

I. APPROPRIATION/FUND TO BE ADJUSTED

DEPARTMENT:	ITEM NUMBER:	
FUND:	AMOUNT OF FUNDING REQUESTED:	FISCAL YEAR:

II. JUSTIFICATION FOR REQUEST (Please provide the following information: reason for expense and basis of determination that the expense is needed.) DOF may not approve requests for: (a) capital outlay funding, (b) prior year expenses, (c) expenses related to legislation enacted without an appropriation, (d) startup costs of programs not yet authorized by the Legislature, (e) costs that could have been included in May Revision, and (f) costs that the administration has the discretion to incur or not incur. (Use attachments if additional space is needed.)

III. EMERGENCY NOTIFICATION

Is this an emergency request for funding a deficiency? (An emergency request is for expenses incurred in response to conditions of disaster or extreme peril that threaten the immediate health or safety of persons or property in this state)

- NO
- YES (If yes, please provide reason for expense and basis for determining this an emergency. Use attachments if additional space is needed.)

IV. PROVIDE A DETAILED EXPLANATION OF ALL LEGALLY PERMISSIBLE STEPS THAT HAVE BEEN TAKEN TO AVOID A DEFICIENCY, (i.e., reduce spending, etc.) (Add attachments if additional space is needed)

V. WAS THIS NEED FOR FUNDING PREVIOUSLY DENIED IN A LEGISLATIVE BUDGET COMMITTEE ACTION? (use attachments if additional space is needed)

- NO YES (when and why?)

VI. MONTH AND YEAR WHEN FUNDING WILL BE NEEDED

Month: _____ Year: _____

VII. REQUESTING DEPARTMENT

Approved By: _____ Title: _____ Date: _____

VIII. AGENCY SECRETARY (IF APPROPRIATE)

Approved By: _____ Date: _____

IX. DEPARTMENT OF FINANCE

Date Received: _____ Date of Notice to Legislature: _____