

**APPLICATION FOR FUNDS OR DEFICIT SPENDING AUTHORIZATION  
FROM THE  
INTERIM EMERGENCY BOARD**

Department or Agency: \_\_\_\_\_

Section or Division: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

The undersigned agrees that evidence of an obligation to expend the funds will be submitted to the IEB within sixty (60) days of written notification of legislative ratification of the funds appropriated by the IEB or the appropriation of these funds will not be consummated.

\_\_\_\_\_  
Signature of Department/Agency Head

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Typed Name and Title (person signing the application above)

\_\_\_\_\_  
Mailing Address (P.O. Box or Street, City, and Zip Code)

\_\_\_\_\_  
Area Legislator Signature (if necessary)

\_\_\_\_\_  
Education Management Board Head Signature (if necessary)

- 
- 
1. For what purpose will these funds be used? Why is this requested appropriation an emergency? When was the (possible) shortage of funds realized?

2. Previous Legislative Consideration:

A. Was this program or project considered by the Legislature in the same relative form either by amendment or some legislative instrument? Yes  No

If considered, please explain:

B. Was this item vetoed by the Governor after being included in the current year:

Appropriations Bill: Yes  No  Capital Outlay Bill: Yes  No

If vetoed, please explain the reason:

3. Can this request be covered or partially covered by existing funds in the department or agency's current budget? Yes  No

Please explain:

4. Will this emergency appropriation require any future recurring appropriations or any possible generation of savings or revenue? Yes  No

If so, please explain: (Use additional sheet to continue explanation if necessary.)

5. Expenditure Breakdown--Please provide a detailed breakdown of expenditures by category . If based on a cost estimate, please attach a copy. What is the time period covered by the request (number of months). Attach any other pertinent information.

This original application and two copies with attachments (if any) must be submitted to the Board Secretary (225-342-7000) at the Claiborne Building, 7th Floor, Suite 7-210, or mailed to:

Interim Emergency Board  
Post Office Box 94095  
Baton Rouge, LA 70804-9095