|  |  |  |
| --- | --- | --- |
| 1. | Senate Sponsor: | Click here to enter text. |
|  |  |  |
| 2. | Date of Request: | Click here to enter a date. |
|  |  |  |
| 3. | Project/Program Description: |  |
|  | Click here to enter text. |
|  |  |
| 4. | Amount of Request: |
|  | Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |
| 5. | Total Project Cost (if greater than Total Requested State Funds): | Click here to enter text. |
|  |  |  |
| 6. | Type, Amount and Percent of Match: |  |
|  | Type | Amount | Percent |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |
| 7. | Was the project previously funded by the State? |  |
|  | Fiscal Year(s) | Amount |  |
|  | Click here to enter text. | Click here to enter text. |  |
|  | Click here to enter text. | Click here to enter text. |  |
|  | Click here to enter text. | Click here to enter text. |  |
|  | Click here to enter text. | Click here to enter text. |  |
|  |  |  |  |
| 8. | Is future-year funding likely to be requested? | Click here to enter text. |
|  |  |  |
| 9. | Program Performance (if needed, include additional documentation): |  |
|  | a. | How will requested funds be spent? Include supporting documentation. |
|  |  | Click here to enter text. |
|  | b. | Identify expected program results and the expected benefit associated from the requested funds. |
|  |  | Click here to enter text. |
|  | c. | Who will benefit from receipt of State funds? |
|  |  | Click here to enter text. |
|  | d. | What specific measures will be used to document performance data for the project, if it receives funds? |
|  |  | Click here to enter text. |
|  |  |  |
| 10. | Requestor Contact information: |
|  | a. | Name and Title: | Click here to enter text. |
|  |  |  |  |
|  | b. | Organization: | Click here to enter text. |
|  |  |  |  |
|  | c. | E-mail Address: | Click here to enter text. |
|  |  |  |  |
|  | d. | Phone Number: | Click here to enter text. |
|  |  |  |  |
| 11 | Recipient Contact Information: |
|  | a. | Organization: | Click here to enter text. |
|  |  |  |  |
|  | b. | Municipality and County: | Click here to enter text. |
|  |  |  |  |
|  | c. | Organization type (check all that apply): |
|  |[ ]  For-profit Corporation |  |
|  |[ ]  Not-for-profit Corporation |  |
|  |[ ]  501c3 entity |  |
|  |[ ]  Other (please specify) | Click here to enter text. |
|  |  |  |  |
|  | d. | Contact Name and Title: | Click here to enter text. |
|  |  |  |  |
|  | e. | E-mail Address: | Click here to enter text. |
|  |  |  |  |
|  | f. | Phone Number: | Click here to enter text. |