

Part 1 – FY27 CDS Application Form

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Fiscal Year 2027 Congressionally Directed Spending (CDS) Request Form

If you have any questions, please email Appropriations@ossoff.senate.gov.

* Are you a for-profit company?

Yes No

* Are you an entity based in Georgia?

Yes No

Please confirm that you have reviewed the [FY27 Constituent Appropriations Guide](#) before proceeding.

* Proceed?

Yes No

* **Requesting Organization Name**

Organization Point of Contact

Prefix

* First Name

* Last Name

* Title

* Name of Organization

* Organization Address

Address Line 2

* City

* State

* Zip

* Primary Email - Email Address to Receive the Confirmation Receipt on Submission

* Confirm Email

* Cell Phone

* **Organization County:**

Please note the Georgia county where your organization is based

*** In what counties is this project located?**

Which County the project will be taking place, or where the funding will primarily benefit

Please list any other counties in Georgia that will benefit, if applicable.

Link to the applying Organization's website, if applicable.

*** Organization Designation**

501c3 Non-profit, Local Government Entity, Non-profit other than 501c3, Public Utility, or Other

*** EIN / Taxpayer IN**

If applicable, please provide the organization's Employer/Taxpayer Identification Number, or type "NA"

If this request is being submitted by a lobbyist, please fill out the following questions with your contact information.

Other applicants, please type "NA"

*** Lobbyist Name**

Type "NA" if not a lobbyist

*** Lobbyist Email & Phone Number**

Type "NA" if not a lobbyist

*** Is the requesting organization submitting multiple requests to Senator Ossoff's office?**

If so, how many submissions total? If no, please type "NA"

*** Has the requesting organization previously submitted appropriations requests to Senator Ossoff?**

If yes, what year(s) was the request made? If no, please type "NA"

*** Has the requesting organization received Federal funding before?**

If yes, please provide the Year, Amount, Agency, and Grant Program or CDS, as well as current status of the project. If no, please type "NA"

*** Project Name**

*** What is the full cost of the project?**

Whole amount of the project cost without decimals or abbreviations

*** What amount are you requesting?**

This figure should only be the amount you are requesting as congressionally directed spending.

Whole amount your organization is requesting in FY27 without decimals or abbreviations

*** If the requested amount cannot be provided, what is the minimum amount needed to move the project forward?**

Minimum amount without decimals or abbreviations

*** Budget Breakdown**

Please provide a detailed breakdown of the budget for the project using the template provided in the Office of Senator Ossoff's [FY27 Constituent Appropriations Guide](#).

If the minimum amount needed is less than the whole requested amount, please indicate which budget line items make up the minimum amount.

Please submit your budget as an Excel (.xls/.xlsx) document.

Upload File No file chosen

*** Does the project have non-Federal funding sources?**

(SPLOST, private donations, local funding, etc.)

If yes, please list the amount and from what sources. If no, please type "NA"

*** Project Purpose**

Please use no more than one sentence. See examples below:

- *To construct new clinics and purchase new equipment for cancer treatment services in Southeast Georgia.*

- *To provide equipment for the young adult workforce development program in the automotive industry.*

*** Project Description**

Please provide a brief description of the project. This should include details about the project and how the funding will be used.

*** Georgia Impact**

Please describe how this project benefits Georgia communities.

*** Project Support**

Please upload letters from elected officials, community organizations, and other individuals in support of the project.

Please note that Senator Ossoff cannot provide a letter of support for your CDS Request.

Applications without letters of support are considered incomplete.

Upload File No file chosen

*** Have you submitted this request to another Member of the Georgia Congressional Delegation?**

Please list the relevant Members of the Georgia Congressional Delegation that have also received this request from your organization.

Example: Congressman Sanford Bishop, Jr. (GA-02)

*** 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. ***

Before certifying, please do a final review of the [FY27 Constituent Appropriations Guide](#) linked above and confirm that your organization's project adheres to the appropriate guidelines.

Shortly after completing your submission **on the next page**, an acknowledgment message will be sent to your Primary Email once the request has been successfully registered into our system.

Please reach out to our office at Appropriations@ossoff.senate.gov if you do not receive an acknowledgment within 24 hours of submitting your application.

Submitting this application does NOT guarantee your CDS project will receive funding.

If you have additional questions, please email Appropriations@ossoff.senate.gov or call (202)-224-3521.

*** Certification**

I attest that I have read these instructions and that, to the best of my knowledge, my project is eligible for Congressionally Directed Spending.

 I'm not a robot
reCAPTCHA
Privacy - Terms

Continue

Washington, D.C. Office

Hart Senate Office Building, Suite 317
Washington, DC 20510
Phone: (202) 224-3521

Atlanta Office

271 17th Street NW, Suite 1510
Atlanta, GA 30363
Phone: (470) 786-7800

Augusta Office

One Tenth Street, Suite 660
Augusta, GA 30901
Phone: (706) 261-5031

Columbus Office

18 9th Street, Suite 513
Columbus, GA 31901
Phone: (706) 780-7053

Savannah Office

532 Stephenson Avenue, Suite 103B
Savannah, GA 31405
Phone: (912) 200-9402

Part 2 – Summary and Final Submission

After certifying that all the information included in your application was accurate, you will be shown a **Summary of Information** Page with the following disclaimer:

Office of U.S. Senator Jon Ossoff

Jon Ossoff

U.S. SENATOR FOR GEORGIA



Summary of Information

Your application is **NOT YET SUBMITTED!**

Please save this page for your records before submission.

Your application is not submitted until you click the "Continue" button on this page.

An email acknowledgement will be sent to your Primary Email once the request has been successfully registered into our system.

Please reach out to our office at Appropriations@ossoff.senate.gov if you do not receive an email acknowledgement within 24 hours of submitting your application.

Make changesContinue

Your CDS Application is not submitted until you click the “**Continue**” button on either the top or bottom of the Summary Page.

Please reach out to our office at Appropriations@ossoff.senate.gov if you do not receive an acknowledgment within 24 hours of submitting your application.