 2012	(2) Estimated Revenues FY 2013	(3) Requested Revenues FY 2014
Source (Fund Number)	Detailed Description of Source			
	Cash Balance-Unencumbered	218,133	254,071	240,071
Board of Massage Therapy Fees (3857)	Fees Collected	195,519	205,000	205,000
<b>Section B TOTAL</b>		<b>413,652</b>	<b>459,071</b>	<b>445,071</b>

<b>Section S + A + B TOTAL</b>		<b>413,652</b>	<b>459,071</b>	<b>445,071</b>
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<b>C. TREASURY FUND/BANK ACCOUNTS*</b>			(1) Reconciled Balance as of 6/30/12	(2) Balance as of 6/30/13	(3) Balance as of 6/30/14
Name of Fund/Account	Fund/Account Number	Name of Bank (If Applicable)			
Mississippi Board of Massage Therapy	3857	Fees Collected/ BankPlus	10,996	2,500	2,500

\* Any non-federal funds that have restricted uses must be identified and narrative of restrictions attached.

**NARRATIVE OF SPECIAL FUNDS DETAIL  
AND TREASURY FUND/BANK ACCOUNTS**

Board of Massage Therapy

Name of Agency

**OTHER SPECIAL FUNDS**

License fees are paid every other year upon expiration. Files are updated and maintained at the Board office for each Registered Massage Therapist. The Board has established reasonable and customary fines and penalties. Any violation of the Rules and Regulations is punishable by a fine.

Additional fees are collected with the annual licensing of the seven Massage Therapy Board approved schools in the state. The instructors in all of these schools must pay an annual fee for their instructor's licenses. In addition, there are application fees, continuing education approval and renewal fees, and provisional permit fees.

No general funds are used.

**TREASURY FUND/BANK**

Receipts of the Board are deposited into this account before transfer to the State Treasury.

**CONTINUATION AND EXPANDED REQUEST**

Board of Massage Therapy \_\_\_\_\_  
AGENCY

Program No. \_\_\_\_\_ of \_\_\_\_\_ I. Programs

**SUMMARY OF ALL PROGRAMS**

**PROGRAM**

	FY 2012 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries, Wages, Fringe				2,040	2,040
Travel				5,009	5,009
Contractual Services				152,532	152,532
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Comm. Devs.					
Subsidies, Loans & Grants					
<b>Total</b>				<b>159,581</b>	<b>159,581</b>
No. of Positions (FTE)					

	FY 2013 Estimate				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries, Wages, Fringe				4,000	4,000
Travel				10,000	10,000
Contractual Services				198,000	198,000
Commodities				5,000	5,000
Other Than Equipment					
Equipment				2,000	2,000
Vehicles					
Wireless Comm. Devs.					
Subsidies, Loans & Grants					
<b>Total</b>				<b>219,000</b>	<b>219,000</b>
No. of Positions (FTE)					

	FY 2014 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries, Wages, Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Comm. Devs.					
Subsidies, Loans & Grants					
<b>Total</b>					
No. of Positions (FTE)					

Note: FY2014 Total Request = FY2013 Estimated + FY2014 Incr(Decr) for Continuation + FY2014 Expansion/Reduction of Existing Activities + FY2014 New Activities.

**CONTINUATION AND EXPANDED REQUEST**

Board of Massage Therapy  
AGENCY

Program No. \_\_\_\_\_ of 1 Programs

**SUMMARY OF ALL PROGRAMS**

**PROGRAM**

FY 2014 Expansion/Reduction of Existing Activities				
(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries, Wages, Fringe				
Travel				
Contractual Services				
Commodities				
Other Than Equipment				
Equipment				
Vehicles				
Wireless Comm. Devs.				
Subsidies, Loans & Grants				
<b>Total</b>				
No. of Positions (FTE)				

FY 2014 New Activities				
(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries, Wages, Fringe				
Travel				
Contractual Services				
Commodities				
Other Than Equipment				
Equipment				
Vehicles				
Wireless Comm. Devs.				
Subsidies, Loans & Grants				
<b>Total</b>				
No. of Positions (FTE)				

FY 2014 Total Request				
(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries, Wages, Fringe			4,000	4,000
Travel			10,000	10,000
Contractual Services			198,000	198,000
Commodities			5,000	5,000
Other Than Equipment				
Equipment			2,000	2,000
Vehicles				
Wireless Comm. Devs.				
Subsidies, Loans & Grants				
<b>Total</b>			<b>219,000</b>	<b>219,000</b>
No. of Positions (FTE)				

Note: FY2014 Total Request = FY2013 Estimated + FY2014 Incr(Decr) for Continuation + FY2014 Expansion/Reduction of Existing Activities + FY2014 New Activities.



**SUMMARY OF PROGRAMS  
FORM MBR-1-03sum**

Board of Massage Therapy  
Agency Name

FUNDING REQUESTED FISCAL YEAR 2014

PROGRAM	GENERAL	ST.SUPP.SPECIAL	FEDERAL	OTHER SPECIAL	TOTAL
1. REGISTRATION				219,000	219,000
SUMMARY OF ALL PROGRAMS				219,000	219,000

**CONTINUATION AND EXPANDED REQUEST**

Board of Massage Therapy  
AGENCY

Program No. 1 of 1 Programs

REGISTRATION

PROGRAM

	FY 2012 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries, Wages, Fringe				2,040	2,040
Travel				5,009	5,009
Contractual Services				152,532	152,532
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Comm. Devs.					
Subsidies, Loans & Grants					
<b>Total</b>				<b>159,581</b>	<b>159,581</b>
No. of Positions (FTE)					

	FY 2013 Estimate				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries, Wages, Fringe				4,000	4,000
Travel				10,000	10,000
Contractual Services				198,000	198,000
Commodities				5,000	5,000
Other Than Equipment					
Equipment				2,000	2,000
Vehicles					
Wireless Comm. Devs.					
Subsidies, Loans & Grants					
<b>Total</b>				<b>219,000</b>	<b>219,000</b>
No. of Positions (FTE)					

	FY 2014 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries, Wages, Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Comm. Devs.					
Subsidies, Loans & Grants					
<b>Total</b>					
No. of Positions (FTE)					

Note: FY2014 Total Request = FY2013 Estimated + FY2014 Incr(Decr) for Continuation + FY2014 Expansion/Reduction of Existing Activities + FY2014 New Activities.

**CONTINUATION AND EXPANDED REQUEST**

Board of Massage Therapy  
AGENCY

Program No. 1 of 1 Programs

REGISTRATION

PROGRAM

FY 2014 Expansion/Reduction of Existing Activities				
(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries, Wages, Fringe				
Travel				
Contractual Services				
Commodities				
Other Than Equipment				
Equipment				
Vehicles				
Wireless Comm. Devs.				
Subsidies, Loans & Grants				
<b>Total</b>				
No. of Positions (FTE)				

FY 2014 New Activities				
(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries, Wages, Fringe				
Travel				
Contractual Services				
Commodities				
Other Than Equipment				
Equipment				
Vehicles				
Wireless Comm. Devs.				
Subsidies, Loans & Grants				
<b>Total</b>				
No. of Positions (FTE)				

FY 2014 Total Request				
(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries, Wages, Fringe			4,000	4,000
Travel			10,000	10,000
Contractual Services			198,000	198,000
Commodities			5,000	5,000
Other Than Equipment				
Equipment			2,000	2,000
Vehicles				
Wireless Comm. Devs.				
Subsidies, Loans & Grants				
<b>Total</b>			<b>219,000</b>	<b>219,000</b>
No. of Positions (FTE)				

Note: FY2014 Total Request = FY2013 Estimated + FY2014 Incr(Decr) for Continuation + FY2014 Expansion/Reduction of Existing Activities + FY2014 New Activities.

**PROGRAM DECISION UNITS**

Board of Massage Therapy

1 - REGISTRATION

AGENCY

PROGRAM NAME

	A	B	C	D	E	F	G	H
	FY 2013 Appropriation	Escalations By DFA	Non-Recurring Items	Total Funding Change	FY 2014 Total Request			
<b>EXPENDITURES:</b>								
<b>SALARIES</b>	<b>4,000</b>				<b>4,000</b>			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	4,000				4,000			
<b>TRAVEL</b>	<b>10,000</b>				<b>10,000</b>			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	10,000				10,000			
<b>CONTRACTUAL</b>	<b>198,000</b>				<b>198,000</b>			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	198,000				198,000			
<b>COMMODITIES</b>	<b>5,000</b>				<b>5,000</b>			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	5,000				5,000			
<b>CAPITAL-OTE</b>								
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER								
<b>EQUIPMENT</b>	<b>2,000</b>				<b>2,000</b>			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	2,000				2,000			
<b>VEHICLES</b>								
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER								
<b>WIRELESS DEV</b>								
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER								
<b>SUBSIDIES</b>								
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER								
<b>TOTAL</b>	<b>219,000</b>				<b>219,000</b>			

**FUNDING:**

GENERAL FUNDS								
ST.SUP.SPCL.FUNDS								
FEDERAL FUNDS								
OTHER SP.FUNDS	219,000				219,000			
<b>TOTAL</b>	<b>219,000</b>				<b>219,000</b>			

**POSITIONS:**

GENERAL FTE								
ST.SUP.SPCL.FTE								
FEDERAL FTE								
OTHER SP FTE								
<b>TOTAL FTE</b>								

**PRIORITY LEVEL:**

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**PROGRAM NARRATIVE**

Program Data Collected in Accordance with the  
Mississippi Performance Budget and Strategic Planning Act of 1994  
(To Accompany Form MBR-1-03)

Board of Massage Therapy

1 - REGISTRATION

AGENCY NAME

PROGRAM NAME

**I. Program Description:**

To evaluate new applicants for qualifications for registration under the Massage Therapy Practice Act and issue certificates of registration to those applicants meeting all registration requirements.

**II. Program Objective:**

The Board is dedicated to improving the educational standards for the future therapists who will positively affect the health and welfare of the citizens of Mississippi.

**PROGRAM PERFORMANCE INDICATORS AND MEASURES**  
Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Board of Massage Therapy

1 - REGISTRATION

AGENCY NAME

PROGRAM NAME

**PROGRAM OUTPUTS:** (This is the measure of the process necessary to carry out the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	<u>FY 2012</u> <u>ACTUAL</u>	<u>FY 2013</u> <u>ESTIMATED</u>	<u>FY 2014</u> <u>PROJECTED</u>
1 Certificates of License Issued	101.00	150.00	150.00

**PROGRAM EFFICIENCIES:** (This is the measure of the cost, unit cost or productivity associated with a given outcome or output. This measure indicates linkage between services and funding, i.e., cost per investigation, cost per student or number of days to complete investigation.)

	<u>FY 2012</u> <u>ACTUAL</u>	<u>FY 2013</u> <u>ESTIMATED</u>	<u>FY 2014</u> <u>PROJECTED</u>
1 Certificates of License Renewed	287.00	300.00	300.00

**PROGRAM OUTCOMES:** (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.)

	<u>FY 2012</u> <u>ACTUAL</u>	<u>FY 2013</u> <u>ESTIMATED</u>	<u>FY 2014</u> <u>PROJECTED</u>
1 Protects the health and safety of the citizens of MS, to include, but not limited to: a. inspect 50% of all licensed massage therapists in MS; b. inspect 50% of massage therapist establishments in MS to insure compliance with the law; c. complete on-line renewal project, phase 1 - school instructors and continuing education providers and programs by topic, location or provider; d. streamline internal operations for more effective license issuance; and e. follow-up on complaints regarding non-licensed individuals who are practicing massage therapy without a professional license; and f. continue to work toward online process for additional location certificate(s).	175,000.00	219,000.00	219,000.00

**PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATION**

Board of Massage Therapy \_\_\_\_\_

	Fiscal Year 2013 Funding			FY 2013 GF PERCENT REDUCED
	Total Funds	Reduced Amount	Reduced Funding Amount	
<b>Program Name: (1) REGISTRATION</b>				
GENERAL				
ST.SUPPORT SPECIAL				
FEDERAL				
OTHER SPECIAL	219,000		219,000	
<b>TOTAL</b>	<b>219,000</b>		<b>219,000</b>	
<b>Narrative Explanation:</b>				
<b>SUMMARY OF ALL PROGRAMS</b>				
GENERAL				
ST.SUPPORT SPECIAL				
FEDERAL				
OTHER SPECIAL	219,000		219,000	
<b>TOTAL</b>	<b>219,000</b>		<b>219,000</b>	

### BOARD OF MASSAGE THERAPY MEMBERS

Board of Massage Therapy \_\_\_\_\_

Agency

A. Explain Rate and manner in which board members are reimbursed:

\$40/day per diem plus reimbursement of travel expenses.

B. Estimated number of meetings FY2013

9

C.	<b>Names of Members</b>	<b>City, Town, Residence</b>	<b>Appointed By</b>	<b>Date of Appointment</b>	<b>Length of Term</b>
1.	<u>Robert Wilkins</u>	<u>Brandon, MS</u>	<u>Barbour</u>	<u>2009</u>	<u>4 yrs</u>
2.	<u>Lessa Phillips, M.D.</u>	<u>Madison, MS</u>	<u>Barbour</u>	<u>2011</u>	<u>4 yrs.</u>
3.	<u>Charlene Russell, LMT</u>	<u>Vanceleave, MS</u>	<u>Barbour</u>	<u>2008</u>	<u>4 yrs.</u>
4.	<u>Christie Beattie, LMT</u>	<u>Greenville, MS</u>	<u>Barbour</u>	<u>2008</u>	<u>4 yrs.</u>
5.	<u>Kay Mathews</u>	<u>Tupelo, MS</u>	<u>Barbour</u>	<u>2011</u>	<u>4 yrs.</u>

Identify Statutory Authority (Code Section or Executive Order Number)\*

Title 75 Chapter 67 Sections 1-39

\*If Executive Order, please attach copy.



**SCHEDULE B  
CONTRACTUAL SERVICES**

Board of Massage Therapy

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2012	(2) Estimated Expenses FY Ending June 30, 2013	(3) Requested for FY Ending June 30, 2014
<b>A. TUITION, REWARDS &amp; AWARDS (61010-61099)</b>			
61010 Tuition			
61020 Employee Training			
<b>TOTAL (A)</b>			
<b>B. TRANSPORTATION &amp; UTILITIES (61100-61299)</b>			
61110 Postage, Box Rent, etc.	601	1,000	1,000
611XX Transportation of Goods (61180-61190)			
61210 Electricity			
61220 Gas			
61230 Water & Sewage			
<b>TOTAL (B)</b>	<b>601</b>	<b>1,000</b>	<b>1,000</b>
<b>C. PUBLIC INFORMATION ((61300-61399)</b>			
61310 Advertising & Public Information			
61340 Signs & Billboards			
61350 Exhibits & Displays			
<b>TOTAL (C)</b>			
<b>D. RENTS (61400-61499)</b>			
61420 Building & Floor Space			
61430 Land			
61440 Office Equipment			
61460 Other Equipment			
61470 Capitol Facilities - Rental			
61480 Exhibits, Displays & Conference Rooms			
<b>TOTAL (D)</b>			
<b>E. REPAIRS &amp; SERVICES (61500-61599)</b>			
61500 Grounds, Walks, Fences & Lots			
61520 Buildings			
61530 Machinery & Field Equipment			
61540 Motor Vehicles			
61550 Office Equipment & Furniture			
61580 Shop Equipment			
61590 Miscellaneous Items of Equipment			
<b>TOTAL (E)</b>			
<b>F. FEES, PROFESSIONAL &amp; OTHER SERVICES (61600-61699)</b>			
61610 Engineering			
61615 SAAS Fees - DFA	241	500	500
61616 MMRS Fees	600	800	800
61620 Department of Audit			
6162X Accounting (61621-61624)	18,000	18,000	18,000
6163X Legal (61630-61636)	22,978	27,000	27,000
6164X Medical Services (61641-61646)			
61650 State Personnel Board			
6165X Personnel Services Contracts (61651-61653)	100,136	115,700	115,700
61658 Personnel Services Contracts - SPAHRS			
6166X Court Costs & Reporters (61661-61666)	800	2,000	2,000
61670 Laboratory & Testing Fees			
6168X Contract Worker (61682-61688)			
61690 Other Fees & Services			

**SCHEDULE B  
CONTRACTUAL SERVICES CONTINUED**

Board of Massage Therapy

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2012	(2) Estimated Expenses FY Ending June 30, 2013	(3) Requested for FY Ending June 30, 2014
<b>F. FEES, PROFESSIONAL &amp; OTHER SERVICES (61600-61699)</b>			
XXX NEW			
<b>TOTAL (F)</b>	<b>142,755</b>	<b>164,000</b>	<b>164,000</b>
<b>G. OTHER CONTRACTUAL SERVICES (61700-61899)</b>			
61700 Liability Insurance Pool Contributions (Tort Claims)			
61710 Insurance & Fidelity Bonds			
61715 Insurance Computer Equipment ITS			
61720 Membership Dues	881	2,000	2,000
61721 Subscriptions			
<b>TOTAL (G)</b>	<b>881</b>	<b>2,000</b>	<b>2,000</b>
<b>H. INFORMATION TECHNOLOGY (61900-61990)</b>			
61902 IS Professional Fees - Outside Vendor	1,100	5,000	5,000
61905 IS Professional Fees - ITS	2,765	20,000	20,000
6191X IS Training/Education (61914-61915)			
61917 Service Charges to State Data Center	3,360	4,000	4,000
61918 Data Entry			
61921 Software Acquisition and Installation			
61922 Basic Telephone Monthly - Outside Vendor			
61923 Basic Telephone Monthly - ITS	302	600	600
61924 Long Distance Charges - Outside Vendor			
61925 Long Distance Charges - ITS	63	400	400
61926 Private Data Line Monthly Charges - Outside Vendor			
61927 Private Data Line Monthly Charges - ITS			
61928 Public Network Access Charges - Outside Vendor			
61929 Public Network Access Charges - ITS			
6193X IS Related Rentals (61932-61933)			
61938 Pager Usage Time - Outside Vendor			
61939 Cellular Usage Time - Outside Vendor			
61961 Maintenance/Repair of IS Equipment			
61962 Maintenance/Repair of Communications Systems			
<b>TOTAL (H)</b>	<b>7,590</b>	<b>30,000</b>	<b>30,000</b>
<b>I. OTHER (61991-61999)</b>			
6199X Prior Year Expense (61996-61998)	705	1,000	1,000
61999 Contractual Services - No PO Required			
<b>TOTAL (I)</b>	<b>705</b>	<b>1,000</b>	<b>1,000</b>
<b>GRAND TOTAL</b> <i>(Enter on Line I-B of Form MBR-1)</i>	<b>152,532</b>	<b>198,000</b>	<b>198,000</b>
<b>FUNDING SUMMARY:</b>			
GENERAL FUNDS			
STATE SUPPORT SPECIAL FUNDS			
FEDERAL FUNDS			
OTHER SPECIAL FUNDS	152,532	198,000	198,000
<b>TOTAL FUNDS</b>	<b>152,532</b>	<b>198,000</b>	<b>198,000</b>

**SCHEDULE C  
COMMODITIES**

Board of Massage Therapy  
Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2012	(2) Estimated Expenses FY Ending June 30, 2013	(3) Requested for FY Ending June 30, 2014
<b>A. MAINTENANCE &amp; CONSTR. MATERIALS &amp; SUPPLIES (62010-62099)</b>			
62040 Lumber Parts			
62050 Steel & Other Metals			
62060 Paints			
<b>Total (A)</b>			
<b>B. PRINTING &amp; OFFICE SUPPLIES &amp; MATERIALS (62100-62199)</b>			
62110 Printing Binding			
62130 Office Supplies & Materials		5,000	5,000
62140 Paper Supplies			
62150 Maps, Manuals, Library Books			
62160 Office Equipment (not capital outlay)			
<b>Total (B)</b>		<b>5,000</b>	<b>5,000</b>
<b>C. EQUIPMENT REPAIR PARTS, SUPPLIES &amp; ACCES. (62200-62299)</b>			
62210 Fuels - Gasoline			
62251 Repair Vehicle			
62270 Radio & TV Supply & Repair			
62290 Other Equipment Repair Parts			
<b>Total (C)</b>			
<b>D. PROFESSIONAL &amp; SCI. SUPPLIES AND MATERIALS (62300-62399)</b>			
62330 Photographic Supplies			
62340 Drugs & Chemicals - Medical & Lab Use			
62390 Other Professional Scientific			
<b>Total (D)</b>			
<b>E. OTHER SUPPLIES &amp; MATERIALS (62400-62999)</b>			
62420 Hardware, Plumbing & Electrical			
62450 Janitor Supplies & Cleaning			
62460 Wearing Material			
62470 Food			
62520 Decal Signs			
62530 Uniforms & Wearing Apparel			
62560 Eating Utensils			
62590 Other Supplies & Materials			
62595 Other Equipment (less than \$500)			
62998 Prior year expense			
<b>Total (E)</b>			
<b>GRAND TOTAL (A, B, C, D &amp; E)</b> <i>(Enter on Line I-C of Form MBR-1)</i>		<b>5,000</b>	<b>5,000</b>
<b>FUNDING SUMMARY:</b>			
GENERAL FUNDS			
STATE SUPPORT SPECIAL FUNDS			
FEDERAL FUNDS			
OTHER SPECIAL FUNDS		5,000	5,000
<b>TOTAL FUNDS</b>		<b>5,000</b>	<b>5,000</b>

**SCHEDULE D-1  
CAPITAL OUTLAY  
OTHER THAN EQUIPMENT**

Board of Massage Therapy  
Name of Agency \_\_\_\_\_

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2012	(2) Estimated Expenses FY Ending June 30, 2013	(3) Requested for FY Ending June 30, 2014
<b>A. LANDS (63100-63199)</b>			
63110 Land for Buildings			
63120 Land for Right-of-Way			
63130 Land for Aggregates			
63170 Land Purchased for Other Purposes			
<b>TOTAL (A)</b>			
<b>B. BUILDINGS &amp; IMPROVEMENTS (63200-63299)</b>			
63250 Buildings - Purchased, Constructed, Remodeled			
<b>TOTAL (B)</b>			
<b>C. INFRASTRUCTURE &amp; OTHER (63500-63999)</b>			
635XX Other			
<b>TOTAL (C)</b>			
<b>GRAND TOTAL</b> <i>(Enter on Line I-D-1 of Form MBR-1)</i>			
<b>FUNDING SUMMARY:</b>			
GENERAL FUNDS			
STATE SUPPORT SPECIAL FUNDS			
FEDERAL FUNDS			
OTHER SPECIAL FUNDS			
<b>TOTAL FUNDS</b>			

**SCHEDULE D-2  
CAPITAL OUTLAY EQUIPMENT**

Board of Massage Therapy

Name of Agency

EQUIPMENT BY ITEM	Act. FY Ending June 30, 2012		Est. FY Ending June 30, 2013		Req. FY Ending June 30, 2014		
	No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Cost Per Unit	Total Cost
<b>A. VEHICLES (see form MBR-1-D-3)</b>							
<b>B. ROAD MACHINERY, FARM &amp; OTHER EQUIPMENT</b>							
63320 Road Machinery							
<b>TOTAL (B)</b>							
<b>C. OFFICE MACHINES, FURNITURE, FIXTURES, EQUIP.</b>							
63330 Office Equipment, Furniture							
Scantron Grademaster							
<b>TOTAL (C)</b>							
<b>D. IS EQUIPMENT (DP &amp; TELECOMMUNICATIONS)</b>							
63421 IT/IS Equipment							
Laptop Computer					1	2,000	2,000
Desktop Computer			1	2,000			
Laser Printer							
File Server							
<b>TOTAL (D)</b>				<b>2,000</b>			<b>2,000</b>
<b>E. EQUIPMENT - LEASE PURCHASE (63460-63476)</b>							
63462 Lease-Purchase - Information Systems Equipment							
63463 Lease-Purchase - Telecom. Infrastructure / Equipment							
63468 Lease-Purchase - Telephone Equipment							
63469 Lease-Purchase - Two-way Radio Equipment							
63476 Lease-Purchase - Other Equipment							
<b>TOTAL (E)</b>							
<b>F. OTHER EQUIPMENT</b>							
63490 Other Equipment							
<b>TOTAL (F)</b>							
<b>GRAND TOTAL</b> <i>(Enter on Line I-D-2 of Form MBR-1)</i>				<b>2,000</b>			<b>2,000</b>
<b>FUNDING SUMMARY:</b>							
GENERAL FUNDS							
STATE SUPPORT SPECIAL FUNDS							
FEDERAL FUNDS							
OTHER SPECIAL FUNDS				2,000			2,000
<b>TOTAL FUNDS</b>				<b>2,000</b>			<b>2,000</b>

**SCHEDULE D-3  
PASSENGER/WORK VEHICLES**

Board of Massage Therapy

Name of Agency

MINOR OBJECT OF EXPENDITURE	Vehicle Inventory	FY Ending June 30, 2012		FY Ending June 30, 2013		FY Ending June 30, 2014	
	June 30, 2012	No. of Vehicles	Actual Cost	No. of Vehicles	Estimated Cost	No. of Vehicles	Requested Cost
<b>A. PASSENGER &amp; WORK VEHICLES (63310, 63390-63400)</b>							
63310 Automobile, Compact Sedan (AU CS)							
63310 Automobile, Full Size Sedan (AU FS)							
63310 Automobile, Mid Size Sedan (AU MS)							
63310 Automobile, Mid Size Station Wagon (AU MW)							
63310 Automobile Utility (AU UT)							
63390 Truck, Carry-All (TK CA)							
63390 Truck, Compact Pickup (TK CU)							
63390 Truck, Dump Bed (TK DU)							
63390 Truck, Medium Duty 2.5 Ton (TK MD)							
63390 Truck, Mid Size Pickup (TK MU)							
63391 Truck, Heavy Duty 5 Ton (TK HD)							
63391 Truck, Heavy Duty Pickup (TK HU)							
63392 Sport Utility Vehicle (TK SU)							
63393 Van, Cargo (VN CD)							
63393 Van, Full Size (VN FV)							
63393 Van, Mid Size (VN MV)							
63400 Other Vehicles							
<b>TOTAL (A)</b>							
<b>B. BETTERMENTS OR ACCESSORIES FOR VEHICLES (63395)</b>							
63395 Betterments or Accessories for Vehicles							
<b>TOTAL (B)</b>							
<b>GRAND TOTAL</b> <i>(Enter on Line I-D-3 of Form MBR-1)</i>							
<b>FUNDING SUMMARY:</b>							
GENERAL FUNDS							
STATE SUPPORT SPECIAL FUNDS							
FEDERAL FUNDS							
OTHER SPECIAL FUNDS							
<b>TOTAL FUNDS</b>							

**SCHEDULE D-4  
WIRELESS COMMUNICATION DEVICES**

Board of Massage Therapy  
Name of Agency \_\_\_\_\_

MINOR OBJECT OF EXPENDITURE	Device Inventory June 30, 2012	Act FY Ending June 30, 2012		Est FY Ending June 30, 2013		Req FY Ending June 30, 2014	
		No. of Devices	Actual Cost	No. of Devices	Estimated Cost	No. of Devices	Requested Cost
<b>A. CELLULAR PHONES (63435)</b>							
63435 Cellular Phones							
<b>Total (A)</b>							
<b>B. PAGERS (63434)</b>							
63434 Pagers, Paging Equipment							
<b>Total (B)</b>							
<b>C. WIRELESS PERSONAL DIGITAL ASSISTANTS (63435)</b>							
63435 Wireless PDAs, Blackberry, etc							
<b>Total (C)</b>							
<b>GRAND TOTAL</b> <i>(Enter on Line I-D-4 of Form MBR-1)</i>							
<b>FUNDING SUMMARY:</b>							
GENERAL FUNDS							
STATE SUPPORT SPECIAL FUNDS							
FEDERAL FUNDS							
OTHER SPECIAL FUNDS							
<b>TOTAL FUNDS</b>							

**SCHEDULE E  
SUBSIDIES, LOANS & GRANT**

Board of Massage Therapy  
Name of Agency \_\_\_\_\_

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2012	(2) Estimated Expenses FY Ending June 30, 2013	(3) Requested for FY Ending June 30, 2014
<b>A. SCHOOL GRANTS TO COUNTIES &amp; MUNICIPALITIES (64000-64599)</b>			
<b>TOTAL (A)</b>			
<b>B. GRANTS TO L.H.L. &amp; OTHER POLITICAL SUBDIVISIONS (64600-64699)</b>			
<b>TOTAL (B)</b>			
<b>C. GRANTS TO NON-GOVERNMENT INSTNS &amp; INDS (64700-64999)</b>			
<b>TOTAL (C)</b>			
<b>D. DEBT SERVICE &amp; JUDGEMENTS (65000-65399)</b>			
<b>TOTAL (D)</b>			
<b>E. OTHER (66000-89999)</b>			
<b>TOTAL (E)</b>			
<b>GRAND TOTAL</b> <i>(Enter on Line I-E of Form MBR-1)</i>			
<b>FUNDING SUMMARY:</b>			
GENERAL FUNDS			
STATE SUPPORT SPECIAL FUNDS			
FEDERAL FUNDS			
OTHER SPECIAL FUNDS			
<b>TOTAL FUNDS</b>			



**NARRATIVE**  
**2014 BUDGET REQUEST**

Board of Massage Therapy  
Name of Agency

The profession of massage therapy has minimal growth. Although there are a number of new licenses annually, MSBMT is also seeing older professionals moving to inactive or retired status. The on-line renewal processes will require similar resources as the prior fiscal year to accomodate the operation software from ITS.

The Board of Massage Therapy is dedicated to the improvement of the school curriculums, the compliance of massage therapy establishments, the promotion of public interest and assuring public safety.



**FEES, PROFESSIONAL AND OTHER SERVICES**  
**(EXPENDITURE CODES 61600-61699)**

Board of Massage Therapy

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2012	(2) Estimated Expenses FY Ending June 30, 2013	(3) Requested for FY Ending June 30, 2014	Fund Num.
61610 Engineering					
<b>TOTAL 61610 Engineering</b>					
61615 SAAS Fees - DFA					
DFA / SAAS Fees		241	500	500	3857
<i>Comp. Rate: \$20/mo</i>					
<b>TOTAL 61615 SAAS Fees - DFA</b>		<b>241</b>	<b>500</b>	<b>500</b>	
61616 MMRS Fees					
MMRS / MMRS Fees		600	800	800	3857
<i>Comp. Rate: \$50/mo</i>					
<b>TOTAL 61616 MMRS Fees</b>		<b>600</b>	<b>800</b>	<b>800</b>	
61620 Department of Audit					
<b>TOTAL 61620 Department of Audit</b>					
6162X Accounting (61621-61624)					
Kim Tullos, CPA / Accounting Services		18,000	18,000	18,000	3857
<i>Comp. Rate: \$1500/mo.</i>					
<b>TOTAL 6162X Accounting (61621-61624)</b>		<b>18,000</b>	<b>18,000</b>	<b>18,000</b>	
6163X Legal (61630-61636)					
Attorney General / Legal Services		22,978	27,000	27,000	3857
<i>Comp. Rate: \$5,745/mo</i>					
<b>TOTAL 6163X Legal (61630-61636)</b>		<b>22,978</b>	<b>27,000</b>	<b>27,000</b>	
6164X Medical Services (61641-61646)					
<b>TOTAL 6164X Medical Services (61641-61646)</b>					
61650 State Personnel Board					
<b>TOTAL 61650 State Personnel Board</b>					
6165X Personnel Services Contracts (61651-61653)					
JBar and Assoc. / Board Management Services		98,561	98,500	98,500	3857
<i>Comp. Rate: \$8,213/mo.</i>					
Connie Shanks / Inspection Services		886	5,000	5,000	3857
<i>Comp. Rate: \$40/insp. plus actual</i>					
Diane Herring / Inspection Services		351	5,000	5,000	3857
<i>Comp. Rate: \$40/insp. plus actual</i>					
Tina Bishop / Inspection Services		338	5,000	5,000	3857
<i>Comp. Rate: \$40/Insp. plus actual</i>					
Various Inspectors / Inspection Services			2,200	2,200	3857
<i>Comp. Rate: \$40/Insp. plus actual</i>					
<b>TOTAL 6165X Personnel Services Contracts (61651-61653)</b>		<b>100,136</b>	<b>115,700</b>	<b>115,700</b>	
61658 Personnel Services Contracts - SPAHRS					
<b>TOTAL 61658 Personnel Services Contracts - SPAHRS</b>					

**FEES, PROFESSIONAL AND OTHER SERVICES**

Board of Massage Therapy

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2012	(2) Estimated Expenses FY Ending June 30, 2013	(3) Requested for FY Ending June 30, 2014	Fund Num.
6166X Court Costs & Reporters (61661-61666)					
Geanell Adams / Court reporting <i>Comp. Rate: \$125/appearance</i>		125			3857
Melissa Magee / Court reporting <i>Comp. Rate: \$225/appearance</i>		225			3857
Sheila Youngblood / Court reporting <i>Comp. Rate: \$225/appearance</i>		450			3857
Various Court Reporters / Court reporting <i>Comp. Rate: \$200/app. avg.</i>			2,000	2,000	3857
<b>TOTAL 6166X Court Costs &amp; Reporters (61661-61666)</b>		<b>800</b>	<b>2,000</b>	<b>2,000</b>	
61670 Laboratory & Testing Fees					
<b>TOTAL 61670 Laboratory &amp; Testing Fees</b>					
6168X Contract Worker (61682-61688)					
<b>TOTAL 6168X Contract Worker (61682-61688)</b>					
61690 Other Fees & Services					
Dianne Herring / Investigative Services <i>Comp. Rate: \$40/location plus travel</i>					3857
Connie Shanks / Investigative Services <i>Comp. Rate: \$40/location plus travel</i>					3857
Cheryl Sproles / Investigative Services <i>Comp. Rate: \$40/location plus travel</i>					3857
Various / Investigative Services <i>Comp. Rate: \$40/location plus travel</i>					3857
<b>TOTAL 61690 Other Fees &amp; Services</b>					
XXX NEW					
<b>TOTAL XXX NEW</b>					
<b>GRAND TOTAL (61600-61699)</b>		<b>142,755</b>	<b>164,000</b>	<b>164,000</b>	

**VEHICLE PURCHASE DETAILS**

Board of Massage Therapy \_\_\_\_\_

Name of Agency

<b>Year</b>	<b>Model</b>	<b>Person(s) Assigned To</b>	<b>Vehicle Purpose/Use</b>	<b>FY2014 Req. Cost</b>
				0
				<hr/>
				<b>0</b>
			<b>TOTAL VEHICLE REQUEST</b>	<b>0</b>

**VEHICLE INVENTORY  
AS OF JUNE 30, 2012**

Board of Massage Therapy \_\_\_\_\_

Name of Agency

Veh. Type	Vehicle Descript.	Model Year	Model	Person(s) Assigned To	Purpose/Use	Tag Number	Mileage On 6-30-12	Average Miles per Year	Replacement Proposed	
									FY 2013	FY 2014

Vehicle Type = Passenger/Work



**CAPITAL LEASES**

Board of Massage Therapy  
 Name of Agency

Vendor/ Item Leased	Original Date of Lease	Original Number of Months of Lease	Number of Months Remaining on 6-30-12	Last Payment Date	Interest Rate	Amount of Each Monthly/Yearly Payment			Total of Payments to be Made								
						Principal	Interest	Total	Actual FY 2012	Estimated FY 2013			Requested FY 2014				
										Principal	Interest	Total	Principal	Interest	Total		
/	//	0	0	//	.000												



## Summary of 3% General Fund Program Reduction to FY2013 Appropriated Funding by Major Object

Board of Massage Therapy \_\_\_\_\_

Major Object	FY2013 GENERAL FUND REDUCTION	AFFECT ON FY2013 STATE SUPPORT SPECIAL FUNDS	AFFECT ON FY2013 FEDERAL FUNDS	AFFECT ON FY2013 OTHER SPECIAL FUNDS	TOTAL 3% REDUCTIONS
PERSONAL SERVICES					
TRAVEL					
CONTRACTUAL SERVICES					
COMMODITIES					
OTHER THAN EQUIPMENT					
EQUIPMENT					
VEHICLES					
WIRELESS COMM. DEVICES					
SUBSIDIES, LOANS, ETC					
<b>TOTALS</b>					