



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="34T"/>	<input type="text" value="\$1,000,000"/>	<input type="text" value="\$1,000,000"/>

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="County Transportation Tax Fund – (Gas Tax)"/>	<input type="text" value="\$200,000"/>	<input type="text" value="16.67%"/>

7. Was the project previously funded by the State?

Fiscal Year(s)	Amount
<input type="text" value="34T"/>	<input type="text" value="34T"/>
<input type="text" value="34T"/>	<input type="text" value="34T"/>
<input type="text" value="34T"/>	<input type="text" value="34T"/>
<input type="text" value="34T"/>	<input type="text" value="34T"/>

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:
a. Name and Title:



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- b. Organization:
- 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)
- X
- d. Contact Name and Title:
- e. E-mail Address:
- f. Phone Number: