

Form 2 Detail: FY 2026 Enhancement Request

FY 2026 Agency Budget Request

Complete a separate Form 2 for each enhancement request. Agencies are limited to three Type D & E enhancement requests.

SECTION I. OVERVIEW Required for ALL requests

ENHANCEMENT TITLE* OSSE-DOT Rent	ENHANCEMENT PRIORITY* 6 OUT OF 6
AGENCY* OSSE	AGENCY CODE* GDO
AGENCY POINT OF CONTACT* Raphael Park	POINT OF CONTACT EMAIL* Raphael.park@dc.gov

AGENCIES: Use this form to provide details about enhancement requests in your agency's FY 2026 budget request.

REQUIRED SECTIONS

- Sections I-IV for ALL requests.
- Section V for Type D/E requests. Types A, B, and C can complete this section to be considered for an evidence rating.
- Section VII for Type F requests.
- Section VI optional for all requests.

You must also submit a completed Form 2 Summary spreadsheet, including spend plan details for each enhancement request.

IMPORTANT: Agencies are limited to **three** Type D & E enhancement requests for FY 2026. If more than three Type D & E enhancements are submitted, OBPM will only consider and analyze the highest ranked.

RACIAL EQUITY BUDGET TOOL (REBT)
 The Office of Racial Equity (ORE) has developed the Racial Equity Budget Tool (REBT) to guide agencies in assessing how their budgets benefit and/or negatively impact communities based on race, specifically Black,

REQUEST TYPE*
 Mark the one request type that best describes this enhancement. No type is preferred over any other, but the questions in **Section II: Rationale** differ by type.

- A. Restore previous reduction or one-time funding**
 - B. Increased cost to maintain existing activity**
 - C. Operational improvement with strong business case**
-
- D. Expand high-performing existing activity**
 - E. Completely new activity with highly likely or proven positive outcomes**

Complete Sections I-IV. Complete Section V to be considered for evidence rating.

Complete Sections I-V.

FUNDING REQUEST*

Enter amount of Local Funds requested and indicate whether funds are one-time or recurring.

FY 2026 PERSONAL SERVICES (PS)	FY 2026 NON-PERSONAL SERVICES (NPS)	FY 2026 TOTAL REQUEST AMOUNT
0	\$1,000,000	\$1,000,000

ONE-TIME
 PARTIALLY RECURRING
 RECURRING

FUTURE COSTS*

If recurring, enter estimated costs over next four years.

TOTAL FY 2027	TOTAL FY 2028	TOTAL FY 2029
\$1,000,000	\$1,000,000	\$1,000,000

EDITING RESTRICTIONS: This form uses editing restrictions to ensure consistent displays of information. If needed, the restrictions can be disabled by going to the Review tab at the top of the window, clicking on Protect, then Restrict Editing, and clicking Stop Protection. If prompted for a password, click OK.

SECTION II. RATIONALE *Required for ALL requests*

ENHANCEMENT SUMMARY*

In your response:

- State the problem this enhancement is designed to address
- Describe what the enhancement is and/or how it will work
- Describe the impact the enhancement will have on the problem

The requested \$1M enhancement for OSSE-DOT’s FY26 budget aims to restore the rent funding reduced in FY25. In FY25, OSSE’s rent costs were initially assessed and proposed at \$2.4M, but a \$1M Analyst Reduction brought it down to \$1.4M. For FY26, OSSE-DOT’s rent assessment has increased to \$2.5M. This enhancement would help address the following:

- 1) **Offsetting Increased Rent Costs:** The enhancement directly addresses the \$1.1M increase in rent from the FY25 baseline. Without this additional funding, OSSE-DOT would be required to reallocate funds from other critical areas.
- 2) **Avoiding Reductions in Services:** The enhancement reduces the need for significant cuts to essential services, which would otherwise be required to cover the increased rent. This may prevent the need for a Reduction in Force (RIF), thereby helping OSSE-DOT maintain staffing levels and operational capacity.
- 3) **Stabilizing Budget for Future Fiscal Planning:** Restoring the rent funding to meet actual costs for FY26 provides a more stable baseline for future budgets, minimizing the risk of similar shortfalls and disruptions in subsequent years.

This \$1M enhancement is crucial for sustaining OSSE-DOT’s current operations without negatively impacting service quality and staffing.

Will legislative support be required to implement this enhancement?*

If yes, please submit a proposed BSA subtitle using Attachment D.

YES NO

Has this enhancement request been submitted in past formulation cycles?*

If yes, in which fiscal years was it submitted? Mark all that apply.

YES NO

FY 2025 FY 2024 FY 2023 FY 2022 FY 2021

What problem facing the District will this enhancement address and why does this problem exist?*

Please provide as much detail as possible. Responses that identify and quantify specific problems will receive more favorable consideration.

The \$1M enhancement for OSSE-DOT’s FY26 budget is intended to restore the \$1M Analyst reduction in FY25 and address rising rent costs, which have increased by \$100K since FY25. This funding will help cover the gap created by a previous \$1M reduction in FY25, preventing service disruptions or staffing reductions that could affect vital transportation services, including students with disabilities.

How does this enhancement address this problem and its underlying causes?*

Please see above.

[Click or tap here to enter text.](#)

Is this enhancement meant to sustain a project initiated with non-local funding (e.g. ARPA, federal grants, SPRs)?

If yes, please provide a rationale for why these non-local funds are no longer available:

YES NO

[Click or tap here to enter text.](#)

How can this enhancement be scaled down to be accommodated within a constrained budget?*

Scaling can occur in FY 2026 or the out-years and can be based on fewer residents served, scaled back staffing, adjusted implementation timeline, etc. Please add a new row for each scaled down scenario and rank the scaled down options in order of agency preference.

Form 2 Detail: FY 2026 Enhancement Request
 FY 2026 Agency Budget Request

Use the text box below the table to provide additional detail. If the enhancement cannot be scaled down, please indicate so in the textbox.

RANKING	Describe each proposed approach to scale down the enhancement request and explain the expected impact with each scenario	FY 2026	FY 2027	FY 2028	FY 2029
1	[scenario title]: [description and expected impact]	[enter \$]	[enter \$]	[enter \$]	[enter \$]
2	[scenario title]: [description and expected impact]	[enter \$]	[enter \$]	[enter \$]	[enter \$]

Click or tap here to enter text.

SECTION II. RATIONALE (continued) *Required for ALL requests*

QUESTIONS SPECIFIC TO ENHANCEMENT TYPE*

Mark the appropriate enhancement type and use the space below the table to answer the questions for that enhancement type.

IF YOUR ENHANCEMENT TYPE IS...	THEN ANSWER THESE QUESTIONS...
<input checked="" type="checkbox"/> A. Restore previous reduction or one-time funding	Why is the restoration of this reduction critical for the District at this time? What negative impact will result if this reduction is not restored? Please cite any relevant agency performance measures or other data that support your response.
<input type="checkbox"/> B. Increased cost to <u>maintain</u> existing activity	Why are costs increasing to maintain existing levels of service? What are the main cost drivers and what options have the agency already implemented or considered implementing to lower these costs? <i>Changes to the number of people served or the type of services provided should be categorized as a Type D request.</i>
<input type="checkbox"/> C. Operational improvement with a strong business case	How will this enhancement help the District save money in this or future fiscal years? How much will it save?
<input type="checkbox"/> D. Expand high-performing existing activity	Why is this program or activity considered to be high performing? How do the outputs or outcomes compare to those of similar programs within or outside of District government? Please cite any relevant agency performance measures or other data that support your response.
<input type="checkbox"/> E. Completely new activity with highly likely or proven positive outcomes	What will be the District's return on investment, as measured by how many and/or which District residents are served, or some other measure?

Responses to Questions*

The restoration of the \$1M rent reduction is critical for the District at this time because the increased rent costs for OSSE-DOT directly impact the agency's ability to maintain essential services. Without the enhancement, OSSE-DOT would face substantial operational challenges, potentially leading to a Reduction in Force (RIF) or transportation services for vulnerable populations, such as students with disabilities. According to the District's performance measures, efficient and reliable transportation is a key component of service delivery for many students, and disruptions to these services could negatively affect educational access and outcomes, which are directly tied to the District's broader educational goals and equity initiatives.

The negative impact of not restoring the reduction could be significant. Per OSSE's performance metrics, the need for reliable transportation is essential service to ensure equitable access to education. If rent funding isn't restored, OSSE-DOT may be forced to reallocate funds from other critical areas, potentially leading to reduced service levels, which would disproportionately affect students with disabilities and low-income families who rely heavily on these services. Reduced services could also increase the risk of student absenteeism, which can negatively impact graduation rates and overall educational achievement in the District.

Furthermore, failure to restore the \$1M could strain OSSE-DOT's ability to manage its fleet and ensure that operations run efficiently, leading to longer wait times or the need for more costly, short-term solutions. As the District continues to recover from the impacts of the pandemic, maintaining consistent services is essential to supporting recovery in education and public transit.

SECTION III. PERFORMANCE RATIONALE & IMPACT

Required for ALL requests

PERFORMANCE IMPACT

What data will the agency collect to understand the impact of this enhancement?*

Data may include measurements of the demand or need for programs over time, monitoring the quality and/or efficiency of programs, and/or assessing the impact of the enhancement on longer term goals. Please list specific data sources that will be collected and analyzed.

Click or tap here to enter text.

PERFORMANCE TEAM IS HERE TO HELP!

Need help thinking through this section or identifying data sources or performance measures? Reach out to your OBPM Performance Analyst or to Chief Performance Officer Lia Katz (lia.katz@dc.gov).

What challenges or risks does the agency anticipate related to this enhancement request? What mitigation or management strategies will the agency adopt to address those challenges?

Click or tap here to enter text.

Will any performance measures currently in the agency's performance plan be impacted by this enhancement? What new measures will be added to understand the impact of the enhancement?*

- If you are proposing a new metric, write "NEW" in the columns for FY 2024 and FY 2025.
- Identify the "measure type: will the metric measure quantity; quality; efficiency; outcome; context; or is a District wide indicator of environmental trends.
- Please provide the previous year's data and the current year's target for the metric. Please also provide the anticipated targets for next year in the case that (a) the enhancement is funded and (b) the enhancement is not funded.

Form 2 Detail: FY 2026 Enhancement Request
 FY 2026 Agency Budget Request

Performance Measure	New for FY26?	Measure Type	Which direction is desired?	FY 2024 Actual	FY 2025 Target	Anticipated FY 2026 Target	
						With enhancement funding	Without enhancement funding
[enter]	[Select...]	[Select...]	[enter]	[enter]	[enter]	[enter]	[enter]
[enter]	[Select...]	[Select...]	[enter]	[enter]	[enter]	[enter]	[enter]
[enter]	[Select...]	[Select...]	[enter]	[enter]	[enter]	[enter]	[enter]

SECTION IV. BUDGETING FOR RACIAL EQUITY

Required for ALL requests

Is one of the goals of this enhancement to reduce or eliminate a racial equity gap?*

YES NO

Which of the four goals in the District's [Racial Equity Action Plan \(REAP\)](#) or your agency specific REAP does this enhancement request advance?* Check all that apply.

- 1. Improving DC Government staff understanding and commitment to achieving racial equity** (e.g., training, capacity building, or use of racial equity tools)
- 2. Reducing or eliminating a known racial and ethnic inequity** (domains include housing, health, economic opportunity, safety, education, neighborhood life, and civic engagement)
- 3. Enhancing opportunities to meaningfully engage DC residents in decision-making processes and strengthening partnerships**
- 4. Improving DC government ability to be an equitable employer and engage in racially equitable hiring, promotion, and retention practices** (e.g., building pipelines with HBCU/HSI, staff development funds, or community of practice on hiring)

What racial inequity or REAP sub-goal(s) does this enhancement request address?*

For example, health disparity, educational gap, disproportionality in housing, bolstering existing community resources, etc. Please be as specific as possible. For REAP goals, please list the specific action (e.g. 1B, see District's REAP for supporting actions).

Click or tap here to enter text.

What is the rationale for addressing the inequity in this way and/or with this program?*

For example, is the enhancement in response to a legislative requirement or mandate, community engagement efforts, demographic data, or something else?

Click or tap here to enter text.

In what ways have you meaningfully involved internal and external stakeholders in the development of your agency's budget request, including staff and communities of color?* See ORE's [Meaningful Community Engagement Guide](#).

Click or tap here to enter text.

If this budget enhancement could potentially cause unintended benefits or burdens, please detail what racial or ethnic groups might be positively or negatively impacted.* For example, the location for a new airport could disrupt traffic patterns and create noise and air pollution that impact residents in the immediate vicinity, which could worsen racial health inequities.

Click or tap here to enter text.

SECTION V. EVIDENCE-BASED BUDGETING

Required for Type D & E requests. Optional for Types A, B & C.

This section is required for all Type D and E enhancement requests that would expand existing activities or launch completely new activities. This section may be completed for Type A, B and C enhancement requests to be considered for an evidence rating.

If the activities described in this enhancement are successfully implemented, what outcome(s) will improve?* OBPM expects that it will be possible for agencies to identify for almost all enhancement requests a new performance measure (Section III of this form) that aligns with the outcome measures identified in the evidence provided. If this is not feasible, please explain below.

Click or tap here to enter text.

What evidence supports the likelihood that this enhancement will achieve the desired outcome?*

Please describe the quantitative studies or other measures that show the outcomes of similar efforts previously undertaken in the District or in other cities (see sidebar for what OBPM will look for to review enhancements as evidence-based or supported by preliminary evidence). Provide links to cite your sources, which may include formal evaluation studies, evidence standards, or evidence clearinghouses.

Click or tap here to enter text.

Which parts of your enhancement are identical to the model(s) the evidence comes from?*

As applicable, your answer should describe sameness in the target population, intervention, and availability of inputs/resources needed, etc.

Click or tap here to enter text.

Which parts of your enhancement are different from the model(s) evaluated in the studies linked?*

Explain why deviations are necessary for success in DC.

Click or tap here to enter text.

Are you building or planning to build evidence to support this enhancement using a formal program evaluation?*

YES NO

If yes, please describe or link below to the planned evaluation design, research question(s), and timeline for results.

Click or tap here to enter text.

THE LAB@DC TEAM IS HERE TO HELP!

Have questions about the evidence? Email the.lab@dc.gov (and CC your OBPM Budget Analyst). The Lab can pre-review evidence, brainstorm future evaluation ideas, offer suggestions on where to look for evidence, and help you think through the evidence you've found.

HELPFUL TIPS TO GET STARTED:

In general, evidence ratings follow the principles listed below; the quality of the evidence provided and how well it matches the enhancement may also affect the final evidence rating:

- Experimental studies (also called randomized evaluations or randomized control trials) that show that a program or intervention *caused* an outcome may receive a **STRONG/4-star** evidence rating
- Quasi-experimental studies that suggest that a program or intervention *caused* an outcome by comparing outcomes between the group receiving the enhancement and a very similar group that doesn't receive the enhancement may receive a **MODERATE/3-star** evidence rating
- Correlational studies with appropriate statistical controls may receive a **PROMISING/2-star** evidence rating
- Before-and-after comparison studies (also called pre-post comparison studies) may receive a **SOME/1-star** evidence rating

Consider the positive impact(s) this enhancement should have on District residents or government operations. These are the outcome(s) of the enhancement. Try searching [Google Scholar](#) or a similar database for relevant existing research. Government evidence clearinghouses (like [What Works Clearinghouse](#) for education and [CrimeSolutions](#) for public safety) are also good places to search according to specialized topics.

SECTION VI. PROJECT PLAN *Optional for All Requests*

This section is optional. However, it is recommended for Type D and E enhancement requests that would expand existing activities or launch completely new activities.

This project plan can be used to show how the agency will deliver the intended results before the end of the fiscal year. Complete as best you can, knowing the plan might evolve.

PROJECT OWNER

Who is the single person who will be most responsible for this initiative? If the project owner must be hired, specify who will own the project until that time.

NAME Click or tap here to enter text.
 TITLE Click or tap here to enter text.
 EMAIL Click or tap here to enter text.
 PHONE Click or tap here to enter text.

BUSINESS PARTNER COORDINATION

What other agencies or stakeholders would be critical to this project’s success, and what communication have you had with them?

Click or tap here to enter text.

PROJECT TIMELINE

Describe below anticipated implementation milestones by quarter to show how the agency will deliver the intended results. Please identify specific months or dates, if known.

PREPARATION FOR PROJECT LAUNCH (before start of fiscal year)	
FY 2025 Q4	[enter]
FISCAL YEAR STARTS, FUNDS DISBURSED	
FY 2026 Q1	[enter]
FY 2026 Q2	[enter]
FY 2026 Q3	[enter]
FY 2026 Q4	[enter]