|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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. | |