



**REQUEST TO EMERGENCY COMMISSION**  
**SECRETARY OF STATE**  
 (See SFN 02580)

#2078  
 #10

**RECEIVED**

**SEP 08 2022**

**SEC. OF STATE**

**Requestor Information**

Department name: Office of the Governor  
 Department number: 101  
 Name of contact person: JoDee Hanson  
 Telephone number: (701) 328-2229

**Purpose of Request**

Is this request related to a state emergency? No  
 Purpose of request: Increase in line item spending authority

Line Item	Amount
10110 Salaries	\$64,000
10130 Operating	\$1,000

**Funding Information**

What is the source of funds for the requested increase? Other  
 Source: Donation  
 Is the funding source a pass-through from another agency? No  
 Does the request require a general fund match in this bienium? No  
 Will the request require general fund support in the next biennium? No

**Background Information**

Was any portion of the request presented during the previous legislative session? Yes  
 Provide explanation:  
 This is continuation of the donations to administer the Recovery Reinvented Program

Is the request for a new program? No  
 Does the request require an FTE increase? No  
 Does the request conform with legislative intent? Yes  
 Provide explanation:  
 HB 1001, Section 3

**Other Information**

Statutory provisions that relate to this request:  
 This request is in response to HB 1001, Section 3, added during the 67th legislative session requiring Emergency Commission and Budget Section approval to receive other funds from one source greater than \$150,000.

Provide an explanation as to how the request supports state priorities, improves state efficiencies, and promotes effective state government:  
 These funds are used to support the expenses with the Recovery Reinvented program.

Provide any other relevant information:

**Signature**

I, the undersigned, have read this Request, know the contents, and believe the statements contained within to be true.



*JoDee Hanson*

*09/07/2022*

Sign Here

Date