

ATTACHMENT 3. DOI Wildland Fire Program Policy Memorandum 2024-001

TABLE 3A: BUDGET EXECUTION SUMMARY

| | |
|----------------|--|
| Date: | |
| Bureau/Office: | |

INSTRUCTIONS:

For each category below, please provide a bureau- or office-level summary of budget execution for Fiscal Year (FY) 2023. Please fill in all yellow highlighted cells. Please do not edit the formulas in the gray highlighted cells.

(dollars in thousands)

FY 2023 STATUS OF FUNDS EXECUTION

| Program Activity | Total Available Resources for FY 2023 (Entire Year)* | Total Obligations for FY 2023 (Entire Year) | Fiscal Year-End Unobligated Balance (9/30/2023) | Carryover Rate |
|---|--|---|---|----------------|
| Preparedness (REGULAR): Departmentwide Activities | | | \$0 | #DIV/0! |
| Preparedness (REGULAR): Other Direct Program (including Fixed Costs and Service Level Agreements) | | | \$0 | #DIV/0! |
| PREPAREDNESS, REGULAR FUNDING, TOTAL | \$0 | \$0 | \$0 | #DIV/0! |
| PREPAREDNESS, BIL FUNDING, TOTAL | | | \$0 | #DIV/0! |
| PREPAREDNESS, DISASTER RELIEF FUNDING, TOTAL | | | \$0 | #DIV/0! |
| Fuels Management (REGULAR): Departmentwide Activities | | | \$0 | #DIV/0! |
| Fuels Management (REGULAR): Other Direct Program (including Fixed Costs and Service Level Agreements) | | | \$0 | #DIV/0! |
| FUELS MANAGEMENT, REGULAR FUNDING, TOTAL | \$0 | \$0 | \$0 | #DIV/0! |
| FUELS MANAGEMENT, BIL FUNDING, TOTAL | | | \$0 | #DIV/0! |
| FUELS MANAGEMENT, DISASTER RELIEF FUNDING, TOTAL | | | \$0 | #DIV/0! |
| Burned Area Rehabilitation (REGULAR): Departmentwide Activities | | | \$0 | #DIV/0! |
| Burned Area Rehabilitation (REGULAR): Direct Program | | | \$0 | #DIV/0! |
| BURNED AREA REHABILITATION, REGULAR FUNDING, TOTAL | \$0 | \$0 | \$0 | #DIV/0! |

| | | | | |
|---|--|--|------------|----------------|
| | | | | |
| BURNED AREA REHABILITATION, BIL FUNDING, TOTAL | | | \$0 | #DIV/0! |
| | | | | |
| BURNED AREA REHABILITATION, DISASTER RELIEF FUNDING, TOTAL | | | \$0 | #DIV/0! |
| | | | | |
| JOINT FIRE SCIENCE PROGRAM, REGULAR FUNDING, TOTAL | | | \$0 | #DIV/0! |
| | | | | |
| JOINT FIRE SCIENCE PROGRAM, BIL FUNDING, TOTAL | | | \$0 | #DIV/0! |
| | | | | |
| FACILITIES, REGULAR FUNDING, TOTAL | | | \$0 | #DIV/0! |
| | | | | |

*FY 2023 Total Available Resources include prior-year carryover, recoveries, and FY 2023 allocations and transfers of new budget authority. Please ensure the amounts for "Total Available Resources" (column B) and "Total Obligations" (column C) align with amounts reported in the Status of Funds reports.

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Memorandum 2024-001
TABLES 3B (DEPARTMENTWIDES) AND 3C (OTHER
DIRECT PROGRAM): CARRYOVER SPEND PLANS (FOR
FACILITIES, SEE TABLE 3)

| | | |
|----------------|--|--|
| Date: | | |
| Bureau/Office: | | |

INSTRUCTIONS:

For each category and item below, please provide an explanation for a projected carryover amount exceeding 2% percent. Please identify any plans for the use of expected carryover amounts over 2 percent and the estimated obligation date. **Please fill in all yellow highlighted cells. Please do not edit the formulas in the gray highlighted cells.** Table 2A is for Departmentwide Activities. Table 2B Table 2A is for Other Direct Program activities.

(dollars in thousands)
TABLE 3A: DEPARTMENTWIDE ACTIVITIES (REGULAR FUNDING)-
Please complete yellow boxes for all projects in this category. The total cost of all activities in each category should match the category total at the top. **Please do not enter information directly in the gray cells.**

| Project/Activity | Carryover from FY 2023 into FY 2024 | Carryover exceeding 2% | From what Fiscal Year(s) is the Funding? (e.g., 19X and 20X) | Explanation for Carryover Amount | Proposed Plan for Use of Carryover Amount | Estimated Obligation Date(s) | Additional Remarks (if necessary or useful) |
|---|-------------------------------------|------------------------------|--|---|---|---|---|
| REGULAR FUNDING Preparedness: Departmentwide Activities (TOTAL) | \$0 | \$0 | | Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. | |
| REGULAR FUNDING Fuels Management: Departmentwide Activities (TOTAL) | \$0 | \$0 | | Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. | |
| REGULAR FUNDING Burned Area Rehabilitation: Departmentwide Activities (TOTAL) | \$0 | \$0 | | Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. | |
| PREPAREDNESS (REGULAR FUNDING): | \$0 | \$0 | | | | | |
| Departmentwide Activity 1 Name | | Does not apply to this item. | | | | | |
| Departmentwide Activity 2 Name | | Does not apply to this item. | | | | | |
| Add other lines as necessary. | | Does not apply to this item. | | | | | |
| FUELS MANAGEMENT (REGULAR FUNDING): | \$0 | \$0 | | | | | |
| Departmentwide Activity 1 Name | | Does not apply to this item. | | | | | |
| Departmentwide Activity 2 Name | | Does not apply to this item. | | | | | |
| Add other lines as necessary. | | Does not apply to this item. | | | | | |
| BURNED AREA REHABILITATION (REGULAR FUNDING): | \$0 | \$0 | | | | | |
| Departmentwide Activity 1 Name | | Does not apply to this item. | | | | | |
| Departmentwide Activity 2 Name | | Does not apply to this item. | | | | | |
| Add other lines as necessary. | | Does not apply to this item. | | | | | |

TABLE 2B: OTHER DIRECT PROGRAM (ALL FUNDING TYPES) - Please complete yellow boxes for all items in this category. (Exclude Departmentwide Activities, which are listed above.)

| Budget Activity | Carryover from FY 2023 into FY 2024 | Carryover exceeding 2% | What Fiscal Year(s) is the Funding From? (e.g., 19X and 20X) | Explanation for Carryover Over 2% | Proposed Plan for Use of Carryover Over 2% | Estimated Obligation Date(s) | Additional Remarks (if necessary or useful) |
|---|--|------------------------|--|-----------------------------------|--|---------------------------------|---|
| Preparedness (REGULAR FUNDING): Other Direct Program (excluding Departmentwide Activities, above) | \$0 | \$0 | | | | | |
| Preparedness (BIL FUNDING): Other Direct Program (excluding Departmentwide Activities, above) | \$0 | \$0 | | | | | |
| Preparedness (DISASTER RELIEF FUNDING): Other Direct Program (excluding Departmentwide Activities, above) | \$0 | \$0 | | | | | |
| Fuels Management (REGULAR FUNDING): Other Direct Program (excluding Departmentwide Activities, above) | \$0 | \$0 | | | | | |
| Fuels Management (BIL FUNDING): Other Direct Program (excluding Departmentwide Activities, above) | \$0 | \$0 | | | | | |
| Fuels Management (DISASTER RELIEF FUNDING): Other Direct Program (excluding Departmentwide Activities, above) | \$0 | \$0 | | | | | |
| Burned Area Rehabilitation (REGULAR FUNDING): Other Direct Program (excluding Departmentwide Activities, above) | \$0 | \$0 | | | | | |
| Burned Area Rehabilitation (BIL FUNDING): Other Direct Program (excluding Departmentwide Activities, above) | \$0 | \$0 | | | | | |
| Burned Area Rehabilitation (DISASTER RELIEF FUNDING): Other Direct Program (excluding Departmentwide Activities, above) | \$0 | \$0 | | | | | |
| Joint Fire Science Program (REGULAR FUNDING) | \$0 | \$0 | | | | | |
| Joint Fire Science Program (BIL FUNDING) | \$0 | \$0 | | | | | |

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TABLE 3D: FACILITIES CARRYOVER SPEND PLAN

| | |
|----------------|--|
| Date: | |
| Bureau/Office: | |

INSTRUCTIONS:

Please list individually all projects funded in the total Facilities carryover amount (cell B11). Please include the amount planned/committed for the project, the status of the project, and the projected obligation date. Please fill in all yellow highlighted cells. Please do not edit the formulas in the gray highlighted cells.

(dollars in thousands)

| Project Funded/Planned | Carryover from FY 2023 into FY 2024 | From what Fiscal Year(s) is this Project's Funding? (e.g., 18X) | Brief Description of the Project (e.g., Purpose, City, State) | Status of the Project (i.e., on schedule, delayed? if delayed, what reasons?) | Projected Obligation Date (Month and Year is adequate) | Additional Remarks (if necessary and useful) |
|---|--|--|--|--|---|--|
| TOTAL, ALL FACILITIES PROJECTS (FROM TABLE 1) | | \$0 Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. | Provide detail below. No information is needed for this cell. |
| Project Name (Replace with Project and Location from 5-Year Plan) | | | | | | |
| Project Name (Replace with Project and Location from 5-Year Plan) | | | | | | |
| Project Name (Replace with Project and Location from 5-Year Plan) | | | | | | |
| Project Name (Replace with Project and Location from 5-Year Plan) | | | | | | |
| Project Name (Replace with Project and Location from 5-Year Plan) | | | | | | |
| Add Other Lines as Necessary | | | | | | |
| TOTAL, ALL FACILITIES PROJECTS (SUM OF INDIVIDUAL PROJECTS) | | \$0 No information is needed for this cell. | No information is needed for this cell. | No information is needed for this cell. | No information is needed for this cell. | No information is needed for this cell. |