

CAPITAL BUDGET REQUEST

Requesting Member:

Date Submitted:

Project Name:

○ Address:

Responsible Organization:

Contact Person(s): Name, Phone, Fax, and Email address:

Total Project Cost:

State Capital Budget Request:

Municipality:

County:

Project Category: Please check those that apply.

_____ Public Improvement

____ State-owned facility

____ State University

____ State-related University

____ Community College

_____ Redevelopment Assistance

____ Regional Economic

____ Cultural or Civic

____ Historical

_____ Transportation Assistance

____ Mass Transit

____ Air

____ Rail

_____ Flood Control

Nature of Project: Please check all that apply.

_____ Construction

_____ Acquisition (buildings/land)

_____ Infrastructure (related to project)

_____ Redevelopment

_____ Abatement of Hazardous Materials

____ machinery and equipment

__ Other (specify)

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

Please return this form to:

Peggy Montgomery
Democratic Leader's Office
Room 617 Main Capitol
Harrisburg, PA 17120-2203
(717) 787-2050