



State of Idaho

DIVISION OF FINANCIAL MANAGEMENT

Executive Office of the Governor

Non-Cognizable Request Form

Stars #:	Agency:
What is the source of the fund and the circumstance that created the request?	
What is the program description or service affected and the fund used to expend the moneys?	
Will the funds be one-time or ongoing? <input type="checkbox"/> One-time <input type="checkbox"/> Ongoing	
What are the circumstances that make it impossible to meet the annual budget and appropriation process?	
What are the reasons it is not possible to "cash flow" the affected service until the Legislature can provide supplemental spending authority?	
Was new legislation enacted without appropriation spending authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the program affected take on a new service obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If there are federal funds involved, was an application required, and if so, when was it made? When was award made?	
Submitted by:	Date:

Return via email to: info@dfm.idaho.gov