

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, 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)					
a. Additional Compensation					
b. Proposed Vacancy Rate (Dollar Amount)					
c. Per Diem	1,760	4,000	4,000		
Total Salaries, Wages & Fringe Benefits	1,760	4,000	4,000		
2. Travel					
a. Travel & Subsistence (In-State)	3,548	6,000	6,000		
b. Travel & Subsistence (Out-of-State)	1,228	4,000	4,000		
c. Travel & Subsistence (Out-of-Country)					
Total Travel	4,776	10,000	10,000		
B. CONTRACTUAL SERVICES (Schedule B):					
a. Tuition, Rewards & Awards	675	1,000	1,000		
b. Communications, Transportation & Utilities	15				
c. Public Information					
d. Rents					
e. Repairs & Service					
f. Fees, Professional & Other Services	142,886	164,000	164,000		
g. Other Contractual Services		2,000	2,000		
h. Data Processing	4,167	30,000	30,000		
i. Other	225	1,000	1,000		
Total Contractual Services	147,968	198,000	198,000		
C. COMMODITIES (Schedule C):					
a. Maintenance & Construction Materials & Supplies					
b. Printing & Office Supplies & Materials	320	5,000	5,000		
c. Equipment, Repair Parts, Supplies & Accessories					
d. Professional & Scientific Supplies & Materials					
e. Other Supplies & Materials					
Total Commodities	320	5,000	5,000		
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					
d. IS Equipment (Data Processing & Telecommunications)		2,000	2,000		
e. Equipment - Lease Purchase					
f. Other Equipment					
Total Equipment (Schedule D-2)		2,000	2,000		
3. Vehicles (Schedule D-3)					
4. Wireless Comm. Devices (Schedule D-4)					
E. SUBSIDIES, LOANS & GRANTS (Schedule E):					
TOTAL EXPENDITURES	154,824	219,000	219,000		
II. BUDGET TO BE FUNDED AS FOLLOWS:					
Cash Balance-Unencumbered	254,487	302,650	288,650	(14,000)	(4.62%)
General Fund Appropriation (Enter General Fund Lapse Below)					
State Support Special Funds					
Federal Funds					
Other Special Funds (Specify)					
Board of Massage Therapy Fees	202,987	205,000	205,000		
Less: Estimated Cash Available Next Fiscal Period	(302,650)	(288,650)	(274,650)	(14,000)	(4.85%)
TOTAL FUNDS (equals Total Expenditures above)	154,824	219,000	219,000		
GENERAL FUND LAPSE					
III. PERSONNEL DATA					
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 23, 2013

REQUEST BY FUNDING SOURCE

Name of Agency Board of Massage Therapy

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. Board of Massage Therapy Fees	1,760	100.00%		4,000	100.00%		4,000	100.00%	
11.									
12.									
13.									
Total Salaries	1,760		1.13%	4,000		1.82%	4,000		1.82%
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. Board of Massage Therapy Fees	4,776	100.00%		10,000	100.00%		10,000	100.00%	
11.									
12.									
13.									
Total Travel	4,776		3.08%	10,000		4.56%	10,000		4.56%
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. Board of Massage Therapy Fees	147,968	100.00%		198,000	100.00%		198,000	100.00%	
11.									
12.									
13.									
Total Contractual	147,968		95.57%	198,000		90.41%	198,000		90.41%
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. Board of Massage Therapy Fees	320	100.00%		5,000	100.00%		5,000	100.00%	
11.									
12.									
13.									
Total Commodities	320		0.20%	5,000		2.28%	5,000		2.28%

REPORT BY FUNDING SOURCE

Name of Agency Board of Massage Therapy

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. Board of Massage Therapy Fees									
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. Board of Massage Therapy Fees				2,000	100.00%		2,000	100.00%	
11.									
12.									
13.									
Total Equipment				2,000		0.91%	2,000		0.91%
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. Board of Massage Therapy Fees									
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. Board of Massage Therapy Fees									
11.									
12.									
13.									
Total Wireless Comm. Devices									

REQUEST BY FUNDING SOURCE

Name of Agency Board of Massage Therapy

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. Board of Massage Therapy Fees									
11.									
12.									
13.									
Total Subsidies, Loans & Grants									
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. Board of Massage Therapy Fees	154,824	100.00%		219,000	100.00%		219,000	100.00%	
11.									
12.									
13.									
TOTAL	154,824		100.00%	219,000		100.00%	219,000		100.00%

SPECIAL FUNDS DETAIL

Board of Massage Therapy
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	254,487	302,650	288,650
Board of Massage Therapy Fees (3857)	Fees Collected	202,987	205,000	205,000
Section B TOTAL		457,474	507,650	493,650

Section S + A + B TOTAL		457,474	507,650	493,650
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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)			
Mississippi Board of Massage Therapy	3857	Fees Collected/ BankPlus	9,379	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 2013 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries, Wages, Fringe				1,760	1,760
Travel				4,776	4,776
Contractual Services				147,968	147,968
Commodities				320	320
Other Than Equipment					
Equipment					
Vehicles					
Wireless Comm. Devs.					
Subsidies, Loans & Grants					
Total				154,824	154,824
No. of Positions (FTE)					

	FY 2014 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					
Total				219,000	219,000
No. of Positions (FTE)					

	FY 2015 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					
Total					
No. of Positions (FTE)					

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

CONTINUATION AND EXPANDED REQUEST

Board of Massage Therapy
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			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				
Total			219,000	219,000
No. of Positions (FTE)				

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

Board of Massage Therapy _____
Agency Name

FUNDING REQUESTED FISCAL YEAR 2015

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 2013 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries, Wages, Fringe				1,760	1,760
Travel				4,776	4,776
Contractual Services				147,968	147,968
Commodities				320	320
Other Than Equipment					
Equipment					
Vehicles					
Wireless Comm. Devs.					
Subsidies, Loans & Grants					
Total				154,824	154,824
No. of Positions (FTE)					

	FY 2014 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					
Total				219,000	219,000
No. of Positions (FTE)					

	FY 2015 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					
Total					
No. of Positions (FTE)					

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

CONTINUATION AND EXPANDED REQUEST

Board of Massage Therapy
AGENCY

Program No. 1 of 1 Programs

REGISTRATION

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			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				
Total			219,000	219,000
No. of Positions (FTE)				

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

PROGRAM DECISION UNITS

Board of Massage Therapy

1 - REGISTRATION

AGENCY

PROGRAM NAME

	A	B	C	D	E	F	G	H
	FY 2014 Appropriation	Escalations By DFA	Non-Recurring Items	Total Funding Change	FY 2015 Total Request			
EXPENDITURES:								
SALARIES	4,000				4,000			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	4,000				4,000			
TRAVEL	10,000				10,000			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	10,000				10,000			
CONTRACTUAL	198,000				198,000			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	198,000				198,000			
COMMODITIES	5,000				5,000			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	5,000				5,000			
CAPITAL-OTE								
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT	2,000				2,000			
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER	2,000				2,000			
VEHICLES								
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES								
GENERAL								
ST.SUP.SPECIAL								
FEDERAL								
OTHER								
TOTAL	219,000				219,000			

FUNDING:

GENERAL FUNDS								
ST.SUP.SPCL.FUNDS								
FEDERAL FUNDS								
OTHER SP.FUNDS	219,000				219,000			
TOTAL	219,000				219,000			

POSITIONS:

GENERAL FTE								
ST.SUP.SPCL.FTE								
FEDERAL FTE								
OTHER SP FTE								
TOTAL FTE								

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 2013</u> <u>ACTUAL</u>	<u>FY 2014</u> <u>ESTIMATED</u>	<u>FY 2015</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 2013</u> <u>ACTUAL</u>	<u>FY 2014</u> <u>ESTIMATED</u>	<u>FY 2015</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 2013</u> <u>ACTUAL</u>	<u>FY 2014</u> <u>ESTIMATED</u>	<u>FY 2015</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. streamline internal operations for more effective license issuance; and d. follow-up on complaints regarding non-licensed individuals who are practicing massage therapy without a professional license.	154,824.00	219,000.00	219,000.00

PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATION

Board of Massage Therapy _____

	Fiscal Year 2014 Funding			FY 2014 GF PERCENT REDUCED
	Total Funds	Reduced Amount	Reduced Funding Amount	
Program Name: (1) REGISTRATION				
GENERAL				
ST.SUPPORT SPECIAL				
FEDERAL				
OTHER SPECIAL	219,000		219,000	
TOTAL	219,000		219,000	
Narrative Explanation:				
SUMMARY OF ALL PROGRAMS				
GENERAL				
ST.SUPPORT SPECIAL				
FEDERAL				
OTHER SPECIAL	219,000		219,000	
TOTAL	219,000		219,000	

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 FY2014

9

C.	Names of Members	City, Town, Residence	Appointed By	Date of Appointment	Length of Term
1.	<u>Robert Wilkins</u>	<u>Brandon, MS</u>	<u>Barbour</u>	<u>2013</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>Vanceave, MS</u>	<u>Barbour</u>	<u>2012</u>	<u>4 yrs.</u>
4.	<u>Christie Beattie, LMT</u>	<u>Greenville, MS</u>	<u>Barbour</u>	<u>2012</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, 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	675	1,000	1,000
TOTAL (A)	675	1,000	1,000
B. TRANSPORTATION & UTILITIES (61100-61299)			
61110 Postage, Box Rent, etc.			
611XX Transportation of Goods (61180-61190)	15		
61210 Electricity			
61220 Gas			
61230 Water & Sewage			
TOTAL (B)	15		
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			
61430 Land			
61440 Office Equipment			
61460 Other Equipment			
61470 Capitol Facilities - Rental			
61480 Exhibits, Displays & Conference Rooms			
TOTAL (D)			
E. REPAIRS & SERVICES (61500-61599)			
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			
TOTAL (E)			
F. FEES, PROFESSIONAL & OTHER SERVICES (61600-61699)			
61610 Engineering			
61615 SAAS Fees - DFA	231	500	500
61616 MMRS Fees	352	800	800
61620 Department of Audit			
6162X Accounting (61621-61624)	18,000	18,000	18,000
6163X Legal (61630-61636)	19,877	27,000	27,000
6164X Medical Services (61641-61646)			
61650 State Personnel Board			
6165X Personnel Services Contracts (61651-61653)	103,076	115,700	115,700
61658 Personnel Services Contracts - SPAHRS			
6166X Court Costs & Reporters (61661-61666)	1,350	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, 2013	(2) Estimated Expenses FY Ending June 30, 2014	(3) Requested for FY Ending June 30, 2015
F. FEES, PROFESSIONAL & OTHER SERVICES (61600-61699)			
XXX NEW			
TOTAL (F)	142,886	164,000	164,000
G. OTHER CONTRACTUAL SERVICES (61700-61899)			
61700 Liability Insurance Pool Contributions (Tort Claims)			
61710 Insurance & Fidelity Bonds			
61715 Insurance Computer Equipment ITS			
61720 Membership Dues		2,000	2,000
61721 Subscriptions			
TOTAL (G)		2,000	2,000
H. INFORMATION TECHNOLOGY (61900-61990)			
61902 IS Professional Fees - Outside Vendor		5,000	5,000
61905 IS Professional Fees - ITS	309	20,000	20,000
6191X IS Training/Education (61914-61915)			
61917 Service Charges to State Data Center	3,354	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	202	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			
TOTAL (H)	4,167	30,000	30,000
I. OTHER (61991-61999)			
6199X Prior Year Expense (61996-61998)	225	1,000	1,000
61999 Contractual Services - No PO Required			
TOTAL (I)	225	1,000	1,000
GRAND TOTAL <i>(Enter on Line I-B of Form MBR-1)</i>	147,968	198,000	198,000
FUNDING SUMMARY:			
GENERAL FUNDS			
STATE SUPPORT SPECIAL FUNDS			
FEDERAL FUNDS			
OTHER SPECIAL FUNDS	147,968	198,000	198,000
TOTAL FUNDS	147,968	198,000	198,000

**SCHEDULE C
COMMODITIES**

Board of Massage Therapy
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. MAINTENANCE & CONSTR. MATERIALS & SUPPLIES (62010-62099)			
62040 Lumber Parts			
62050 Steel & Other Metals			
62060 Paints			
Total (A)			
B. PRINTING & OFFICE SUPPLIES & MATERIALS (62100-62199)			
62110 Printing Binding			
62130 Office Supplies & Materials	320	3,000	3,000
62140 Paper Supplies		2,000	2,000
62150 Maps, Manuals, Library Books			
62160 Office Equipment (not capital outlay)			
Total (B)	320	5,000	5,000
C. EQUIPMENT REPAIR PARTS, SUPPLIES & ACCES. (62200-62299)			
62210 Fuels - Gasoline			
62251 Repair Vehicle			
62270 Radio & TV Supply & Repair			
62290 Other Equipment Repair Parts			
Total (C)			
D. PROFESSIONAL & SCI. SUPPLIES AND MATERIALS (62300-62399)			
62330 Photographic Supplies			
62340 Drugs & Chemicals - Medical & Lab Use			
62390 Other Professional Scientific			
Total (D)			
E. OTHER SUPPLIES & MATERIALS (62400-62999)			
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			
Total (E)			
GRAND TOTAL (A, B, C, D & E) <i>(Enter on Line I-C of Form MBR-1)</i>	320	5,000	5,000
FUNDING SUMMARY:			
GENERAL FUNDS			
STATE SUPPORT SPECIAL FUNDS			
FEDERAL FUNDS			
OTHER SPECIAL FUNDS	320	5,000	5,000
TOTAL FUNDS	320	5,000	5,000

**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, 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**

Board of Massage Therapy

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)							
B. ROAD MACHINERY, FARM & OTHER EQUIPMENT							
63320 Road Machinery							
TOTAL (B)							
C. OFFICE MACHINES, FURNITURE, FIXTURES, EQUIP.							
63330 Office Equipment, Furniture							
Scantron Grademaster							
TOTAL (C)							
D. IS EQUIPMENT (DP & TELECOMMUNICATIONS)							
63421 IT/IS Equipment							
Laptop Computer					1	2,000	2,000
Desktop Computer			1	2,000			
Laser Printer							
File Server							
TOTAL (D)				2,000			2,000
E. EQUIPMENT - LEASE PURCHASE (63460-63476)							
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							
TOTAL (E)							
F. OTHER EQUIPMENT							
63490 Other Equipment							
TOTAL (F)							
GRAND TOTAL <i>(Enter on Line I-D-2 of Form MBR-1)</i>				2,000			2,000
FUNDING SUMMARY:							
GENERAL FUNDS							
STATE SUPPORT SPECIAL FUNDS							
FEDERAL FUNDS							
OTHER SPECIAL FUNDS				2,000			2,000
TOTAL FUNDS				2,000			2,000

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

Board of Massage Therapy

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**

Board of Massage Therapy
Name of Agency _____

MINOR OBJECT OF EXPENDITURE	Device Inventory June 30, 2013	Act FY Ending June 30, 2013		Est FY Ending June 30, 2014		Req FY Ending June 30, 2015	
		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**

Board of Massage Therapy
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)			
TOTAL (C)			
D. DEBT SERVICE & JUDGEMENTS (65000-65399)			
TOTAL (D)			
E. OTHER (66000-89999)			
TOTAL (E)			
GRAND TOTAL <i>(Enter on Line I-E of Form MBR-1)</i>			
FUNDING SUMMARY:			
GENERAL FUNDS			
STATE SUPPORT SPECIAL FUNDS			
FEDERAL FUNDS			
OTHER SPECIAL FUNDS			
TOTAL FUNDS			

NARRATIVE
2015 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 process that is now in place requires similar resources as the prior fiscal years to accommodate 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.

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

Board of Massage Therapy
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
Leyser Hayes	Jacksonville. FL	FARB Conference	1,228	3857
Total Out of State Travel Cost			\$1,228	

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, 2013	(2) Estimated Expenses FY Ending June 30, 2014	(3) Requested for FY Ending June 30, 2015	Fund Num.
61610 Engineering					
TOTAL 61610 Engineering					
61615 SAAS Fees - DFA					
DFA / SAAS Fees		231	500	500	3857
<i>Comp. Rate: \$20/mo</i>					
TOTAL 61615 SAAS Fees - DFA		231	500	500	
61616 MMRS Fees					
MMRS / MMRS Fees		352	800	800	3857
<i>Comp. Rate: \$35/mo</i>					
TOTAL 61616 MMRS Fees		352	800	800	
61620 Department of Audit					
TOTAL 61620 Department of Audit					
6162X Accounting (61621-61624)					
Kim Tullos, CPA / Accounting Services		18,000	18,000	18,000	3857
<i>Comp. Rate: \$1500/mo.</i>					
TOTAL 6162X Accounting (61621-61624)		18,000	18,000	18,000	
6163X Legal (61630-61636)					
Attorney General / Legal Services		19,877	27,000	27,000	3857
<i>Comp. Rate: \$5,000/qtr</i>					
TOTAL 6163X Legal (61630-61636)		19,877	27,000	27,000	
6164X Medical Services (61641-61646)					
TOTAL 6164X Medical Services (61641-61646)					
61650 State Personnel Board					
TOTAL 61650 State Personnel Board					
6165X Personnel Services Contracts (61651-61653)					
JBar and Assoc. / Board Management Services		99,198	98,500	98,500	3857
<i>Comp. Rate: \$8,266/mo.</i>					
Connie Shanks / Inspection Services		1,325	5,000	5,000	3857
<i>Comp. Rate: \$40/insp. plus actual</i>					
Melanie Hannigan / Inspection Services		1,000	5,000	5,000	3857
<i>Comp. Rate: \$40/insp. plus actual</i>					
Tina Bishop / Inspection Services		1,553	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>					
TOTAL 6165X Personnel Services Contracts (61651-61653)		103,076	115,700	115,700	
61658 Personnel Services Contracts - SPAHRS					
TOTAL 61658 Personnel Services Contracts - SPAHRS					

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, 2013	(2) Estimated Expenses FY Ending June 30, 2014	(3) Requested for FY Ending June 30, 2015	Fund Num.
6166X Court Costs & Reporters (61661-61666)					
Geanell Adams / Court reporting <i>Comp. Rate: \$225/appearance</i>		450			3857
Estella Wren / Court reporting <i>Comp. Rate: \$125/appearance</i>		125			3857
Sheila Youngblood / Court reporting <i>Comp. Rate: \$225/appearance</i>		225			3857
Amanda Vanlandingham / Court reporting <i>Comp. Rate: \$225/appearance</i>		550			3857
Various Court Reporters / Court reporting <i>Comp. Rate: \$200/app. avg.</i>			2,000	2,000	
TOTAL 6166X Court Costs & Reporters (61661-61666)		1,350	2,000	2,000	
61670 Laboratory & Testing Fees					
TOTAL 61670 Laboratory & Testing Fees					
6168X Contract Worker (61682-61688)					
TOTAL 6168X Contract Worker (61682-61688)					
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
TOTAL 61690 Other Fees & Services					
XXX NEW					
TOTAL XXX NEW					
GRAND TOTAL (61600-61699)		142,886	164,000	164,000	

VEHICLE PURCHASE DETAILS

Board of Massage Therapy _____

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**

Board of Massage Therapy _____

Name of Agency

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

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 6-30-13	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

Board of Massage Therapy

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					