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

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

 ANALYST, EXECUTIVE BUDGET OFFICE

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