



## **FY25 Appropriations – Programmatic & Language Requests Questionnaire**

This Questionnaire is a guide on filling out the Appropriations Request Application Form in OAM. Please email [Appropriations@Ossoff.Senate.gov](mailto:Appropriations@Ossoff.Senate.gov) with any questions.

### **Section 1: Background Information**

1. Are you an entity based in Georgia? *Select “Yes” if your organization is headquartered in Georgia.*
2. Name of Requesting Organization: *Please write in the full legal name of your organization.*
3. Street Address: *Please write the legal street address.*
4. City: *Please write the legal city for your organization.*
5. State: *Please write the legal state for your organization.*
6. Zip Code: *Please write the legal zip code for your organization.*
7. Organization County (GA): *Please select the Georgia county your organization is primarily based in, if applicable. Select “Statewide” if your organization is not concentrated in one region of Georgia and note “Not in GA” if your organization has no Georgia presence.*
8. Please list all Georgia congressional districts your organization or request would impact: *Please select the Georgia county your organization is primarily based in, if applicable. Select “Statewide” if your organization/project would impact all of Georgia and note “Not in GA” if your organization has no Georgia presence or this project would have no immediate impact on Georgia.*

### **Section 2: Organization Information**

9. Organization Contact | Name: *Please provide the name of the point person at the requesting organization.*
10. Organization Contact | Email: *Please provide the email of the point person at the requesting organization.*
11. Organization Contact | Number: *Please provide the phone number of the point person at the requesting organization.*
12. Please provide a link to the applying organization’s website, if possible.
13. 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.*
14. Non-profit EIN: *If your organization is a non-profit, please provide the organization’s Employer Identification Number.*
15. 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 for the lobbying firm and the lobbyist the organization is working with during the FY25 appropriations process.*

16. Is the requesting organization submitting multiple requests to Senator Ossoff's office?
- 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.)*
17. Previous Appropriations Requests: *Has the requesting organization previously submitted appropriations requests to Senator Ossoff?*
- Please describe your previous appropriations requests. Provide a brief, 2-3 sentence summary of your previous appropriations requests.*

### **Section 3: Funding Information**

18. Under which appropriations bill does this request fall? *Select the appropriate subcommittee for this programmatic request. Please reach out to Ossoff Office staff via email if you are unsure.*
- Drop down choose one:
    - Agriculture, Rural Development, FDA and Related Agencies
    - Commerce, Justice, Science and Related Agencies
    - Defense
    - Energy and Water Development
    - Financial Services and General Government
    - Homeland Security
    - Interior, Environment, and Related Agencies
    - Labor, Health and Human Services, Education and Related Agencies
    - Military Construction, Veterans Affairs, and Related Agencies
    - Transportation, Housing and Urban Development and Related Agencies
    - Legislative Branch
    - State, Foreign Operations, and Related Programs
19. Department/Agency: *Provide the agency for which you are requesting funding (Example: Title III, Department of Education)*
20. Account Name: *Provide the account for which you are requesting funding*
21. Program Name: *Provide the name of the federal program for which you are requesting funding.*
22. Defense-Related Funding: *If you have any questions about the defense-related questions in this form please email [Anna.Cullen@ossoff.senate.gov](mailto:Anna.Cullen@ossoff.senate.gov)*

### **Section 4: Programmatic Funding Request**

23. Are you recommending a specific funding amount for FY25?
- FY24 funding request: *Please include the whole amount your organization is requesting for FY24 without decimals or abbreviations. Please write out the number.*
  - If you are not requesting a specific dollar amount, what are you requesting? *If you are seeking robust funding or something similar that lacks a numeric value, please indicate that in this space.*
  - Did this program or project receive funding from the federal government in FY24?
    - FY24 Funding Level: *Please include the whole amount received during the FY24 appropriations process. Write N/A if this does not apply.*

d. What is the funding level of the program in the President's Budget? *Please include the whole funding level of the program included in the President's Budget, which is available after March 11, 2024.*

24. By what amount does your request increase/decrease the funding level of the program in the President's Budget? *Please indicate the difference between the amount YOU are requesting and the amount laid out in the President's Budget in a whole number. **\*Must not be N/A. An application with N/A will be considered incomplete unless otherwise noted.***

25. Name of project (if MILCON)

### **Section 5: Request Information**

24. Please summarize your justification for your programmatic request in two to three brief sentences. (250 words or less)

25. Further context and Georgia impact: *Please provide any further context on the request and describe how this funding will impact Georgians. For example, please indicate how this program funding will help mitigate existing levels of geographic, racial, or socioeconomic inequalities in Georgia or how the program funding will contribute to the well-being and development of Georgia's children. Please indicate what support this program has had at the state or local level, as relevant, and why other federal and non-federal sources of funding are insufficient.*

26. 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.*

27. Has this request been submitted to Members of Congress in other states?

a. Please list the other Members of Congress: *Please list the other Members of Congress with the relevant states and districts included. Example: Congressman Sanford Bishop Jr. (GA-02)*

### **Section 6: Report Language**

28. Do you wish to offer suggested bill or report language?

a. Suggested Language: *Please copy and paste suggested language into this section.*

29. Justification for language (250 words): *Please provide justification of your language request here.*

30. Has this language been included in previous fiscal years? *Please provide the link to the language, page number of the language, and the exact language.*

### **Section 7: Guidance**

I attest that I have read this guidance and that, to the best of my knowledge, my programmatic request aligns with guidance: *Please do a final review of the guidance document linked within the question and confirm your organization's request adheres to the appropriate guidelines.*

**Disclosure before submitting: Submitting this application does NOT guarantee your programmatic or language request will receive funding or be included. If you have additional questions please email [Appropriations@ossoff.senate.gov](mailto:Appropriations@ossoff.senate.gov) or by calling (202)-224-3521.**