

FY25 Appropriations Community Projects Requests Job Aid

The Job Aid is a guide on filling out the Appropriations Request Application Form in OAM. Please email Appropriations@casey.senate.gov with any questions.

Basic Information

1. Are you an entity based in Pennsylvania? *Select “Yes” if your organization is headquartered in Pennsylvania.*
2. Legal Name of Requesting Organization: *Please write the full legal name of your organization. This should be the name that is associated with your tax identification number. 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.*
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 (PA): *Please select the Pennsylvania county your organization is primarily based in, if applicable. Select “Statewide” if your organization is not concentrated in one region of Pennsylvania, and “Not in PA” if your organization has no Pennsylvania presence.*
8. What is the primary county of impact for this investment? *Please select the county in which the project will be taking place, or where the funding will primarily benefit the community.*
9. *Please list any other counties in Pennsylvania that will benefit, if applicable. This question offers additional space to list other counties that may benefit from the project request. For question #8, select the county where the greatest impact will be felt. For question #9, list any other counties that stand to also benefit.*
10. Organization Contact | Name: *Please provide the name of the point person at the requesting organization.*
11. Organization Contact | Email: *Please provide the email of the point person at the requesting organization.*
12. Organization Contact | Number: *Please provide the phone number of the point person at the requesting organization.*
13. Organization Contact | Extension (Optional): *Please provide the extension for the organization contact’s number if applicable.*
14. Organization Contact | Title: *Please provide the title of the point person at the requesting organization.*
15. Tax Identification Number: *Please provide the tax identification number for your organization.*
16. Organization Website: *Please provide a link to the applying organization’s website, if possible.*
17. 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 legal designation.*

18. Non-Profit EIN: *If your organization is a non-profit, please provide the organization's Employer Identification Number.*
19. Is this request being submitted by a lobbyist? *If the application is being submitted by a lobbyist, please fill out the drop-down questions on contact information for the lobbying firm and lobbyist the organization is working with during the FY24 appropriations process.*
20. Secondary Contact | Information: *Please select "Yes" and fill out the drop-down questions on contact information if you are not using a lobbyist so that staff can reach out to this contact if there is a time-sensitive question or update regarding the application. If a lobbyist is being used to fill out this application, you can select "No" as the lobbyist will be used as the secondary point of contact.*

Funding Account and Applicant History

1. Under which appropriations bill does this request fall? *Select the appropriate appropriations bill for this request. If you do not know, select "Unknown". **If you do not know which bill and/or account your project falls under, stop the application & email appropriations@casey.senate.gov for clarification.***
2. Which CDS-eligible account are you applying to? *Please select the account your organization is applying for. **If you are unsure about which account to select, please reach out to Senator Casey's office at appropriations@casey.senate.gov***
3. U.S. Department of Agriculture – Rural Development Funding. *Please only select "Yes" and fill out the drop-down questions if you are applying to a U.S. Department of Agriculture – Office of Rural Development Account (Community Facilities OR Distance Learning, Telemedicine, and Broadband).*
4. Are you applying for a project through the Clean Water or Drinking Water accounts (i.e., sewer projects, water main replacement, etc.)? *Please only select "Yes" and fill out all drop-down questions if you are applying for a Clean Water or Drinking Water project under the Department of Interior. All drop-down questions must be completed to be considered for this account.*
5. Did this project receive funding from the federal government in any form in the last three years? *Please select "Yes" if **this project** received any federal funding in the last three years.*
6. Does this project have any unsuccessful or pending federal grant applications outside of the congressionally directed spending process? *Please select "Yes" and fill in the drop-down questions if the requestor has previously applied for a federal grant outside of the congressionally directed spending process to support **this project** and is either awaiting a decision or was unsuccessful in securing funding.*
 - a. Please describe the grant or grants applied for, including the agency and program name. *Please include the specific grant program(s) 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 project.*
 - d. Did Senator Casey offer a letter of support for the grant?
 - e. Was the entity awarded the grant?
7. Has the requesting organization previously submitted appropriations requests to Senator Casey? *Please select "Yes" if the requesting organization has applied for a community*

- project in FY22, FY23, or FY24, and please describe those requests, including whether it was advanced or funded by Senator Casey.*
8. Did the requesting ORGANIZATION receive funding for a congressionally directed spending project from another member of the US House or US Senate in FY22, FY23, or FY24? *Please select “Yes” if the requesting organization received community project funding from another member of the U.S. House or U.S. Senate in FY22, FY23, or FY24, including which member(s) requested the project, what the funding was for, and how much the organization received.*
 9. State and Local Authorization: Does this request require approval or permitting 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.*

Request Information

1. Project Name: *Please provide the preferred name for your project, which should clearly reflect the type of work that is being done.*
2. Project Topline Summary: *Please summarize your request and justification in two to three brief sentences. This should include a brief overview of your project and its expected impact in Pennsylvania.*
3. Narrative Justification: *Describe how this funding will impact the requesting organization’s work, the local community, Pennsylvanians, and/or the Nation. For example, please indicate how this program funding will mitigate existing levels of geographic, racial, or socioeconomic inequalities in Pennsylvania, or how the program funding will mitigate the effects of climate change, or how the program of funding will contribute to the well-being and development of Pennsylvania'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. Please also offer information on your project’s expected timeline.*
4. What amount are you requesting? *Please include the whole amount your organization is requesting for FY24 without decimals or abbreviations. Please note, this is not the full cost of the project if you already have existing funds. This figure should only be the amount you are requesting as congressionally directed spending.*
5. What is the total cost of the project, including the amount requested? *Please provide the entire cost of this project, including the amount that you are requesting.*
6. Budget Breakdown: *Please provide a breakdown of the budget for the project using the template provided in the provided guidance (Available in Section 4 of this application). Please break project funding down by funding source and component of the project using bullets. See guidance for more detail.*
7. Does the project meet the required cost share, if there is one for your account? *Please note whether this project meets the required cost share for the relevant account as outlined in the most recent version of guidance available.*
8. Is the amount requested scalable to a lower amount and if so, what is the minimum amount? *Please provide the lowest amount of money that would still be worthwhile for your organization to receive to help fulfill your project needs. Example:*

“\$150,000 to fund new equipment is the lowest amount that we prefer to receive. Anything lower would not be worth our time as we could find less than \$150,000 in funding elsewhere.”

9. 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.*
10. Insufficient Allocation: *Please describe the requesting organization’s capacity to carry out the project, if the full amount you are requesting cannot be met. This includes prior fundraising, state or federal funding, individual donations, and existing resources.*
11. Have you submitted this project to Senator Fetterman? *Please select “Yes” if you have or plan to submit this same funding request to Senator Fetterman. It is **highly recommended** that you submit the same project funding request to both offices.*
12. Have you submitted this request to another member of the Pennsylvania Congressional Delegation? *Please select the relevant members of the Pennsylvania Congressional Delegation that you have or are planning to submit this request from your organization to. It is **highly recommended** that you submit the same project funding request to your House office if the member is accepting requests.*
13. 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 Donald Norcross (D-NJ-01).”*
14. If submitting multiple requests, please indicate the numeric priority of this request (e.g. enter “1” to indicate that this is your top priority, “2” to indicate that this is your second priority, and so on). *If you’re applying to multiple offices, please make sure you list requests in the same priority order for each office.*
15. Have you requested the same segment of project funding sought here from any other sources, be they local, state, philanthropic, or other federal programs? *If you are seeking funding from another source for the same segment of project funding you are requesting here, please provide basic information on the application(s), including expected timeline of the decision, source of funding, and amount of funding you’re applying for.*

Certifications

1. 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.*
2. I attest that I understand my project to be community project funding rather than a programmatic funding request. *Please certify that you understand that you’re applying for community project funding, or non-defense related funding for specific projects in a particular location. If you are seeking to submit a programmatic or language request, please use the Programmatic Application Form.*

3. I attest that I understand that this funding is subject to a variable award timeline and that money provided cannot be used for reimbursement of activity completed prior to the signing of the grant agreement.
4. I understand that, if applicable for my type of project, my project is likely subject to Build America Buy America Act requirements, which may apply to the total project cost, not just the federal cost-share portion. *For more guidance on Build America Buy America, please visit https://www.whitehouse.gov/wp-content/uploads/2023/08/OA-BABA-Guidance.Final_.pdf*
5. I affirm on behalf of the requesting entity that the requesting entity will comply with any oversight requests presented to them related to this funding. *Community project funding and recipients are subject to audit, investigation, and oversight by federal entities.*
6. 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 question and confirm that your organization's project adheres to the appropriate guidelines.*