



# Senator Edward J. Markey - Congressionally Directed Spending Request

Name & Contact Info	Mailing Address	Permanent Address
Name:	Street 1:	Street 1:
Phone:	Street 2:	Street 2:
Phone:	City:	City:
Email:	State/Zip:	State/Zip:

*\* indicates a required field.*

## Section 1. Requesting Entity

1. Name of Entity \*

Please note that for-profit entities are not permitted to receive congressionally directed spending items

100 character limit

2. Organizational Designation \*

Is the requesting organization a non-profit, for-profit, state government, or local government entity?

☐ Non-Profit Organization   ☐ State Government   ☐ Local Government   ☐ Tribal Government   ☐ For-Profit Entity   ☐ Other

3. Non-Profit EIN

If a non-profit, provide the organization's Employer Identification Number.

100 character limit

4. Mailing Address Line 1 \*

100 character limit

5. Mailing Address Line 2

100 character limit

6. City \*

100 character limit

7. State \*

Select...

8. Zip Code \*

##### or #####-####

9. Priority Ranking of Proposal (if multiple proposals are being submitted) \*

If only one proposal is being submitted, please enter 1.

#No decimals or symbols.

10.Has/will this request be submitted to other Members of Congress? \*

☐ Yes   ☐ No

10.1 Member Contact Information

For each Member, provide the following:

- Member Name
- State
- Staff Point of Contact
  - Email
  - Phone

Section 2. Contact Information

1. Full Name \*

100 character limit

2. Position \*

100 character limit

3. Department \*

100 character limit

4. E-mail \*



i.e. your-email@mail.com

5. Phone Number \*



###-###-####

6. Does the requesting entity employ a federally registered lobbyist or retain registered lobbying representation? \*

Note: failure to disclose the representation by registered federal lobbyists will result in disqualification of the application.

☐ Yes   ☐ No

6.1 Retained Representation

Please list all federally registered lobbying firms retained by the requesting entity:

- Firm Name
- Principal Lobbyist
- Address
- Email
- Phone

7. Agency/Service Program Sponsor \*

Does the requested project have a sponsoring office or individual within a federal agency?

☐ Yes   ☐ No

7.1 Full Name

100 character limit

7.2 Position

100 character limit

7.3 Agency

100 character limit

7.4 Location

100 character limit

7.5 E-mail



i.e. your-email@mail.com

7.6 Phone



###-###-####

Section 5. Request Information

1. Name of Proposal \*

100 character limit

2. Primary MA Location of Project \*

City

100 character limit

3. Primary Location of Project - Congressional District \*

☐ MA-1 (Rep. Neal)   ☐ MA-2 (Rep. McGovern)   ☐ MA-3 (Rep. Trahan)   ☐ MA-4 (Rep. Auchincloss)   ☐ MA-5 (Rep. Clark)   ☐ MA-6 (Rep. Moulton)   ☐ MA-7 (Rep. Pressley)   ☐ MA-8 (Rep. Lynch)   ☐ MA-9 (Rep. Keating)   ☐ Other

4. Congressionally Directed Spending Request (\$) \*

#

No decimals or symbols.

5. Relevant Appropriations Bill \*

☐ Agriculture, Rural Development, Food and Drug Administration, and Related Agencies   ☐ Commerce, Justice, Science, and Related Agencies   ☐ Energy and Water Development   ☐ Financial Services and General Government   ☐ Homeland Security   ☐ Interior, Environment, and Related Agencies   ☐ Labor, Health and Human Services, and Education, and Related Agencies   ☐ Military Construction and Veterans Affairs, and Related Agencies   ☐ Transportation, Housing and Urban Development, and Related Agencies

6. Specified Account \*

Find a list of eligible appropriation accounts [here](#)  ADD LINK WHEN READY

100 character limit

7. Brief Description of Proposal \*

Enter a brief summary (100 words or less) of the item/project

**8. Description of Importance to Massachusetts \*****9. Description of Benefit to Local Community \*****10. List Any Entities or Organizations Partnering in or Supporting the Project \*****11. Three Concise Points to Justify Use of Congressionally Directed Spending \*****12. Additional Details**

Optional. Enter any additional details here.

**13. Budget Breakdown \***

Please provide a brief budget breakdown of the project, including the sources and amounts of non-federal matching funds.

**14. Organization Capacity \***

Please describe the requesting organization's capacity to carry out the project, including references to prior similar projects.

**15. Jobs Created \***

Will this initiative create jobs in Massachusetts?

☐ Yes ☐ No

**15.1 Additional Information**

Indicate how many jobs the project will create in Massachusetts and provide support for estimates.

**16. Jobs Sustained \***

Will the requested funding sustain existing jobs in Massachusetts?

☐ Yes ☐ No

**16.1 Additional Details**

Indicate how many jobs this project will sustain in Massachusetts and provide support for estimates.

## Section 6. Funding History

**1. Prior Federal Funding \***

Has the requesting entity received federal funding within the last five years?

☐ Yes ☐ No

**1.1 Previous Funding**

Please list all federal funding awards that the requesting entity has received in the last five years (beginning in Fiscal Year 2017). Please only list awards that have been made to the specific requesting entity as opposed to any parent organization.

If at any point the requesting entity has failed to adequately manage or execute a prior federal funding award, please indicate that as well.

**2. Past Congressionally Directed Funding \***

At any point in time, has the requesting entity received previous Congressionally Directed Funding?

☐ Yes ☐ No

**2.1 Previous Congressionally Directed Funding**

Please identify what funding, the project, and the Fiscal Year in which funding was received.

**3. Does the requesting entity anticipate future year requests for additional Congressionally directed support? \***

☐ Yes ☐ No

**3.1 Is Additional Federal Funding Required? When and How Will the Project Become Self-Sustaining?****4. Certification \***

The head of the requesting organization certifies that the information provided herein is accurate to the best of his or her knowledge and belief, and that any request for federal project-specific funding is made in accordance with the applicable rules, fiduciary requirements, and bylaws of the organization.

☐ Yes ☐ No