

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