

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS STE 100, 600 EAST AMITE STREET, JACKSON, MS LEAH DIANE HOWELL
AGENCY ADDRESS CHIEF EXECUTIVE OFFICER

| | Actual Expenses FY Ending June 30, 2013 | Estimate Expenses FY Ending June 30, 2014 | Requested for FY Ending June 30, 2015 | Requested Increase (+) or Decrease (-) FY 2015 vs. FY 2014 (Col. 3 vs. Col. 2) | |
|---|---|---|---|---|---------------|
| | | | | AMOUNT | PERCENT |
| I. A. PERSONAL SERVICES | | | | | |
| 1. Salaries, Wages & Fringe Benefits (Base) | 334,371 | 340,320 | 340,320 | | |
| a. Additional Compensation | | | 97,140 | | |
| b. Proposed Vacancy Rate (Dollar Amount) | | | | | |
| c. Per Diem | 1,480 | 3,680 | 3,680 | | |
| Total Salaries, Wages & Fringe Benefits | 335,851 | 344,000 | 441,140 | 97,140 | 28.23% |
| 2. Travel | | | | | |
| a. Travel & Subsistence (In-State) | 16,704 | 19,000 | 19,000 | | |
| b. Travel & Subsistence (Out-of-State) | 18,124 | 19,000 | 19,000 | | |
| c. Travel & Subsistence (Out-of-Country) | | | | | |
| Total Travel | 34,828 | 38,000 | 38,000 | | |
| B. CONTRACTUAL SERVICES (Schedule B): | | | | | |
| a. Tuition, Rewards & Awards | 6,308 | 6,308 | 6,308 | | |
| b. Communications, Transportation & Utilities | 7,046 | 6,535 | 6,535 | | |
| c. Public Information | | | | | |
| d. Rents | 83,199 | 85,518 | 85,518 | | |
| e. Repairs & Service | 5,991 | 5,867 | 5,867 | | |
| f. Fees, Professional & Other Services | 83,553 | 76,164 | 100,343 | 24,179 | 31.74% |
| g. Other Contractual Services | 7,591 | 7,916 | 7,916 | | |
| h. Data Processing | 101,418 | 66,414 | 42,235 | (24,179) | (36.40%) |
| i. Other | | | | | |
| Total Contractual Services | 295,106 | 254,722 | 254,722 | | |
| C. COMMODITIES (Schedule C): | | | | | |
| a. Maintenance & Construction Materials & Supplies | | | | | |
| b. Printing & Office Supplies & Materials | 5,327 | 7,250 | 7,250 | | |
| c. Equipment, Repair Parts, Supplies & Accessories | | | | | |
| d. Professional & Scientific Supplies & Materials | | | | | |
| e. Other Supplies & Materials | 5,003 | 2,750 | 2,750 | | |
| Total Commodities | 10,330 | 10,000 | 10,000 | | |
| D. CAPITAL OUTLAY: | | | | | |
| 1. Total Other Than Equipment (Schedule D-1) | | | | | |
| 2. Equipment (Schedule D-2): | | | | | |
| b. Road Machinery, Farm & Other Working Equipment | | | | | |
| c. Office Machines, Furniture, Fixtures & Equipment | | 21,000 | 17,000 | (4,000) | (19.04%) |
| d. IS Equipment (Data Processing & Telecommunications) | 16,985 | | 4,000 | 4,000 | |
| e. Equipment - Lease Purchase | | | | | |
| f. Other Equipment | | | | | |
| Total Equipment (Schedule D-2) | 16,985 | 21,000 | 21,000 | | |
| 3. Vehicles (Schedule D-3) | | | | | |
| 4. Wireless Comm. Devices (Schedule D-4) | | | | | |
| E. SUBSIDIES, LOANS & GRANTS (Schedule E): | 71,000 | 71,000 | 71,000 | | |
| TOTAL EXPENDITURES | 764,100 | 738,722 | 835,862 | 97,140 | 13.14% |
| II. BUDGET TO BE FUNDED AS FOLLOWS: | | | | | |
| Cash Balance-Unencumbered | 1,010,334 | 935,375 | 885,794 | (49,581) | (5.30%) |
| General Fund Appropriation (Enter General Fund Lapse Below) | | | | | |
| State Support Special Funds | | | | | |
| Federal Funds | | | | | |
| Other Special Funds (Specify) | | | | | |
| 100% Special Funds | 689,141 | 689,141 | 689,141 | | |
| | | | | | |
| | | | | | |
| Less: Estimated Cash Available Next Fiscal Period | (935,375) | (885,794) | (739,073) | (146,721) | (16.56%) |
| TOTAL FUNDS (equals Total Expenditures above) | 764,100 | 738,722 | 835,862 | 97,140 | 13.14% |
| GENERAL FUND LAPSE | | | | | |
| III. PERSONNEL DATA | | | | | |
| Number of Positions Authorized in Appropriation Bill | | | | | |
| a.) Full Perm | 7 | 6 | 7 | 1 | 16.66% |
| 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 T. WATTS, JR., DMD
Official of Board or Commission

Budget Officer: LEAH DIANE HOWELL / dental@dentalboard.ms.gov

Phone Number: 601-944-9622

Submitted by: LEAH DIANE HOWELL
Name

Title: EXECUTIVE DIRECTOR

Date: _____

REQUEST BY FUNDING SOURCE

Name of Agency MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

| Specify Funding Sources As Shown Below | FY 2013 Actual Amount | % Of Line Item | % Of Total Budget | FY 2014 Estimated Amount | % Of Line Item | % Of Total Budget | FY 2015 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. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal Other Special (Specify) | | | | | | | | | |
| 10. 100% Special Funds | 335,851 | 100.00% | | 344,000 | 100.00% | | 441,140 | 100.00% | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| Total Salaries | 335,851 | | 43.95% | 344,000 | | 46.56% | 441,140 | | 52.77% |
| 1. General State Support Special (Specify) | | | | | | | | | |
| 2. Budget Contingency Fund | | | | | | | | | |
| 3. Education Enhancement Fund | | | | | | | | | |
| 4. Health Care Expendable Fund | | | | | | | | | |
| 5. Tobacco Control Fund | | | | | | | | | |
| 6. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal Other Special (Specify) | | | | | | | | | |
| 10. 100% Special Funds | 34,828 | 100.00% | | 38,000 | 100.00% | | 38,000 | 100.00% | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| Total Travel | 34,828 | | 4.55% | 38,000 | | 5.14% | 38,000 | | 4.54% |
| 1. General State Support Special (Specify) | | | | | | | | | |
| 2. Budget Contingency Fund | | | | | | | | | |
| 3. Education Enhancement Fund | | | | | | | | | |
| 4. Health Care Expendable Fund | | | | | | | | | |
| 5. Tobacco Control Fund | | | | | | | | | |
| 6. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal Other Special (Specify) | | | | | | | | | |
| 10. 100% Special Funds | 295,106 | 100.00% | | 254,722 | 100.00% | | 254,722 | 100.00% | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| Total Contractual | 295,106 | | 38.62% | 254,722 | | 34.48% | 254,722 | | 30.47% |
| 1. General State Support Special (Specify) | | | | | | | | | |
| 2. Budget Contingency Fund | | | | | | | | | |
| 3. Education Enhancement Fund | | | | | | | | | |
| 4. Health Care Expendable Fund | | | | | | | | | |
| 5. Tobacco Control Fund | | | | | | | | | |
| 6. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal Other Special (Specify) | | | | | | | | | |
| 10. 100% Special Funds | 10,330 | 100.00% | | 10,000 | 100.00% | | 10,000 | 100.00% | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| Total Commodities | 10,330 | | 1.35% | 10,000 | | 1.35% | 10,000 | | 1.19% |

REQUEST BY FUNDING SOURCE

Name of Agency MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

| Specify Funding Sources As Shown Below | FY 2013 Actual Amount | % Of Line Item | % Of Total Budget | FY 2014 Estimated Amount | % Of Line Item | % Of Total Budget | FY 2015 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. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal Other Special (Specify) | | | | | | | | | |
| 10. 100% Special Funds | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| Total Other Than Equipment | | | | | | | | | |
| 1. General State Support Special (Specify) | | | | | | | | | |
| 2. Budget Contingency Fund | | | | | | | | | |
| 3. Education Enhancement Fund | | | | | | | | | |
| 4. Health Care Expendable Fund | | | | | | | | | |
| 5. Tobacco Control Fund | | | | | | | | | |
| 6. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal Other Special (Specify) | | | | | | | | | |
| 10. 100% Special Funds | 16,985 | 100.00% | | 21,000 | 100.00% | | 21,000 | 100.00% | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| Total Equipment | 16,985 | | 2.22% | 21,000 | | 2.84% | 21,000 | | 2.51% |
| 1. General State Support Special (Specify) | | | | | | | | | |
| 2. Budget Contingency Fund | | | | | | | | | |
| 3. Education Enhancement Fund | | | | | | | | | |
| 4. Health Care Expendable Fund | | | | | | | | | |
| 5. Tobacco Control Fund | | | | | | | | | |
| 6. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal Other Special (Specify) | | | | | | | | | |
| 10. 100% Special Funds | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| Total Vehicles | | | | | | | | | |
| 1. General State Support Special (Specify) | | | | | | | | | |
| 2. Budget Contingency Fund | | | | | | | | | |
| 3. Education Enhancement Fund | | | | | | | | | |
| 4. Health Care Expendable Fund | | | | | | | | | |
| 5. Tobacco Control Fund | | | | | | | | | |
| 6. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal Other Special (Specify) | | | | | | | | | |
| 10. 100% Special Funds | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| Total Wireless Comm. Devices | | | | | | | | | |

REQUEST BY FUNDING SOURCE

Name of Agency MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

| Specify Funding Sources As Shown Below | FY 2013 Actual Amount | % Of Line Item | % Of Total Budget | FY 2014 Estimated Amount | % Of Line Item | % Of Total Budget | FY 2015 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. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal _____ Other Special (Specify) _____ | | | | | | | | | |
| 10. 100% Special Funds | 71,000 | 100.00% | | 71,000 | 100.00% | | 71,000 | 100.00% | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| Total Subsidies, Loans & Grants | 71,000 | | 9.29% | 71,000 | | 9.61% | 71,000 | | 8.49% |
| 1. General _____ State Support Special (Specify) _____ | | | | | | | | | |
| 2. Budget Contingency Fund | | | | | | | | | |
| 3. Education Enhancement Fund | | | | | | | | | |
| 4. Health Care Expendable Fund | | | | | | | | | |
| 5. Tobacco Control Fund | | | | | | | | | |
| 6. Hurricane Disaster Reserve Fund | | | | | | | | | |
| 7. Capital Expense Fund | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. Federal _____ Other Special (Specify) _____ | | | | | | | | | |
| 10. 100% Special Funds | 764,100 | 100.00% | | 738,722 | 100.00% | | 835,862 | 100.00% | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| TOTAL | 764,100 | | 100.00% | 738,722 | | 100.00% | 835,862 | | 100.00% |

SPECIAL FUNDS DETAIL

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
Name of Agency

| S. STATE SUPPORT SPECIAL FUNDS | | (1) Actual Revenues FY 2013 | (2) Estimated Revenues FY 2014 | (3) Requested Revenues FY 2015 |
|---------------------------------------|--|--------------------------------------|---|---|
| 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 | | | |
| Hurricane Disaster Reserve Fund | HDRF - Hurricane Disaster Reserve Fund | | | |
| Capital Expense Fund | CEF - Capital Expense Fund | | | |
| Section S TOTAL | | | | |

| A. FEDERAL FUNDS* | | Percentage Match Requirement | | (1) Actual Revenues FY 2013 | (2) Estimated Revenues FY 2014 | (3) Requested Revenues FY 2015 |
|--------------------------|--------------------------------|------------------------------------|---------|--------------------------------------|---|---|
| Source (Fund Number) | Detailed Description of Source | FY 2014 | FY 2015 | | | |
| | Cash Balance-Unencumbered | | | | | |
| Section A TOTAL | | | | | | |

| B. OTHER SPECIAL FUNDS (NON-FED'L) | | (1) Actual Revenues FY 2013 | (2) Estimated Revenues FY 2014 | (3) Requested Revenues FY 2015 |
|---|--|--------------------------------------|---|---|
| Source (Fund Number) | Detailed Description of Source | | | |
| | Cash Balance-Unencumbered | 1,010,334 | 935,375 | 885,794 |
| 100% Special Funds (3824) | Fees Paid by Licensees, Etc., 100% Special | 689,141 | 689,141 | 689,141 |
| Section B TOTAL | | 1,699,475 | 1,624,516 | 1,574,935 |

| | | | | |
|--------------------------------|--|------------------|------------------|------------------|
| Section S + A + B TOTAL | | 1,699,475 | 1,624,516 | 1,574,935 |
|--------------------------------|--|------------------|------------------|------------------|

| C. TREASURY FUND/BANK ACCOUNTS* | | | (1) Reconciled Balance as of 6/30/13 | (2) Balance as of 6/30/14 | (3) Balance as of 6/30/15 |
|--|------------------------|---------------------------------|---|---------------------------------|---------------------------------|
| Name of Fund/Account | Fund/Account Number | Name of Bank (If Applicable) | | | |
| Fee Clearing Account | 1001317874 | Trustmark National Bank | 2,000 | 2,000 | 2,000 |
| MSBDE | 3824 | State Treasury | 1,010,334 | 1,010,334 | 1,010,334 |
| MSBDE | 0 | Petty Cash Account | 1,000 | 1,000 | 1,000 |

* 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**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency

FEDERAL FUNDS

The MSBDE does not receive federal funds.

STATE SUPPORT SPECIAL FUNDS

The MSBDE has no monies coming from State Support Special Funds. The MSBDE is a 100% special fund agency deriving all monies from fees collected by the MSBDE. Furthermore, the MSBDE receives lump-sum appropriations.

OTHER SPECIAL FUNDS

These are fees from applications and license renewals from dentists, dental hygienists, and radiology permit holders. A large portion of the Board's revenue is received from May to December each year. Annual licensure examinations are held, and license/permit registration occurs during this time period. Funds are used during the following year. Funds in the clearing account have not been included in this total. Also, it should be emphasized that the Board's renewal fees now are collected on a biennial basis, e.g., dental, dental hygiene, and radiology permit renewal fees. As such, renewal revenues are earmarked for two (2) fiscal years and not just for the fiscal year during which the renewal fees are collected. For example, dentists renew every odd-numbered year for a biennial period, and dental hygienists and radiology permit holders renew every even-numbered year for their biennial period. Accordingly, all dental, dental hygiene, and radiology permit holder renewal fees collected during their scheduled biennial periods should be divided by one-half for the fiscal year during which collected, as the remaining one-half of these funds is earmarked strictly for the subsequent fiscal year.

TREASURY FUND/BANK

The Board maintains constant balances of \$2,000 in its clearing account at Trustmark National Bank, and \$1,000 in its office Petty Cash account. The Board's State Treasury account balance fluctuates on a daily basis. Also, please note the previous discussion concerning biennial renewal fees in the Special Funds Narrative.

CONTINUATION AND EXPANDED REQUEST

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
AGENCY

Program No. _____ of _____ I. Programs

SUMMARY OF ALL PROGRAMS

PROGRAM

| | FY 2013 Actual | | | | |
|---------------------------|----------------|------------------------------|----------------|----------------------|----------------|
| | (1) General | (2) State Support Special | (3) Federal | (4) Other Special | (5) Total |
| Salaries, Wages, Fringe | | | | 335,851 | 335,851 |
| Travel | | | | 34,828 | 34,828 |
| Contractual Services | | | | 295,106 | 295,106 |
| Commodities | | | | 10,330 | 10,330 |
| Other Than Equipment | | | | | |
| Equipment | | | | 16,985 | 16,985 |
| Vehicles | | | | | |
| Wireless Comm. Devs. | | | | | |
| Subsidies, Loans & Grants | | | | 71,000 | 71,000 |
| Total | | | | 764,100 | 764,100 |
| No. of Positions (FTE) | | | | 7.00 | 7.00 |

| | FY 2014 Estimate | | | | |
|---------------------------|------------------|------------------------------|----------------|----------------------|----------------|
| | (6) General | (7) State Support Special | (8) Federal | (9) Other Special | (10) Total |
| Salaries, Wages, Fringe | | | | 344,000 | 344,000 |
| Travel | | | | 38,000 | 38,000 |
| Contractual Services | | | | 254,722 | 254,722 |
| Commodities | | | | 10,000 | 10,000 |
| Other Than Equipment | | | | | |
| Equipment | | | | 21,000 | 21,000 |
| Vehicles | | | | | |
| Wireless Comm. Devs. | | | | | |
| Subsidies, Loans & Grants | | | | 71,000 | 71,000 |
| Total | | | | 738,722 | 738,722 |
| No. of Positions (FTE) | | | | 6.00 | 6.00 |

| | FY 2015 Increase/Decrease for Continuation | | | | |
|---------------------------|---|-------------------------------|-----------------|-----------------------|---------------|
| | (11) General | (12) State Support Special | (13) Federal | (14) Other Special | (15) Total |
| Salaries, Wages, Fringe | | | | 97,140 | 97,140 |
| Travel | | | | | |
| Contractual Services | | | | | |
| Commodities | | | | | |
| Other Than Equipment | | | | | |
| Equipment | | | | | |
| Vehicles | | | | | |
| Wireless Comm. Devs. | | | | | |
| Subsidies, Loans & Grants | | | | | |
| Total | | | | 97,140 | 97,140 |
| No. of Positions (FTE) | | | | 1.00 | 1.00 |

Note: FY2015 Total Request = FY2014 Estimated + FY2015 Incr(Decr) for Continuation + FY2015 Expansion/Reduction of Existing Activities + FY2015 New Activities.

CONTINUATION AND EXPANDED REQUEST

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
AGENCY

Program No. _____ of 1 Programs

SUMMARY OF ALL PROGRAMS

PROGRAM

| FY 2015 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 | | | | |
| Total | | | | |
| No. of Positions (FTE) | | | | |

| FY 2015 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 | | | | |
| Total | | | | |
| No. of Positions (FTE) | | | | |

| FY 2015 Total Request | | | | |
|---------------------------|-------------------------------|-----------------|-----------------------|----------------|
| (26) General | (27) State Support Special | (28) Federal | (29) Other Special | (30) Total |
| Salaries, Wages, Fringe | | | 441,140 | 441,140 |
| Travel | | | 38,000 | 38,000 |
| Contractual Services | | | 254,722 | 254,722 |
| Commodities | | | 10,000 | 10,000 |
| Other Than Equipment | | | | |
| Equipment | | | 21,000 | 21,000 |
| Vehicles | | | | |
| Wireless Comm. Devs. | | | | |
| Subsidies, Loans & Grants | | | 71,000 | 71,000 |
| Total | | | 835,862 | 835,862 |
| No. of Positions (FTE) | | | 7.00 | 7.00 |

Note: FY2015 Total Request = FY2014 Estimated + FY2015 Incr(Decr) for Continuation + FY2015 Expansion/Reduction of Existing Activities + FY2015 New Activities.

SUMMARY OF PROGRAMS
FORM MBR-1-03sum

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
Agency Name

FUNDING REQUESTED FISCAL YEAR 2015

| | PROGRAM | GENERAL | ST.SUPP.SPECIAL | FEDERAL | OTHER SPECIAL | TOTAL |
|----|-------------------------|---------|-----------------|---------|---------------|---------|
| 1. | LICENSURE | | | | 835,862 | 835,862 |
| | SUMMARY OF ALL PROGRAMS | | | | 835,862 | 835,862 |

CONTINUATION AND EXPANDED REQUEST

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
AGENCY

Program No. 1 of 1 Programs

LICENSURE

PROGRAM

| | FY 2013 Actual | | | | |
|---------------------------|----------------|------------------------------|----------------|----------------------|----------------|
| | (1) General | (2) State Support Special | (3) Federal | (4) Other Special | (5) Total |
| Salaries, Wages, Fringe | | | | 335,851 | 335,851 |
| Travel | | | | 34,828 | 34,828 |
| Contractual Services | | | | 295,106 | 295,106 |
| Commodities | | | | 10,330 | 10,330 |
| Other Than Equipment | | | | | |
| Equipment | | | | 16,985 | 16,985 |
| Vehicles | | | | | |
| Wireless Comm. Devs. | | | | | |
| Subsidies, Loans & Grants | | | | 71,000 | 71,000 |
| Total | | | | 764,100 | 764,100 |
| No. of Positions (FTE) | | | | 7.00 | 7.00 |

| | FY 2014 Estimate | | | | |
|---------------------------|------------------|------------------------------|----------------|----------------------|----------------|
| | (6) General | (7) State Support Special | (8) Federal | (9) Other Special | (10) Total |
| Salaries, Wages, Fringe | | | | 344,000 | 344,000 |
| Travel | | | | 38,000 | 38,000 |
| Contractual Services | | | | 254,722 | 254,722 |
| Commodities | | | | 10,000 | 10,000 |
| Other Than Equipment | | | | | |
| Equipment | | | | 21,000 | 21,000 |
| Vehicles | | | | | |
| Wireless Comm. Devs. | | | | | |
| Subsidies, Loans & Grants | | | | 71,000 | 71,000 |
| Total | | | | 738,722 | 738,722 |
| No. of Positions (FTE) | | | | 6.00 | 6.00 |

| | FY 2015 Increase/Decrease for Continuation | | | | |
|---------------------------|---|-------------------------------|-----------------|-----------------------|---------------|
| | (11) General | (12) State Support Special | (13) Federal | (14) Other Special | (15) Total |
| Salaries, Wages, Fringe | | | | 97,140 | 97,140 |
| Travel | | | | | |
| Contractual Services | | | | | |
| Commodities | | | | | |
| Other Than Equipment | | | | | |
| Equipment | | | | | |
| Vehicles | | | | | |
| Wireless Comm. Devs. | | | | | |
| Subsidies, Loans & Grants | | | | | |
| Total | | | | 97,140 | 97,140 |
| No. of Positions (FTE) | | | | 1.00 | 1.00 |

Note: FY2015 Total Request = FY2014 Estimated + FY2015 Incr(Decr) for Continuation + FY2015 Expansion/Reduction of Existing Activities + FY2015 New Activities.

CONTINUATION AND EXPANDED REQUEST

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
AGENCY

Program No. 1 of 1 Programs

LICENSURE

PROGRAM

| FY 2015 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 | | | | |
| Total | | | | |
| No. of Positions (FTE) | | | | |

| FY 2015 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 | | | | |
| Total | | | | |
| No. of Positions (FTE) | | | | |

| FY 2015 Total Request | | | | |
|---------------------------|-------------------------------|-----------------|-----------------------|----------------|
| (26) General | (27) State Support Special | (28) Federal | (29) Other Special | (30) Total |
| Salaries, Wages, Fringe | | | 441,140 | 441,140 |
| Travel | | | 38,000 | 38,000 |
| Contractual Services | | | 254,722 | 254,722 |
| Commodities | | | 10,000 | 10,000 |
| Other Than Equipment | | | | |
| Equipment | | | 21,000 | 21,000 |
| Vehicles | | | | |
| Wireless Comm. Devs. | | | | |
| Subsidies, Loans & Grants | | | 71,000 | 71,000 |
| Total | | | 835,862 | 835,862 |
| No. of Positions (FTE) | | | 7.00 | 7.00 |

Note: FY2015 Total Request = FY2014 Estimated + FY2015 Incr(Decr) for Continuation + FY2015 Expansion/Reduction of Existing Activities + FY2015 New Activities.

PROGRAM DECISION UNITS

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

1 - LICENSURE

AGENCY

PROGRAM NAME

| | A | B | C | D | E | F | G | H |
|---------------------|--------------------------|-----------------------|------------------------|--------------------------------|-------------------------|--------------------------|---|---|
| EXPENDITURES: | FY 2014 Appropriation | Escalations By DFA | Non-Recurring Items | Ensure Proper Salary & Miss | Total Funding Change | FY 2015 Total Request | | |
| SALARIES | 344,000 | | | 97,140 | 97,140 | 441,140 | | |
| GENERAL | | | | | | | | |
| ST.SUP.SPECIAL | | | | | | | | |
| FEDERAL | | | | | | | | |
| OTHER | 344,000 | | | 97,140 | 97,140 | 441,140 | | |
| TRAVEL | 38,000 | | | | | 38,000 | | |
| GENERAL | | | | | | | | |
| ST.SUP.SPECIAL | | | | | | | | |
| FEDERAL | | | | | | | | |
| OTHER | 38,000 | | | | | 38,000 | | |
| CONTRACTUAL | 254,722 | | | | | 254,722 | | |
| GENERAL | | | | | | | | |
| ST.SUP.SPECIAL | | | | | | | | |
| FEDERAL | | | | | | | | |
| OTHER | 254,722 | | | | | 254,722 | | |
| COMMODITIES | 10,000 | | | | | 10,000 | | |
| GENERAL | | | | | | | | |
| ST.SUP.SPECIAL | | | | | | | | |
| FEDERAL | | | | | | | | |
| OTHER | 10,000 | | | | | 10,000 | | |
| CAPITAL-OTE | | | | | | | | |
| GENERAL | | | | | | | | |
| ST.SUP.SPECIAL | | | | | | | | |
| FEDERAL | | | | | | | | |
| OTHER | | | | | | | | |
| EQUIPMENT | 21,000 | | | | | 21,000 | | |
| GENERAL | | | | | | | | |
| ST.SUP.SPECIAL | | | | | | | | |
| FEDERAL | | | | | | | | |
| OTHER | 21,000 | | | | | 21,000 | | |
| VEHICLES | | | | | | | | |
| GENERAL | | | | | | | | |
| ST.SUP.SPECIAL | | | | | | | | |
| FEDERAL | | | | | | | | |
| OTHER | | | | | | | | |
| WIRELESS DEV | | | | | | | | |
| GENERAL | | | | | | | | |
| ST.SUP.SPECIAL | | | | | | | | |
| FEDERAL | | | | | | | | |
| OTHER | | | | | | | | |
| SUBSIDIES | 71,000 | | | | | 71,000 | | |
| GENERAL | | | | | | | | |
| ST.SUP.SPECIAL | | | | | | | | |
| FEDERAL | | | | | | | | |
| OTHER | 71,000 | | | | | 71,000 | | |
| TOTAL | 738,722 | | | 97,140 | 97,140 | 835,862 | | |

FUNDING:

| | | | | | | | | |
|-------------------|----------------|--|--|---------------|---------------|----------------|--|--|
| GENERAL FUNDS | | | | | | | | |
| ST.SUP.SPCL.FUNDS | | | | | | | | |
| FEDERAL FUNDS | | | | | | | | |
| OTHER SP.FUNDS | 738,722 | | | 97,140 | 97,140 | 835,862 | | |
| TOTAL | 738,722 | | | 97,140 | 97,140 | 835,862 | | |

POSITIONS:

| | | | | | | | | |
|------------------|-------------|--|--|-------------|-------------|-------------|--|--|
| GENERAL FTE | | | | | | | | |
| ST.SUP.SPCL.FTE | | | | | | | | |
| FEDERAL FTE | | | | | | | | |
| OTHER SP FTE | 6.00 | | | 1.00 | 1.00 | 7.00 | | |
| TOTAL FTE | 6.00 | | | 1.00 | 1.00 | 7.00 | | |

PRIORITY LEVEL:

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

PROGRAM NARRATIVE

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

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

1 - LICENSURE

AGENCY NAME

PROGRAM NAME

I. Program Description:

The Mississippi State Board of Dental Examiners ("Board") implements all of its activities as the result of one program: Licensure.

The purposes of this program are: (1) to promulgate policies and professional standards through administering the licensure examinations and establishing licensure and practice standards for dentists, dental hygienists, and radiology permit holders; and issuing dental and dental hygiene licenses, parenteral conscious sedation permits, enteral conscious sedation permits, general anesthesia permits, radiology permits, and specialty licenses to dentists in the specialty areas recognized by the American Dental Association and as adopted and interpreted by the Board; and (2) to regulate, through investigations and disciplinary actions, the dental profession in the State of Mississippi and to conduct biennial registrations and renewals of licenses/permits for dentists, dental hygienists, and radiology permit holders.

II. Program Objective:

The overall objectives of this program are to ensure competency and prevent the unethical and illegal practices of dentistry and dental hygiene through (1) examining, validating, and licensing candidates for dental, dental hygiene, and dental radiology licensure; applicants for parenteral conscious sedation, enteral conscious sedation, and general anesthesia permits; and candidates for specialty licensure; (2) investigating and, when necessary, prosecuting violators of the statutes pertaining to the practices of dentistry and dental hygiene in the State of Mississippi; (3) biennially registering and renewing licenses for all practicing dentists and dental hygienists, dentists and dental hygienists who are successful on the State licensing boards, radiology permit holders, and dentists and dental hygienists who have been licensed through credentialing; and (4) maintaining accurate and current information on all of the above.

III. Current program activities as supported by the funding in Columns 6-15 (FY 14 Estimated & FY 15 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:**(D) Ensure Proper Salary & Mis:**

The MSBDE is requesting additional spending authority in the Salaries category to ensure staff members are sufficiently compensated commensurate with the duties undertaken by each of these staff members on a day-to-day basis. As the Board's duties and licensee population have grown, the complexity and myriad of duties expected of staff members have increased, as well. The Board is proposing to: (a) amend the salary range of its Executive Director position to begin at \$63,000/year and end at \$85,000/year; (b) reallocate its Licensing Investigator IV position to Deputy Director, inasmuch as this individual not only functions as the Board's chief investigator, but also as the Board's Executive Director in the absence of the Executive Director; and (c) reallocate its current Staff Officer I position to Staff Officer II to reflect additional supervisory functions as a result of an increasing licensee population and the Board's affiliation with additional regional testing agencies. Furthermore, the MSBDE is requesting reinstatement of its 7th full-time, permanent position, which was deleted by the 2013 Legislature. The MSBDE has been suffering from a vacancy in its 7th position for quite some time, and not having this position continues to cause an undue burden on the entire staff and the MSBDE's ability to serve not only the public but also its licensees. Since this 7th position also assisted with investigative duties, the MSBDE not only is requesting reinstatement of its 7th position, but also that the position be classified as a Licensing Investigator IV position. The MSBDE endeavors to ensure its investigative division remains viable and able to handle its caseload and the concomitant increasing complexities of its investigations and disciplinary actions. In addition to primarily working as an investigator, the person in this position also will assist in other areas of the office. In light of the MSBDE's licensure population, having the availability of three (3) full-time, permanent individuals whose primary responsibilities are to handle complaints, investigations, and disciplinary actions is a necessity, not a luxury. Furthermore, to ensure appropriate internal controls insofar as accounting functions and lessen the undue hardship experienced by the MSBDE's Executive Director for the past 2½ years as to handling all of the accounting functions in addition to the duties of the Executive Director, the newly reallocated Deputy Director will assume some of the MSBDE's accounting functions while continuing to supervise and actively participate in the MSBDE's investigative division.

For the MSBDE to truly function at the same or higher level than other regulatory boards of the same size and scope of responsibility, it must ensure that its staffing complement is at a level to ensure mission fulfillment and that its administrative and agency head salaries are commensurate with other State agencies, as well as businesses in the private sector. This is the only way the MSBDE will be able to retain a highly qualified and experienced staff for a long period of time. The MSBDE has continually suffered from long-term vacancies in personnel, and current staff

PROGRAM NARRATIVE

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

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

1 - LICENSURE

AGENCY NAME

PROGRAM NAME

members continue to bear the burden of additional duties during vacancies and while training new personnel. This continues to thwart the MSBDE in its efforts to timely and effectively fulfill its legislative mandate and that of other State control agencies. Furthermore, not having a staffing complement large enough to handle the MSBDE's legislative mandate will cause the MSBDE to suffer ever-increasing case backlogs and delays in handling complaints and disciplinary actions. Other regulatory agencies of the same scope as the MSBDE have more employees than the MSBDE, and they also have larger investigative divisions to handle this most important aspect of a regulatory agency's mission.

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

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

1 - LICENSURE

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 2013</u> <u>ACTUAL</u> | <u>FY 2014</u> <u>ESTIMATED</u> | <u>FY 2015</u> <u>PROJECTED</u> |
|---|---------------------------------|------------------------------------|------------------------------------|
| 1 All Current Licenses/Permits | 6,477.00 | 6,500.00 | 6,550.00 |
| 2 All Licenses/Permits Voided | 767.00 | 775.00 | 785.00 |
| 3 All Licenses/Permits Revoked/Suspended | 5.00 | 6.00 | 7.00 |
| 4 Written/Telephonic Complaints | 1,280.00 | 1,290.00 | 1,300.00 |
| 5 Disciplinary Actions & Complaints Received | 76.00 | 78.00 | 80.00 |
| 6 Fictitious Names Registered | 24.00 | 25.00 | 26.00 |
| 7 Newsletters and/or Board Reports & Updates Distributed Electronically, through Presentations & in Print | 9,525.00 | 9,600.00 | 9,700.00 |
| 8 Disciplinary Fines Deposited to General Fund | 7,500.00 | 7,600.00 | 7,700.00 |
| 9 Disciplinary Costs Recovered | 10,804.00 | 11,000.00 | 11,100.00 |
| 10 Telephone//Written Verifications, Certifications, Requests for Database Information, Etc. (Average of 80+ per Day for 20 Days per Month) | 19,300.00 | 19,400.00 | 19,500.00 |
| 11 Requests for License/Permit Information/Applications | 3,550.00 | 3,575.00 | 3,600.00 |
| 12 Candidates Administered Dental/Dental Hygiene Examinations or Jurisprudence in Mississippi | 292.00 | 298.00 | 305.00 |
| 13 Candidates Granted Dental/Dental Hygiene Licenses by Examination | 111.00 | 115.00 | 118.00 |
| 14 Candidates Granted Dental/Dental Hygiene Licenses or Permits by Credentials | 17.00 | 19.00 | 21.00 |
| 15 Specialty Licenses, General Anesthesia Permits, Parenteral Conscious Sedation Permits, and Enteral Conscious Sedation Permits Issued | 33.00 | 35.00 | 37.00 |
| 16 Radiology Permits Issued | 487.00 | 495.00 | 500.00 |
| 17 Fees Collected for Dental/Dental Hygiene Applications for Licensure by Examination | 20,450.00 | 20,475.00 | 20,495.00 |
| 18 Fees Collected for Dental/Dental Hygiene Application for Licensure by Credentials and Permits of All Types | 37,550.00 | 38,000.00 | 38,550.00 |
| 19 Fees from Radiology Permits Issued | 29,220.00 | 29,400.00 | 29,500.00 |
| 20 Monies Collected for PHN | 75,800.00 | 75,900.00 | 76,000.00 |

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 2013</u> <u>ACTUAL</u> | <u>FY 2014</u> <u>ESTIMATED</u> | <u>FY 2015</u> <u>PROJECTED</u> |
|----------------------|---------------------------------|------------------------------------|------------------------------------|
| 1 Total Program Cost | 18.21 | 17.50 | 19.66 |

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

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

1 - LICENSURE

AGENCY NAME

PROGRAM NAME

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.)

| | FY 2013 <u>ACTUAL</u> | FY 2014 <u>ESTIMATED</u> | FY 2015 <u>PROJECTED</u> |
|--|--------------------------|-----------------------------|-----------------------------|
| 1 Increase Various Renewals, Registrations, Etc., by 2% | 2.50 | 2.00 | 2.00 |
| 2 Increase Various Requests for Packets/Applications & Candidates Administered Annual Licensure Examinations & Jurisprudence by 2% | 3.00 | 2.00 | 2.00 |
| 3 Increase Various Applications, Permits, Licenses & Associated Fees by 2% | 2.80 | 2.00 | 2.00 |
| 4 Increase Information Available to Professionals, Etc., by 2% | 2.30 | 2.00 | 2.00 |
| 5 Increase Licensure Verifications, Certifications, Disciplinary Actions, Complaints, and Information Disseminated from Database by 2% | 2.40 | 2.00 | 2.00 |

PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATION

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

| | Fiscal Year 2014 Funding | | | FY 2014 GF PERCENT REDUCED |
|------------------------------------|--------------------------|-------------------|---------------------------|----------------------------------|
| | Total Funds | Reduced Amount | Reduced Funding Amount | |
| Program Name: (1) LICENSURE | | | | |
| GENERAL | | | | |
| ST.SUPPORT SPECIAL | | | | |
| FEDERAL | | | | |
| OTHER SPECIAL | 738,722 | | 738,722 | |
| TOTAL | 738,722 | | 738,722 | |
| Narrative Explanation: | | | | |
| SUMMARY OF ALL PROGRAMS | | | | |
| GENERAL | | | | |
| ST.SUPPORT SPECIAL | | | | |
| FEDERAL | | | | |
| OTHER SPECIAL | 738,722 | | 738,722 | |
| TOTAL | 738,722 | | 738,722 | |

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS MEMBERS

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Agency

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

THERE ARE 8 BOARD MEMBERS--7 DENTISTS AND 1 DENTAL HYGIENIST. MEMBERS RECEIVE \$700-\$900 PER DAY EACH FOR ADMINISTERING ANNUAL LICENSURE EXAMINATIONS (73-9-43) & PER DIEM (\$40/DAY)

B. Estimated number of meetings FY2014

12 REGULAR MEETINGS; 10 BUSINESS DAYS FOR THE PRESIDENT AND SECRETARY; 8-10 ADMINISTRATIVE HEARINGS; AND 7 DAYS FOR THE ANNUAL LICENSURE EXAMINATION

| C. | Names of Members | City, Town, Residence | Appointed By | Date of Appointment | Length of Term |
|----|-----------------------------------|------------------------------|---------------------|----------------------------|-----------------------|
| 1. | <u>ALFORD, DDS, WILLIAM L.</u> | <u>SENATOBIA (DIST. 2)</u> | <u>BARBOUR</u> | <u>07/01/2011</u> | <u>6 YEARS</u> |
| 2. | <u>BOYKIN, DDS, CARL H.</u> | <u>JACKSON (AT LARGE)</u> | <u>BARBOUR</u> | <u>07/01/2008</u> | <u>6 YEARS</u> |
| 3. | <u>DALTON, DMD, FRANK TRICE</u> | <u>CORINTH (DIST. 1)</u> | <u>BARBOUR</u> | <u>07/01/2010</u> | <u>6 YEARS</u> |
| 4. | <u>HARTSOG, DMD, JEFFERY D.</u> | <u>JACKSON (DIST. 4)</u> | <u>BARBOUR</u> | <u>07/01/2009</u> | <u>6 YEARS</u> |
| 5. | <u>McMURPHY, RDH, JANET BRICE</u> | <u>BILOXI (AT LARGE)</u> | <u>BARBOUR</u> | <u>07/01/2009</u> | <u>6 YEARS</u> |
| 6. | <u>PRICE, DDS, DONALD E.</u> | <u>SUMMIT (DIST. 6)</u> | <u>BARBOUR</u> | <u>07/01/2010</u> | <u>6 YEARS</u> |
| 7. | <u>SCARBROUGH, DMD, A. RODDY</u> | <u>RICHTON (DIST. 3)</u> | <u>BARBOUR</u> | <u>07/01/2011</u> | <u>6 YEARS</u> |
| 8. | <u>WATTS, JR., DMD, ROBERT T.</u> | <u>BILOXI (DIST. 5)</u> | <u>BARBOUR</u> | <u>07/01/2009</u> | <u>6 YEARS</u> |

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

MISS. CODE ANN. SECTION 73-9-7

*If Executive Order, please attach copy.

**SCHEDULE B
CONTRACTUAL SERVICES**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency

| MINOR OBJECT OF EXPENDITURE | (1) Actual Expenses FY Ending June 30, 2013 | (2) Estimated Expenses FY Ending June 30, 2014 | (3) Requested for FY Ending June 30, 2015 |
|---|--|---|--|
| A. TUITION, REWARDS & AWARDS (61010-61099) | | | |
| 61010 Tuition | | | |
| 61020 Employee Training, Meeting Registration, Etc. | 1,335 | 1,335 | 1,335 |
| 61030 SPAHRS Meeting Registration | 4,973 | 4,973 | 4,973 |
| TOTAL (A) | 6,308 | 6,308 | 6,308 |
| B. TRANSPORTATION & UTILITIES (61100-61299) | | | |
| 61110 Postage, Box Rent, etc. | 6,511 | 6,000 | 6,000 |
| 61190 Transportation of Goods & Moving Exp. (61180-61190) | 535 | 535 | 535 |
| TOTAL (B) | 7,046 | 6,535 | 6,535 |
| C. PUBLIC INFORMATION ((61300-61399) | | | |
| 61310 Advertising & Public Information | | | |
| 61340 Signs & Billboards | | | |
| 61350 Exhibits & Displays | | | |
| TOTAL (C) | | | |
| D. RENTS (61400-61499) | | | |
| 61420 Building & Floor Space | 77,943 | 80,262 | 80,262 |
| 61440 Office Equipment | 5,256 | 5,256 | 5,256 |
| TOTAL (D) | 83,199 | 85,518 | 85,518 |
| E. REPAIRS & SERVICES (61500-61599) | | | |
| 61520 Repairing/Serviceing of Buildings/Office Space | 130 | | |
| 61550 Office Equipment & Furniture | 3,894 | 3,900 | 3,900 |
| 61590 Miscellaneous Items of Equipment | 1,967 | 1,967 | 1,967 |
| TOTAL (E) | 5,991 | 5,867 | 5,867 |
| F. FEES, PROFESSIONAL & OTHER SERVICES (61600-61699) | | | |
| 61615 SAAS Fees - DFA | 695 | 695 | 695 |
| 61616 MMRS Fees | 1,281 | 1,550 | 3,117 |
| 61620 Department of Audit | | 60 | 60 |
| 61622 Fees for GAAP Preparation | | 100 | 100 |
| 61630 Legal Fees--Outside Counsel | 71,954 | 70,000 | 65,000 |
| 61631 Legal Fees--Attorney General | 650 | 500 | 500 |
| 61641 Fees to Dentists--State-Mandated Exam Administration | | | 29,000 |
| 61650 State Personnel Board | 959 | 959 | 959 |
| 61651 Personnel Service Contracts Over \$600 | | | |
| 61653 Travel Expenses--Contractual Personnel | | | |
| 61658 Personnel Service Contracts Fees-Other Fees--SPAHRS | | | |
| 61660 Court Costs & Court Reporters | | 200 | 200 |
| 61661 Notary Fees | | | 112 |
| 61680 Temporary Employment | | | |
| 61690 Other Fees & Services | 8,014 | 2,100 | 600 |
| TOTAL (F) | 83,553 | 76,164 | 100,343 |
| G. OTHER CONTRACTUAL SERVICES (61700-61899) | | | |
| 61700 Liability Insurance - Pool Contributions | 322 | 322 | 322 |
| 61710 Insurance & Fidelity Bonds | 1,174 | 1,174 | 1,174 |
| 61716 ACH Charges | 286 | 300 | 300 |
| 61718 Bank Service Charges | 48 | | |
| 61720 Membership Dues | 5,761 | 6,120 | 6,120 |
| 61730 Laundry, Dry Cleaning & Towel Service | | | |

**SCHEDULE B
CONTRACTUAL SERVICES CONTINUED**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency

| MINOR OBJECT OF EXPENDITURE | (1) Actual Expenses FY Ending June 30, 2013 | (2) Estimated Expenses FY Ending June 30, 2014 | (3) Requested for FY Ending June 30, 2015 |
|--|--|---|--|
| TOTAL (G) | 7,591 | 7,916 | 7,916 |
| H. INFORMATION TECHNOLOGY (61900-61990) | | | |
| 61902 IS Fees - Outside Vendor | 53,305 | 33,000 | 16,000 |
| 61905 IS Fees - ITS | 18,118 | 18,179 | 11,000 |
| 61913 Installation of IS/Telecomm Hardware - Outside Vendor | | | |
| 61915 IS Training/Education | | | |
| 61917 Service Charges Paid to State Computer Center | 7,710 | 7,710 | 7,710 |
| 61921 Software Acquisition | 6,976 | 1,000 | 1,000 |
| 61923 Basic Telephone Monthly - ITS | 2,843 | 2,845 | 2,845 |
| 61924 Long Distance Charges - Outside Vendor | | | |
| 61925 Long Distance Charges - ITS | 366 | 400 | 400 |
| 61933 Rental of IS Equipment - Outside Vendor | | | |
| 61961 Repair, Maintenance & Svc. of IS Eqpt. | 12,100 | 3,280 | 3,280 |
| 61962 Maintenance/Repair of Telephone Sys - ITS | | | |
| 61964 Maintenance/Repair of Telephone Sys - Outside Vendor | | | |
| 61980 Mainenance/Repair of IS Software - Outside Vendor | | | |
| TOTAL (H) | 101,418 | 66,414 | 42,235 |
| I. OTHER (61991-61999) | | | |
| 61998 Prior Year Expense--Contractual | | | |
| TOTAL (I) | | | |
| GRAND TOTAL <i>(Enter on Line I-B of Form MBR-1)</i> | 295,106 | 254,722 | 254,722 |
| FUNDING SUMMARY: | | | |
| GENERAL FUNDS | | | |
| STATE SUPPORT SPECIAL FUNDS | | | |
| FEDERAL FUNDS | | | |
| OTHER SPECIAL FUNDS | 295,106 | 254,722 | 254,722 |
| TOTAL FUNDS | 295,106 | 254,722 | 254,722 |

**SCHEDULE C
COMMODITIES**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency _____

| MINOR OBJECT OF EXPENDITURE | (1) Actual Expenses FY Ending June 30, 2013 | (2) Estimated Expenses FY Ending June 30, 2014 | (3) Requested for FY Ending June 30, 2015 |
|---|--|---|--|
| B. PRINTING & OFFICE SUPPLIES & MATERIALS (62100-62199) | | | |
| 62110 Printing Binding | 60 | 3,500 | 3,500 |
| 62120 Duplication/Reproduction Supplies | 2,084 | 1,000 | 1,000 |
| 62130 Office Supplies & Materials | 1,969 | 1,500 | 1,500 |
| 62140 Paper Supplies | 834 | 400 | 400 |
| 62150 Maps, Manuals, Library Books | 271 | 250 | 250 |
| 62160 Office Equipment (not capital outlay) | 109 | 600 | 600 |
| Total (B) | 5,327 | 7,250 | 7,250 |
| C. EQUIPMENT REPAIR PARTS, SUPPLIES & ACCES. (62200-62299) | | | |
| 62271 Communication System Repair Parts & Equipment | | | |
| 62290 Other Equipment, Parts, Supplies, Etc. | | | |
| Total (C) | | | |
| D. PROFESSIONAL & SCI. SUPPLIES AND MATERIALS (62300-62399) | | | |
| 62310 Laboratory/Testing Supplies (Typodonts) | | | |
| 62330 Photographic Supplies | | | |
| 62331 Processing Film & Slides, Etc. | | | |
| Total (D) | | | |
| E. OTHER SUPPLIES & MATERIALS (62400-62999) | | | |
| 62420 Hardware, Plumbing & Electrical | | | |
| 62475 Food for Business Meetings | 2,420 | 2,500 | 2,500 |
| 62490 Greenhouse Plants | | | |
| 62530 Uniforms & Wearing Apparel | | | |
| 62555 IS Equipment Repair Parts/Accessories | 1,477 | 250 | 250 |
| 62570 Draperies & Blinds | | | |
| 62590 Other Supplies & Materials | 1,106 | | |
| 62595 Other Equipment--Not Capital Outlay Equipment | | | |
| 62994 Petty Cash Reimbursement-Commodities | | | |
| Total (E) | 5,003 | 2,750 | 2,750 |
| GRAND TOTAL (A, B, C, D & E) <i>(Enter on Line I-C of Form MBR-1)</i> | 10,330 | 10,000 | 10,000 |
| FUNDING SUMMARY: | | | |
| GENERAL FUNDS | | | |
| STATE SUPPORT SPECIAL FUNDS | | | |
| FEDERAL FUNDS | | | |
| OTHER SPECIAL FUNDS | 10,330 | 10,000 | 10,000 |
| TOTAL FUNDS | 10,330 | 10,000 | 10,000 |

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

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
Name of Agency _____

| MINOR OBJECT OF EXPENDITURE | (1) Actual Expenses FY Ending June 30, 2013 | (2) Estimated Expenses FY Ending June 30, 2014 | (3) Requested for FY Ending June 30, 2015 |
|--|--|---|--|
| A. LANDS (63100-63199) | | | |
| 63110 Land for Buildings | | | |
| 63120 Land for Right-of-Way | | | |
| 63130 Land for Aggregates | | | |
| 63170 Land Purchased for Other Purposes | | | |
| TOTAL (A) | | | |
| B. BUILDINGS & IMPROVEMENTS (63200-63299) | | | |
| 63250 Buildings - Purchased, Constructed, Remodeled | | | |
| TOTAL (B) | | | |
| C. INFRASTRUCTURE & OTHER (63500-63999) | | | |
| 635XX Other | | | |
| TOTAL (C) | | | |
| GRAND TOTAL <i>(Enter on Line I-D-1 of Form MBR-1)</i> | | | |
| FUNDING SUMMARY: | | | |
| GENERAL FUNDS | | | |
| STATE SUPPORT SPECIAL FUNDS | | | |
| FEDERAL FUNDS | | | |
| OTHER SPECIAL FUNDS | | | |
| TOTAL FUNDS | | | |

**SCHEDULE D-2
CAPITAL OUTLAY EQUIPMENT**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency _____

| EQUIPMENT BY ITEM | Act. FY Ending June 30, 2013 | | Est. FY Ending June 30, 2014 | | Req. FY Ending June 30, 2015 | | |
|--|------------------------------|---------------|------------------------------|---------------|------------------------------|---------------|---------------|
| | No. of Units | Total Cost | No. of Units | Total Cost | No. of Units | Cost Per Unit | Total Cost |
| A. VEHICLES (see form MBR-1-D-3) | | | | | | | |
| C. OFFICE MACHINES, FURNITURE, FIXTURES, EQUIP. | | | | | | | |
| Custom Conference/Hearing Room Table (R) | | | 1 | 16,000 | | | |
| Custom Court Reporter Table-Conference Room (R) | | | 1 | 1,000 | | | |
| Custom Hearing Tables-Conference Room (R) | | | 2 | 4,000 | | | |
| Copier/Scanner/Printer-Color & B&W (R) | | | | | 1 | 17,000 | 17,000 |
| TOTAL (C) | | | | 21,000 | | | 17,000 |
| D. IS EQUIPMENT (DP & TELECOMMUNICATIONS) | | | | | | | |
| Conference Room--Meeting Computers (R) | 14 | 16,985 | | | | | |
| Dell Notebook Computers (R) | 2 | | | | 2 | 2,000 | 4,000 |
| TOTAL (D) | | 16,985 | | | | | 4,000 |
| E. EQUIPMENT - LEASE PURCHASE (63460-63476) | | | | | | | |
| 634XX Lease Purchases | | | | | | | |
| TOTAL (E) | | | | | | | |
| GRAND TOTAL <i>(Enter on Line I-D-2 of Form MBR-1)</i> | | 16,985 | | 21,000 | | | 21,000 |
| FUNDING SUMMARY: | | | | | | | |
| GENERAL FUNDS | | | | | | | |
| STATE SUPPORT SPECIAL FUNDS | | | | | | | |
| FEDERAL FUNDS | | | | | | | |
| OTHER SPECIAL FUNDS | | 16,985 | | 21,000 | | | 21,000 |
| TOTAL FUNDS | | 16,985 | | 21,000 | | | 21,000 |

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

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency

| MINOR OBJECT OF EXPENDITURE | Vehicle Inventory June 30, 2013 | FY Ending June 30, 2013 | | FY Ending June 30, 2014 | | FY Ending June 30, 2015 | |
|--|---------------------------------------|-------------------------|-------------|-------------------------|----------------|-------------------------|----------------|
| | | No. of Vehicles | Actual Cost | No. of Vehicles | Estimated Cost | No. of Vehicles | Requested Cost |
| A. PASSENGER & WORK VEHICLES (63310, 63390-63400) | | | | | | | |
| 63310 Passenger, Basic Economy | | | | | | | |
| 63310 Passenger, Basic Sporty | | | | | | | |
| 63310 Passenger, Entry Level | | | | | | | |
| 63310 Passenger, Lower Middle | | | | | | | |
| 63310 Passenger, Traditional Large | | | | | | | |
| 63310 Passenger, Upper Middle | | | | | | | |
| 63310 Passenger, Upper Middle Specialty | | | | | | | |
| 63390 Truck, Compact Pickup | | | | | | | |
| 63390 Truck, Fullsize Pickup | | | | | | | |
| 63390 Truck, Fullsize Utility | | | | | | | |
| 63390 Truck, Midsize Pickup | | | | | | | |
| 63391 Truck, Heavy Duty Station Wagon | | | | | | | |
| 63391 Truck, Heavy Duty Trucks | | | | | | | |
| 63392 Truck, Mini Sport Utility | | | | | | | |
| 63392 Truck, Sport Utility | | | | | | | |
| 63393 Truck, Fullsize Van (Cargo) | | | | | | | |
| 63393 Truck, Minivan (Cargo) | | | | | | | |
| 63393 Truck, Minivan (Passenger) | | | | | | | |
| 63393 Truck, Window Van (Passenger) | | | | | | | |
| 63400 Other Vehicles | | | | | | | |
| TOTAL (A) | | | | | | | |
| B. BETTERMENTS OR ACCESSORIES FOR VEHICLES (63395) | | | | | | | |
| 63395 Betterments or Accessories for Vehicles | | | | | | | |
| TOTAL (B) | | | | | | | |
| GRAND TOTAL <i>(Enter on Line I-D-3 of Form MBR-1)</i> | | | | | | | |
| FUNDING SUMMARY: | | | | | | | |
| GENERAL FUNDS | | | | | | | |
| STATE SUPPORT SPECIAL FUNDS | | | | | | | |
| FEDERAL FUNDS | | | | | | | |
| OTHER SPECIAL FUNDS | | | | | | | |
| TOTAL FUNDS | | | | | | | |

**SCHEDULE D-4
WIRELESS COMMUNICATION DEVICES**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
Name of Agency _____

| MINOR OBJECT OF EXPENDITURE | Device Inventory | Act FY Ending June 30, 2013 | | Est FY Ending June 30, 2014 | | Req FY Ending June 30, 2015 | |
|--|------------------|-----------------------------|-------------|-----------------------------|----------------|-----------------------------|----------------|
| | June 30, 2013 | No. of Devices | Actual Cost | No. of Devices | Estimated Cost | No. of Devices | Requested Cost |
| A. CELLULAR PHONES (63435) | | | | | | | |
| 63435 Cellular Phones | | | | | | | |
| Total (A) | | | | | | | |
| B. PAGERS (63434) | | | | | | | |
| 63434 Pagers, Paging Equipment | | | | | | | |
| Total (B) | | | | | | | |
| C. WIRELESS PERSONAL DIGITAL ASSISTANTS (63435) | | | | | | | |
| 63435 Wireless PDAs, Blackberry, etc | | | | | | | |
| Total (C) | | | | | | | |
| GRAND TOTAL <i>(Enter on Line I-D-4 of Form MBR-1)</i> | | | | | | | |
| FUNDING SUMMARY: | | | | | | | |
| GENERAL FUNDS | | | | | | | |
| STATE SUPPORT SPECIAL FUNDS | | | | | | | |
| FEDERAL FUNDS | | | | | | | |
| OTHER SPECIAL FUNDS | | | | | | | |
| TOTAL FUNDS | | | | | | | |

**SCHEDULE E
SUBSIDIES, LOANS & GRANT**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency

| MINOR OBJECT OF EXPENDITURE | (1) Actual Expenses FY Ending June 30, 2013 | (2) Estimated Expenses FY Ending June 30, 2014 | (3) Requested for FY Ending June 30, 2015 |
|---|--|---|--|
| A. SCHOOL GRANTS TO COUNTIES & MUNICIPALITIES (64000-64599) | | | |
| TOTAL (A) | | | |
| B. GRANTS TO L.H.L. & OTHER POLITICAL SUBDIVISIONS (64600-64699) | | | |
| TOTAL (B) | | | |
| C. GRANTS TO NON-GOVERNMENT INSTNS & INDS (64700-64999) | | | |
| 64790: Grants to Non-Governmental Institutions (PHN) | 71,000 | 71,000 | 71,000 |
| TOTAL (C) | 71,000 | 71,000 | 71,000 |
| D. DEBT SERVICE & JUDGEMENTS (65000-65399) | | | |
| 65040 Interest on Lease Purchases | | | |
| TOTAL (D) | | | |
| E. OTHER (66000-89999) | | | |
| TOTAL (E) | | | |
| GRAND TOTAL <i>(Enter on Line I-E of Form MBR-1)</i> | 71,000 | 71,000 | 71,000 |
| FUNDING SUMMARY: | | | |
| GENERAL FUNDS | | | |
| STATE SUPPORT SPECIAL FUNDS | | | |
| FEDERAL FUNDS | | | |
| OTHER SPECIAL FUNDS | 71,000 | 71,000 | 71,000 |
| TOTAL FUNDS | 71,000 | 71,000 | 71,000 |

NARRATIVE
2015 BUDGET REQUEST

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
Name of Agency

See separate budget narrative.

**OUT-OF-STATE TRAVEL
FISCAL YEAR 2013**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Agency Name

Note: All expenditures recorded on this form must be totaled and said total must agree with the out-of-state travel amount indicated for FY 2013 on Form Mbr-1, line I.A.2.b.

| Employee's Name | Destination | Purpose | Travel Cost | Funding Source |
|---------------------------------------|--------------------|--------------------------------------|--------------------|-----------------------|
| William L. Alford, DDS | Chicago, IL | Mid-Year AADB & NDEAF Meetings | 982 | 100% Special |
| Carl H. Boykin, DDS | San Francisco, CA | Annual AADB Meeting | 1,333 | 100% Special |
| Frank T. Dalton, DMD | San Francisco, CA | Annual AADB Meeting | 1,795 | 100% Special |
| Frank T. Dalton, DMD | Chicago, IL | Mid-Year AADB & NDEAF Meetings | 1,458 | 100% Special |
| Jeffery D. Hartsog, DMD | San Francisco, CA | Annual AADB Meeting | 2,089 | 100% Special |
| Leah Diane Howell | San Francisco, CA | Annual AADA & AADB Meetings | 2,740 | 100% Special |
| Leah Diane Howell | Chicago, IL | Mid-Year AADA, AADB & NDEAF Meetings | 1,832 | 100% Special |
| Leah Diane Howell | Destin, FL | Annual MDA Meeting | 1,333 | 100% Special |
| Janet Brice McMurphy, RDH | San Francisco, CA | Annual AADB Meeting | 338 | 100% Special |
| A. Roddy Scarbrough, DMD | San Francisco, CA | Annual AADB Meeting | 1,719 | 100% Special |
| A. Roddy Scarbrough, DMD | Chicago, IL | Mid-Year AADB & NDEAF Meetings | 1,290 | 100% Special |
| Robert T. Watts, Jr., DMD | Chicago, IL | Mid-Year AADB & NDEAF Meetings | 1,215 | 100% Special |
| Total Out of State Travel Cost | | | \$18,124 | |

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

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency

| TYPE OF FEE AND NAME OF VENDOR | Retired w/ PERS | (1) Actual Expenses FY Ending June 30, 2013 | (2) Estimated Expenses FY Ending June 30, 2014 | (3) Requested for FY Ending June 30, 2015 | Fund Num. |
|---|--------------------|--|---|--|-----------|
| 61615 SAAS Fees - DFA | | | | | |
| State Treasurer Fund 3130 / DFA SAAS Production Charges | | 695 | 695 | 695 | 100% Spec |
| <i>Comp. Rate: N/A</i> | | | | | |
| TOTAL 61615 SAAS Fees - DFA | | 695 | 695 | 695 | |
| 61616 MMRS Fees | | | | | |
| State Treasurer Fund 3125 / MMRS Revolving Payments | | 1,281 | 1,550 | 3,117 | 100% Spec |
| <i>Comp. Rate: N/A</i> | | | | | |
| TOTAL 61616 MMRS Fees | | 1,281 | 1,550 | 3,117 | |
| 61620 Department of Audit | | | | | |
| State Treasurer Fund 3155 / Mandated Compliance & Property Audits | | | 60 | 60 | 100% Spec |
| <i>Comp. Rate: N/A</i> | | | | | |
| TOTAL 61620 Department of Audit | | | 60 | 60 | |
| 61622 Fees for GAAP Preparation | | | | | |
| Cornerstone Consulting Group / Interim & Annual GAAP Packet Preparation | | | 100 | 100 | 100% Spec |
| <i>Comp. Rate: Flat Fee</i> | | | | | |
| TOTAL 61622 Fees for GAAP Preparation | | | 100 | 100 | |
| 61630 Legal Fees--Outside Counsel | | | | | |
| Ingram, Esquire, Stanley T. / Prosecutorial Counsel Services | | 71,954 | 70,000 | 65,000 | 100% Spec |
| <i>Comp. Rate: \$150/Hour</i> | | | | | |
| TOTAL 61630 Legal Fees--Outside Counsel | | 71,954 | 70,000 | 65,000 | |
| 61631 Legal Fees--Attorney General | | | | | |
| State Treasurer Fund 3071 / Legal Fees from Attorney General | | 650 | 500 | 500 | 100% Spec |
| <i>Comp. Rate: \$65/Hour</i> | | | | | |
| TOTAL 61631 Legal Fees--Attorney General | | 650 | 500 | 500 | |
| 61641 Fees to Dentists--State-Mandated Exam Administration | | | | | |
| Alford, DDS, William Larry / Licensure Examination Administration | | | | 3,500 | 100% Spec |
| <i>Comp. Rate: \$700/Day</i> | | | | | |
| Boykin, DDS, Carl A. / Licensure Examination Administration | | | | 3,500 | 100% Spec |
| <i>Comp. Rate: \$700/Day</i> | | | | | |
| Dalton, DMD, Frank Trice / Licensure Examination Administration | | | | 3,500 | 100% Spec |
| <i>Comp. Rate: \$700/Day</i> | | | | | |
| Hartsog, DMD, Jeffery D. / Licensure Examination Administration | | | | 3,500 | 100% Spec |
| <i>Comp. Rate: \$700/Day</i> | | | | | |
| McMurphy, RDH, Janet Brice / Licensure Examination Administration | | | | 3,500 | 100% Spec |
| <i>Comp. Rate: \$700/Day</i> | | | | | |
| Price, DDS, Donald E. / Licensure Examination Administration | | | | 4,500 | 100% Spec |
| <i>Comp. Rate: \$900/Day</i> | | | | | |
| Scarbrough, DMD, A. Roddy / Licensure Examination Administration | | | | 3,500 | 100% Spec |
| <i>Comp. Rate: \$700/Day</i> | | | | | |
| Watts, Jr., DMD, Robert T. / Licensure Examination Administration | | | | 3,500 | 100% Spec |
| <i>Comp. Rate: \$700/Day</i> | | | | | |
| TOTAL 61641 Fees to Dentists--State-Mandated Exam Administration | | | | 29,000 | |

FEES, PROFESSIONAL AND OTHER SERVICES

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency

| TYPE OF FEE AND NAME OF VENDOR | Retired w/ PERS | (1) Actual Expenses FY Ending June 30, 2013 | (2) Estimated Expenses FY Ending June 30, 2014 | (3) Requested for FY Ending June 30, 2015 | Fund Num. |
|---|--------------------|--|---|--|-----------|
| 61650 State Personnel Board State Treasurer Fund 3614 / Mandated Annual Assessment Per PIN <i>Comp. Rate: N/A</i> | | 959 | 959 | 959 | 100% Spec |
| TOTAL 61650 State Personnel Board | | 959 | 959 | 959 | |
| 61651 Personnel Service Contracts Over \$600 Cornerstone Consulting Group / Internal Controls Assessment <i>Comp. Rate: Flat Rate</i> | | | | | 100% Spec |
| TOTAL 61651 Personnel Service Contracts Over \$600 | | | | | |
| 61653 Travel Expenses--Contractual Personnel | | | | | |
| TOTAL 61653 Travel Expenses--Contractual Personnel | | | | | |
| 61658 Personnel Service Contracts Fees-Other Fees--SPAHRs | | | | | |
| TOTAL 61658 Personnel Service Contracts Fees-Other Fees--SPAHRs | | | | | |
| 61660 Court Costs & Court Reporters Melissa Magee, Court Reporter / Transcribe Disciplinary Hearings <i>Comp. Rate: N/A</i> | | | 200 | 200 | 100% Spec |
| TOTAL 61660 Court Costs & Court Reporters | | | 200 | 200 | |
| 61661 Notary Fees Stegall Notary Service / Renew Board Notaries (1) <i>Comp. Rate: N/A</i> | | | | 112 | 100% Spec |
| TOTAL 61661 Notary Fees | | | | 112 | |
| 61680 Temporary Employment Express Personnel Services / Temp Assist-Clerical & Investigative <i>Comp. Rate: Varies Per Function</i> | | | | | 100% Spec |
| TOTAL 61680 Temporary Employment | | | | | |
| 61690 Other Fees & Services Steve Colston Commercial Photography / Photographer for Board Member Pictures <i>Comp. Rate: N/A</i> | | | 100 | 100 | 100% Spec |
| Cornerstone Consulting Group / MAGIC, Internal Controls Assess, Etc. <i>Comp. Rate: \$83/hour</i> | | 8,014 | 2,000 | 500 | 100% Spec |
| TOTAL 61690 Other Fees & Services | | 8,014 | 2,100 | 600 | |
| GRAND TOTAL (61600-61699) | | 83,553 | 76,164 | 100,343 | |

VEHICLE PURCHASE DETAILS

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency

| Year | Model | Person(s) Assigned To | Vehicle Purpose/Use | Replacement or New? | FY2015 Req. Cost |
|------------------------------|--------------|------------------------------|----------------------------|--------------------------------|-----------------------------|
| | | | | New | 0 |
| | | | | | <hr/> |
| | | | | | 0 |
| TOTAL VEHICLE REQUEST | | | | | 0 |

**VEHICLE INVENTORY
AS OF JUNE 30, 2013**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS _____

Name of Agency

| Veh. Type | Vehicle Descript. | Model Year | Model | Person(s) Assigned To | Purpose/Use | Tag Number | Mileage On 6-30-13 | Average Miles per Year | Replacement Proposed | |
|--------------|----------------------|---------------|-------|-----------------------|-------------|---------------|-----------------------|---------------------------|----------------------|---------|
| | | | | | | | | | FY 2014 | FY 2015 |
| | | | | | | | | | | |

Vehicle Type = Passenger/Work

**PRIORITY OF DECISION UNITS
FISCAL YEAR**

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Agency Name

| Program | Decision Unit | Object | Amount |
|-------------------------|--------------------------------|---------------------|---------------|
| Priority # 0 | | | |
| Program # 1 : LICENSURE | Ensure Proper Salary & Mission | | |
| | | Salaries | 97,140 |
| | | Total | 97,140 |
| | | Other Special Funds | 97,140 |

CAPITAL LEASES

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Name of Agency

| Vendor/ Item Leased | Original Date of Lease | Original Number of Months of Lease | Number of Months Remaining on 6-30-13 | Last Payment Date | Interest Rate | Amount of Each Payment | | | Total of Payments to be Made | | | | | | | |
|------------------------|------------------------------|---|--|-------------------------|------------------|------------------------|----------|-------|------------------------------|-------------------|----------|-------|-------------------|----------|-------|--|
| | | | | | | Principal | Interest | Total | Actual FY 2013 | Estimated FY 2014 | | | Requested FY 2015 | | | |
| | | | | | | | | | | Principal | Interest | Total | Principal | Interest | Total | |
| / | // | 0 | 0 | // | .000 | | | | | | | | | | | |

Summary of 3% General Fund Program Reduction to FY2014 Appropriated Funding by Major Object

MISSISSIPPI STATE BOARD OF DENTAL

| Major Object | FY2014 GENERAL FUND REDUCTION | EFFECT ON FY2014 STATE SUPPORT SPECIAL FUNDS | EFFECT ON FY2014 FEDERAL FUNDS | EFFECT ON FY2014 OTHER SPECIAL FUNDS | TOTAL 3% REDUCTIONS |
|-------------------------------|--|---|---|---|--------------------------------|
| PERSONAL SERVICES | | | | | |
| TRAVEL | | | | | |
| CONTRACTUAL SERVICES | | | | | |
| COMMODITIES | | | | | |
| OTHER THAN EQUIPMENT | | | | | |
| EQUIPMENT | | | | | |
| VEHICLES | | | | | |
| WIRELESS COMM. DEVICES | | | | | |
| SUBSIDIES, LOANS, ETC | | | | | |
| TOTALS | | | | | |