



Senator Kathleen C. Passidomo

2017-18 Local Funding Initiative Request

1. Senate and House Sponsors:

2. Date of Request:

3. Project/Program Description:

4. Amount of Request:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
<input type="text" value="Click here to enter text."/>	<input type="text" value="\$5,400,000"/>	<input type="text" value="\$5,400,000"/>

5. Total Project Cost (if greater than Total Requested State Funds):

6. Type, Amount and Percent of Match:

Type	Amount	Percent
<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>

7. Was the project previously funded by the State?

Fiscal Year(s)	Amount
<input type="text" value="FY2015/2016"/>	<input type="text" value="\$600,000"/>
<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>
<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>
<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>

8. Is future-year funding likely to be requested?

9. Program Performance (if needed, include additional documentation):
- How will requested funds be spent? Include supporting documentation.
 - Identify expected program results and the expected benefit associated from the requested funds.
 - Who will benefit from receipt of State funds?
 - What specific measures will be used to document performance data for the project, if it receives funds?

10. Requestor Contact information:

- Name and Title:
- Organization:



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c. E-mail Address:

d. Phone Number:

11 Recipient Contact Information:

a. Organization:

b. Municipality and County:

c. Organization type (check all that apply):

For-profit Corporation

Not-for-profit Corporation

501c3 entity

Other (please specify)

d. Contact Name and Title:

e. E-mail Address:

f. Phone Number: