



# Senator Murphy Congressionally Directed Spending Request Form—Fiscal Year 2022

Name & Contact Info	Mailing Address	Permanent Address
Name:	Street 1:	Street 1:
Phone:	Street 2:	Street 2:
Phone:	City:	City:
Email:	State/Zip:	State/Zip:

\* indicates a required field.

## Section 1. Funding Request

1. Name of Proposal \*

100 character limit

2. Submitting Organization \*

100 character limit

3. Location in Connecticut \*

100 character limit

4. Congressionally Directed Spending Funding Request \*

#No decimals or symbols.

5. Total Cost of Project \*

#No decimals or symbols.

6. Appropriations Bills \*

- ☐ Agriculture - FDA
- ☐ Commerce, Justice, Science
- ☐ Energy and Water
- ☐ Financial Service and General Government
- ☐ Homeland Security
- ☐ Interior - EPA
- ☐ Labor, Health and Human Services, and Education
- ☐ Military Construction, Veterans Affairs
- ☐ Transportation, Housing and Urban Development

7. Specific Account \*

(To see a full list of available accounts, click [here.](#))

100 character limit

8. Priority Ranking of Proposal \*

Note: If you are only submitting one request enter 1

#No decimals or symbols.

9. Was this request submitted to another member of the Connecticut Delegation? \*

- ☐ Yes
- ☐ No

10. Was this request requested by another member of the Connecticut Delegation? \*

- ☐ Yes
- ☐ No

11. Is your organization a For Profit Entity? \*

NOTE: For-Profits are not eligible for congressionally directed spending

- ☐ Yes
- ☐ No

## Section 2. Project Details and Need

1. Problem/Issue Statement \*

Use up to 250 words to describe the problem or issue that you are trying to address through this request. If possible, describe how the problem could not be addressed without this federal funding.

2. Description of Proposal for Use of Federal Funds \*

Use up to 250 words to describe the services, products, research, or work that will be provided through this funding. Please use non-technical language where possible.

3. Project Goals/Results \*

Briefly describe expected project results and goals as well as how you will monitor project progress

4. Description of Impact to Connecticut \*

Briefly describe how your project will benefit Connecticut. If possible, include metrics such as jobs created, jobs maintained, areas protected, etc.

5. Areas or communities in Connecticut that will benefit \*

Use 250 words to detail which towns or regions in Connecticut or what groups will benefit. For example, this project will benefit bikers in the Naugatuck Valley.

6. Partnering Organizations or Entities \*

Please list any organizations that partner in this project

7. Supporting Organizations or Entities \*

Please list any organizations that support this project

8. Budget Breakout \*

Please include a breakout of how the requested federal funding will be used, such as for salaries, materials, equipment, etc.

9. Timeline \*

Please include an anticipated timeline and, if relevant, completion date for the project or program

Section 3. Funding History

1. Past Federal Funding for this Project \*

Please describe any past federal funding that has gone into this project. If none, write N/A.

2. Non-Federal Public Funding that supports this project and the status of that funding \*

Please describe other sources of funding for this project and if that funding has already been secured

3. Private Funding or Donations that support this project \*

Please describe any private funding or donations that have gone towards this project

4. Is additional federal funding required? How will this project be sustained? \*

Please describe what if any funding could be required in future fiscal years

Section 4. Contact Information

1. Name of Organization \*

100 character limit

2. Primary Point of Contact Name \*

100 character limit

3. Primary Point of Contact Title \*

100 character limit

4. Address Line One \*

100 character limit

5. Address Line Two \*

100 character limit

6. City \*

100 character limit

7. State \*

Select...

8. Zip \*

##### or #####-####

9. Primary Point of Contact Phone Number \*

###-###-####

10.Primary Point of Contact Email \*

i.e. your-email@mail.com

Head of Organization/Department/Agency

11.Name \*

100 character limit

12.Title \*

100 character limit

13.Address Line One \*

100 character limit

14.Address Line Two

100 character limit

15.City \*

100 character limit

16.State \*

Select...

▼

17.Zip \*

##### or #####-####

18.Head of Organization/Department/Agency Phone Number \*



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Section 5. Affirmations and Acknowledgements

- Submission of a request that meets the requirements of this form as well as any subsequent requirements and does not guarantee the award of federal funding and/or the support of Senator Murphy.
- This request and any information submitted in support of it may be made public in part or in their entirety.
- The requesting entity will comply with any request presented to them by the Government Accountability Office, the Office of Inspector General of a federal agency, Congress, or any other federal entity performing an audit, investigation, or oversight function.
- Any funding award associated with this request does not guarantee support or funding in future fiscal years.

1. I affirm and acknowledge the above statements \*

☐ Yes   ☐ No