

Jon Ossoff

U.S. SENATOR FOR GEORGIA

FY25 Appropriations – Congressionally Directed Spending (CDS) Requests Questionnaire

This Questionnaire is a guide on filling out the CDS Application Form on Sen. Ossoff's Website. Please email Appropriations@Ossoff.Senate.gov with any questions.

Section 1: Background Information

1. Are you a for-profit company? *Please answer this question Yes or No. If your organization is not a 501c3, state government or local government entity, you will NOT be able to move forward in this application.*
 - a. Yes or No
 - i. If yes, the form does not allow you to move forward.
2. Under which appropriations bill does this request fall? *Select the appropriate subcommittee for this programmatic request. If you do not know what bill and/or account your project falls under please stop your application and reach out to Ossoff Office staff via email (appropriations@ossoff.senate.gov).*
 - a. Drop down choose one:
 - i. Agriculture, Rural Development, FDA and Related Agencies
 - ii. Commerce, Justice, Science and Related Agencies
 - iii. Defense*
 - iv. Energy and Water Development
 - v. Financial Services and General Government
 - vi. Homeland Security
 - vii. Interior, Environment, and Related Agencies
 - viii. Labor, Health and Human Services, Education and Related Agencies
 - ix. Military Construction, Veterans Affairs, and Related Agencies
 - x. Transportation, Housing and Urban Development and Related Agencies

* Defense-Related Funding: *If you have any questions about the defense-related questions in this form please email Anna.Cullen@ossoff.senate.gov*

3. Are you an entity based in Georgia? *Select "Yes" if your organization is headquartered in Georgia.*
4. Name of Requesting Organization: *Please write the full legal name of your organization. If you are submitting this request on behalf of an organization (e.g. if you are a lobbyist), please list the organization for whom the request is being made.*
5. Street Address: *Please write the legal street address.*
6. City: *Please write the legal city for your organization.*
7. State: *Please write the legal state for your organization.*
8. Zip Code: *Please write the legal zip code for your organization.*
9. Organization County (GA): *Please note the Georgia county your organization is primarily based in, if applicable. Write "Statewide" if your organization is not concentrated in one region of Georgia, and "Not in GA" if your organization has no Georgia presence.*

10. What is the primary county of impact for this investment? *Please note the county in which the project will be taking place, or where the funding will primarily benefit the community.*
11. Please list any other counties in Georgia that will benefit, if applicable
12. Please list the Congressional District(s) the project would serve. *Please note the Georgia Congressional District(s) that would be served by this project. Write "Statewide" if this project would serve the entire state of Georgia and "Not in GA" if your organization has no Georgia presence.*

Section 2: Organization Information

13. Organization Contact | Name: *Please provide the first and last name of the point person at the requesting organization.*
14. Organization Contact | Email: *Please provide the email of the point person at the requesting organization.*
15. Organization Contact | Number: *Please provide the phone number of the point person at the requesting organization.*
16. Organization Contact | Mailing Address: *Please provide the mailing address of the organization. Please note that PO Boxes are not accepted.*
17. Please provide a link to the applying organization's website, if possible.
18. Organization Designation: *Is the requesting organization a 501c3 non-profit, non-profit that is not a 501c3, for-profit, state government, or local government entity? Select the local designation.*
19. Non-profit EIN: *If your organization is a non-profit, please provide the organization's Employer Identification Number.*
20. Is this request being submitted by a lobbyist? *If the request is being submitted by a lobbyist, please fill out the drop-down questions on contact information or write "N/A"*
 - a. *Name of the lobbyist*
 - b. *Name of the lobbying firm and the lobbyist the organization is working with during the FY25 appropriations process.*
21. Is the requesting organization submitting multiple requests to Senator Ossoff's office?
 - a. *Priority Ranking: Please indicate the numeric priority of this request if you are making multiple requests, (e.g. Enter "1" to indicate that this is your first priority, etc.) Please note that if you submit multiple projects to Senator Ossoff's office they cannot all be ranked #1 or they will be disqualified.*
22. Previous Appropriations Requests: Has the requesting organization previously submitted appropriations requests to Senator Ossoff?
 - a. *Please describe your previous appropriations requests. Provide a brief, 2-3 sentence summary of your previous appropriations requests.*
23. Has this project previously received CDS funding from Senator Ossoff or another office?
 - a. *If so, please name the office and the amount of CDS funding.*

Section 3: Funding Information

24. What is the full cost of the project?
25. What amount are you requesting? *Please include the whole amount your organization is requesting in FY25 without decimals or abbreviations. This figure should only be the amount you are requesting as congressionally directed spending.*
26. Did this program or project receive funding from the federal government during FY24?
 - a. FY24 Funding Level: *Please include the whole amount received during FY24 from any federal source **for this project**.*
 - b. Did the requesting organization receive funding for a congressionally directed spending project in FY24 Appropriations? *Please select “Yes” if your organization received funding for **ANY** congressionally directed spending project. This question is not project-specific and is intended to understand whether your organization has received funding for congressionally directed spending in the previous application cycle.*
27. Previous Grant Requests: Has the requestor applied for a federal grant for this project in the past outside of the congressionally directed spending process? *This question is project-specific and is intended to understand the full scope of federal funding sources for this project.*
 - a. What was the grant? *Please list the specific grant program your organization applied to for this project.*
 - b. In what year did the requestor apply for the grant? *Please note the calendar year of your application for the grant.*
 - c. What was the sponsoring entity? *Provide the name of the federal agency or office that administered or implemented the grant.*
 - d. Did Senator Ossoff offer a letter of support for the grant? *Please provide a “yes” or “no” answer.*
28. State and Local Authorization: Does this request require approval from state or local authorities? Please indicate if any permitting is required from state or local authorities.
 - a. If so, is that approval or permitting still pending? *Please list which approvals/permits are necessary, from what entity they will be/have been granted, and when should be/were granted.*

Section 4: Request Information

29. Project Name: *Please use the SAME NAME of the project as submitted to other Members of Congress.*
30. Project Purpose: *Please summarize your request and justification in two or three brief sentences. Provide a brief overview of your project and its expected impact in Georgia.*
31. Justification: *Please describe an adequate explanation of why this project is a valuable use of Federal dollars and how this funding (or the federal program for which you are requesting funding) will impact the requesting organization’s work, the local community and Georgians. For example, please indicate how this program funding will mitigate existing levels of geographic, racial or socioeconomic inequalities in Georgia or how the program of funding will contribute to the well-being and development of Georgia’s children. Please also indicate what support this initiative has at the state or local level, as relevant, and why other federal and non-federal sources of funding are insufficient.*

32. Who will this project benefit? *Please describe Georgians that will benefit from this project. For example, will children benefit? Will Mothers benefit? Will Older Americans benefit?*
33. Will this project create any new jobs? If so, how many new jobs will be created? *Please provide information on jobs created (if any) by this project.*
34. Budget Breakdown: *Please provide a breakdown of the budget for the project using the template provided in the Office of Senator Ossoff's FY25 Appropriations Guidance on page 4. Please break project funding down by funding source and component of the project using bullets. See guidance for more detail. (Upload Breakdown here)*
35. Does the project meet the required cost share? *Please note whether this project meets the required cost share for the relevant account as outlined in the most recent version of Office of Senator Ossoff's FY25 Appropriations Guidance.*
36. Organization's Capacity: *Please describe the requesting organization's capacity to carry out the project, including references to prior similar projects. Please use this space to mention local partnerships, specific personnel expertise, regional advantages and other resources available.*
37. Insufficient Allocation: *Please describe the requesting organization's capacity to carry out the project, if the full amount of the request cannot be met. This includes prior fundraising, state or federal funding, individual donations, and existing resources.*
38. If the requested amount cannot be provided, what is the minimum amount needed to move the final project forward? *Please describe the minimum funds needed to carry out this project.*
39. Project Support: *Please list and upload letters from elected officials, state elected officials, community organizations and individuals in support of the project.*
Applications without letters of support are considered incomplete.
40. Have you submitted this request to another member of the Georgia Congressional Delegation? *Please select the relevant members of the Georgia Congressional Delegation that have also received this request from your organization.*
 - a. *Please list the other Members of Congress with the relevant states and districts included. Example: Congressman Sanford Bishop Jr. (GA-02)*
41. Has this request been submitted to Members of Congress in other states? *Please list the other Members of Congress.*
42. Certification: *Please certify that all the information included in your application is accurate and that it is made in accordance with the applicable rules, fiduciary requirements and bylaws of the organization.*

Guidance

I attest that I have read this guidance and that, to the best of my knowledge, my community project is eligible for congressionally directed spending. *Please do a final review of the guidance document linked within the questions and confirm that your organization's project adheres to the appropriate guidelines.*

Disclosure before submitting: Submitting this application does NOT guarantee your CDS project will receive funding or be included. If you have additional questions, please email Appropriations@ossoff.senate.gov or by calling (202)-224-3521.