

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.

<input type="checkbox"/> Construction	<input type="checkbox"/> Acquisition (buildings/land)
<input type="checkbox"/> Infrastructure (related to project)	<input type="checkbox"/> Renovation/Rehabilitation
<input type="checkbox"/> Abatement of Hazardous Materials	<input type="checkbox"/> 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