

Complete this table with CFO/BA before using the memo template for Simplified Off-Cycle Budget Corrections (OBC):

A	Office FY 18 Approved Op Plan, non-staffing budget	\$
B	Total amount requested in this OBC	\$
$C = B / A$	Proportion of this OBC to Approved Op Plan, non-staffing budget	%
D	Total approved FY18 OBCs, October 1 to date	\$
$E = B + D$	Total approved FY18 OBCs plus this OBC	\$
$F = E / A$	Proportion of approved OBCs plus this OBC to Op Plan non-staffing budget	%

- If C is less than 2%, the request does not meet the minimum threshold for submitting an OBC.
- If C or F are greater than 10%, the request must go to the OBC committee. Please complete the Standard OBC template.
- CMA Requests: Use this template for requests totaling up to 10% of the Approved Operating Plan, for costs outside of the formulation process (i.e. not program factor driven)

For OCFO OBCs, update the final approval to Deputy Chief Executive Officer, in place of the Chief Financial Officer.

Submit OBCs with necessary signatures to: budgetdomestic@peacecorps.gov



MEMORANDUM

To: **Name**, Chief Financial Officer

From: **Name**, Chief/Administrative Officer, **Office Name**

Through: **Name**, Budget Officer
Name, Supervisory Budget Analyst, Budget Execution
Name, Senior Budget Analyst, **Organizational Component Name**

Date: **DATE**

Subject: FY18 SIMPLIFIED Off-Cycle Budget Corrections (OBC): **Request Title**

Summary of Need

Summarize why the funding is needed in a short paragraph.

Certification

[Office Name] certifies there are no offsetting cuts to fund this request.

Funding Detail

Complete the table, by category of the funding requested, including out-year costs as needed. Example funding categories included below. Please add/delete columns and rows as necessary. Briefly discuss how the request was calculated and be prepared to provide back-up for this calculation if clarification is requested by CFO/BA.

	FY18
Contracts and Services	\$
Travel	\$
Staff Development	\$
Total	\$

Fiscal Coding

Provide the fiscal coding needed for the funding upload for FY18. Please round the amount to the nearest hundred/thousand. Add/delete rows as necessary.

FY	Fund	Loc	Purpose Code	BLI	Sponsor Code	Amount
18						\$
18						\$
18						\$
FY18 Total						\$

For out-year need, provide the fiscal coding below. Add/delete rows as necessary. Delete if out-year costs are not needed.

For out-year costs, please use the following fiscal coding.

FY	Fund	Loc	Purpose Code	BLI	Sponsor Code	Amount
						\$
						\$
Total						\$

Approval

Approved Not Approved

 Name, Chief Financial Officer

 Date