This form is used to request an interim budget authorization increase of Other Funds. 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 Federal Funds or Funds from Private Foundations or Industries use form BD-100.

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

**AMOUNT REQUESTED**: $      **TYPE:** Other Funds [ ]

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

**SECTION 1: Compliance with Federal and Other Funds Oversight Act (2-65-40)**

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

|  |
| --- |
| 1. Does the proposed use of funds result in a fund of surplus money which may be used by the agency to expand programs without legislative approval? If yes, explain in detail.
 |
| RESPONSE:       |
| 1. If the funds are earmarked for specific use in the appropriations act, or by federal law or regulation, will any additional funds be used for the same purpose? If no, explain in detail.
 |
| RESPONSE:       |
| 1. If the requested increase results from a fee or charge for service, does the agency have the legal authority to impose the fee, and has it secured any approvals required by applicable law or regulations? If yes, explain in detail.
 |
| RESPONSE:       |
| 1. Does the proposed use of funds assist the state agency to achieve objectives or goals in keeping with the recognized powers and functions of the state agency? If yes, explain in detail.
 |
| RESPONSE:       |
| 1. If the requested funds are generated from a new revenue source:
 |
| * Does the proposed use of funds cover only a minimum amount of administrative costs necessary to support the revenue collection? Any excess must be remitted to the general fund of the State. If yes, explain in detail and provide reconciled cash balances.
 |
|  RESPONSE:       |
| * Is the requesting state agency the appropriate entity to carry out the proposed activities and does the agency certify there will be no duplication of services created by the authorization? If yes, explain in detail.
 |
|  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 supported by actual cash received and brought forward from the previous fiscal year? If yes, explain in detail.
 |
| RESPONSE:       |
| 1. Is all or part of the expenditure authorization request supported by an increase in projected revenue? If yes, explain in detail.
 |
| 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Agency Representative / Date

**EXECUTIVE BUDGET OFFICE REVIEW**

APPROVE DISAPPROVE SIGNATURE DATE

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

 ANALYST, EXECUTIVE BUDGET OFFICE

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 DIRECTOR, EXECUTIVE BUDGET OFFICE