This form is used to request an interim increase of Other Funds or Federal Funds budget authorization. Approval is subject to the review of the Executive Budget Office. A budget entry in SCEIS should accompany this request. Upon approval, EBO will post your corresponding SCEIS entry.

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

**AMOUNT REQUESTED**:

**TYPE:** Other Funds  Federal Funds

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

|  |
| --- |
| 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? |
| 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.

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Authorized Agency Representative / Date

**EXECUTIVE BUDGET OFFICE REVIEW**

APPROVE DISAPPROVE SIGNATURE DATE

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ANALYST, EXECUTIVE BUDGET OFFICE

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