**Worksheet-II (WS-II) Justification Documentation**

## Instructions

Complete one copy of the form below to *describe* and *support* each budget request subject to the WS-II process. Upon completion, do not paste your responses into IBIS: just attach each Justification Documentation form to its corresponding WS-II. Please note that budget requests subject to the WS-II-EZ process do not require this attachment.

OSBM invites agencies to direct program staff to complete this documentation in order to facilitate their request process and to reduce the input burden on budget staff. Budget staff still must carefully review all forms, since the IBIS attachment represents the CFO’s endorsement of all included information.

## WS-II Questions Entered Directly into IBIS

***Basic Information*** and ***Budget Details*** questions are shown here for reference only. Agencies do not need to complete these questions on this document unless they choose to for their own purposes. These answers *must* still be included directly in IBIS forms.

## Basic Information

* Priority
* R/NR
* Worksheet Type
* Request Type
* Department/Agency
* BRU
* Division/Institution
* Budget Code
* Request Title
* Is this Capital Related?
* Additional Space?
* Is this an IT project?
* Does this request affect another state agency or a local government?
* Special Provision Needed?
* Does this request tie to your strategic plan?
* Which specific goal and objective?

## Budget Details

* Positions/Position Summary
* Requirements
* Receipts
* Summary
* Budget Overview

**Justification Documentation to Complete on *This* Document**

*All questions are required.*

**1. Request summary**

Summarize your request in three to five sentences, including information on the specific activities, functions, services, and positions (if any) that will be provided if this request is funded.

**2. Statement of need**What problem does this request seek to solve, or what opportunity does it seek to address?

**3. Expected outputs**What output(s) does the agency expect the request to deliver for the public, the quality of government services, and/or government efficiency?

**4. Expected outcomes**What improved outcome(s) does the agency expect the request to deliver for the public, the quality of government services, and/or government efficiency?

Why does the agency believe the request will achieve the expected outcomes described above?

**5. Current evaluation methods**
If this request is for an existing program or service, what methods do you currently use to evaluate effectiveness (select all that apply)?

[ ]  We do not evaluate this program or service. *If selecting this answer, please explain why you do not evaluate this program or service.*

[ ]  We measure resources (e.g. staff, material expenses) required to deploy the service or initiative.

[ ]  We measure how many people use the service or initiative.

[ ]  We conduct focus groups, surveys, or other qualitative methods that ask people about their experience with the service/initiative.

[ ]  We measure outcomes at a point in time or over time (e.g. monthly or quarterly reports of student test scores, average wages, crime reports, park admissions, medical claims, etc.).

[ ]  We measure causal impact with econometric methods.

[ ]  We measure causal impact with a randomized control trial (RCT).

[ ]  Request is for new program – N/A

[ ]  Other:

What data gaps or resource needs exist that impact your ability to evaluate program or service performance for this request?

**6. Level of supporting evidence for request**

Based on the [North Carolina Evidence Scale](https://www.osbm.nc.gov/tiered-levels-evidence-handout-march-2020/download?attachment), rate the level of existing evidence that supports why the request, if funded, will achieve the expected outcomes. If mixed effects, theory-based, or promising – which will be most programs and services – then strongly consider including a request for funding to evaluate (see #8 below).

[ ]  Proven Effective

[ ]  Promising

[ ]  Theory-based

[ ]  Mixed Effects

[ ]  No Effect

[ ]  Proven Harmful

[ ]  Unsure

Please describe why you selected the rating and how it supports your request. If you selected “unsure”, someone from OSBM may reach out to consult with you. *Attach or hyperlink to supporting documentation, including reports, studies, or other data analysis where applicable.*

**7. Future evaluation methodology**
If funded, what methods do you plan to use to evaluate effectiveness of this program or service (select all that apply)?

[ ]  We will not evaluate this program or service.

[ ]  We will measure resources (e.g. staff, material expenses) required to deploy the service or initiative.

[ ]  We will measure how many people use the service or initiative.

[ ]  We will conduct focus groups, surveys, or other qualitative methods that ask people about their experience with the service/initiative.

[ ]  We will measure outcomes at a point in time or over time (e.g. monthly or quarterly reports of student test scores, average wages, crime reports, park admissions, medical claims, etc.).

[ ]  We will measure causal impact with econometric methods.

[ ]  We will measure causal impact with a randomized control trial (RCT).

[ ] TBD; please have someone from OSBM reach out to us for a consultation on evaluation options.

[ ]  Other:

**8. Cost estimate methodology**
Provide any additional context about your cost estimate; note the key assumptions that drive the estimate. Indicate how much of the total is allocated to evaluate the program or service; if not included in the total, what is the amount needed to evaluate this program or service? Indicate the source and the percentage of funding from each source for positions with multiple funding sources. *Attach all backup calculations.*

Note: For each new position’s operating costs, OSBM will allow a standard amount of $3,500 NR and $3,000 R without additional backup information needed. If you wish to request a different amount, please include a separate justification.