This form is used to request an interim budget authorization increase of Federal Funds or Funds from Private Foundations or Industries. Approval is subject to the review of the Executive Budget Office per proviso 93.13. A budget entry in SCEIS should accompany this request. For Other Funds use form BD-101.

**AGENCY**: Choose an item. **DATE**: 7/1/2025

**AMOUNT REQUESTED**: $

**TYPE:** Federal Funds or Funds from Private Foundations or Industries [ ]

**Please provide responses to the questions below. Attach additional documentation if necessary.**

**SECTION 1: Compliance with Federal and Other Funds Oversight Act (2-65-30)**

**Interim Authorization requests are subject to all of the following standards, as applicable:**

|  |
| --- |
| 1. Is this request due to the unanticipated receipt of federal funds and was precluded from consideration and approval as part of the state appropriations process as described in Section 2-65-20? If yes, please explain in detail.
 |
| RESPONSE:       |
| 1. How will the federal funds assist the applicant state agency to achieve objectives or goals in keeping with the recognized powers and functions of the state agency?
 |
| RESPONSE:       |
| 1. Explain how the applicant state agency is the appropriate entity to conduct the project activities, and that no duplication of services is created by the authorization.
 |
| RESPONSE:       |
| 1. If State matching funds are required, are they available within the existing resources of the applicant state agency? If yes, please explain in detail.
 |
| RESPONSE:       |
| 1. Describe how the project benefits the health or welfare of the people of the State.
 |
| RESPONSE:       |
|  |
| **SECTION 2: Request Details** |
| 1. Please provide a description of your request.
 |
| RESPONSE:       |
| 1. What expenses will be paid with this requested authorization?
 |
| RESPONSE:       |
| 1. What funding source will be used to fulfill this request?
 |
| RESPONSE:       |
| 1. Why is the agency’s existing authorization level not sufficient to cover this request? Why was this authorization not requested during the previous budget cycle?
 |
| RESPONSE:       |
| 1. Is all or part of the expenditure authorization request supported by an existing grant received or anticipated in a previous fiscal year? If yes, please explain in detail.
 |
| RESPONSE:       |
| 1. Is all or part of the expenditure authorization request supported by a new grant?  If yes, please explain in detail and attach completed GR-100 form.
 |
| RESPONSE:       |
| 1. Is this request for a recurring initiative or a one-time request? [ ]  Recurring [ ] One-time
 |
| 1. If this is a recurring initiative, has additional authority been requested in the budget cycle for the upcoming fiscal year? [ ]  Yes [ ]  No
 |
| 1. **Cabinet Agencies:** Has this request been reviewed with the Governor’s Office? [ ]  Yes [ ]  No
 |

 **AGENCY CERTIFICATION**

The agency acknowledges that, if approved, this adjustment is only in effect until the end of the current fiscal year.

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Authorized Agency Representative / Date

**EXECUTIVE BUDGET OFFICE REVIEW**

APPROVE DISAPPROVE SIGNATURE DATE

 [ ]  [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 ANALYST, EXECUTIVE BUDGET OFFICE

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 DIRECTOR, EXECUTIVE BUDGET OFFICE