

CAPITAL BUDGET REQUEST

Requesting Senate Member _____ Date Submitted _____

Eligible Grantee: _____
(City, Borough, Township, County, Public Authority, Local Industrial Development Agency, Redevelopment Authority, etc.)

Project / Facility Name: _____

Project Contact Person: Name, Phone, E-Mail address:

Total Project Cost: \$ _____ Authorization Request: \$ _____

Municipality: _____ County: _____

Project Category: Please check all those that apply

Public Improvement

- ☐ State-owned facility
- ☐ State University
- ☐ State-related university
- ☐ Community College

Redevelopment Assistance

- ☐ Regional Economic
- ☐ Cultural or Civic
- ☐ Historical

Transportation

- ☐ Mass Transit
- ☐ Air
- ☐ Rail

Flood Control

- ☐ Federally Designated District
- ☐ Non-Federally Designated District

Nature of Project: Please check all that apply.

- ☐ Construction
- ☐ Acquisition (buildings/land)
- ☐ Infrastructure (related to project)
- ☐ Renovation/Rehabilitation
- ☐ Abatement of Hazardous Materials
- ☐ Other (specify)

Project Description: Please include a brief description of the project:

Please return this form to:
Senate Democratic Appropriations Committee
Attention: Elizabeth Craig
Room 545 E, Main Capitol
(717) 787-2056
E-mail: Lcraig@pasenate.com