Name & Contact Info	Mailing Address	Permanent Address
Name:	Street 1:	Street 1:
Phone:	Street 2:	Street 2:
Phone: Email:	City: State/Zip:	City: State/Zip:
Dilleil.	Suite/Zip.	States Zip.
indicates a required field.		
Section 1. Project Informa	ation	
•		
1. Project Title: *		
100 character limit		
4 B 4 5 1 4 6 1 6		/ / O 00° \ *
2. Requesting Entity (City, Cou	nty, Organization Name, Agency/Depa	rtment/Office): *
100 character limit		
3. Location of the Requesting E	ntity: *	
Address:	nercy.	
100 character limit		
100 01111111111111111111111111111111111		
4. Location of the Requesting E	ntity:	
City:		
100 character limit		
5. Location of the Requesting E	ntity:	
Zipcode:		
##### or ####-####		
6. Location of the Requesting E County:	ntity:	
Select one:		
	unty, Cheshire County, Coös County	, Grafton County, Hillsborough County,
Merrimack County, Rocking	gham County, Strafford County, Sulli	van County
7. New Hampshire Community	or Communities Benefitted by the Rec	quest (City/Cities/County/Counties): *
100 character limit		
O Doog the Dogwooting Entity I	Iovo o Novy Hammahina Daint of Canta	-49 *
•	lave a New Hampshire Point of Contac phone number and email address below.	
	ave official authority within your organiz	auon to sign grant agreements.
\bigcirc Yes \bigcirc No		
8.1 Name:		
100 character limit		

8.2	Address:
	100 character limit
8.3	City:
	100 character limit
8.4	Zipcode:
0.1	##### or #######
8.5	County:
	Select one: Belknap County, Carroll County, Cheshire County, Coös County, Grafton County, Hillsborough County, Merrimack County, Rockingham County, Strafford County, Sullivan County
8.6	Business Phone:
	\ ###-###
0.7	
8.7	Cell Phone:

8.8	Email:
	i.e. your-email@mail.com
	e Head of the Requesting Entity Different from the New Hampshire Point of Contact in Question 8? * s,' please provide information below.
	$s \circ No$
0 1	Title (e.g. Mayor, Director, President, CEO):
7.1	100 character limit
	100 character mint
9.2	Name:
	100 character limit
9.3	Address:
	100 character limit
0.4	7 in and a
7.4	Zipcode:
	##### or #####-####
9.5	County:
	Select one:

Belknap County, Carroll County, Cheshire County, Coös County, Grafton County, Hillsborough County,

Merrimack County, Rockingham County, Strafford County, Sullivan County

9.

	Dusi	ness Phone:
	C	###-###
9.7	Cell	Phone:
	C	###-###
9.8	Ema	1:
		i.e. your-email@mail.com
10.Proje	ect We	bsite (If Applicable):
100	charac	er limit
11.Fede	ral Er	ployee Identification Number (EIN): *
100	charac	er limit
NOT howe organ	E: Thi ever, it nizatio	information is not required for Senator Shaheen's FY2024 Congressionally Directed Spending Request application; would be a requirement if your proposal is selected for funding by the Senate Appropriations Committee. If your does not have a Unique Entity ID, please register for one at SAM.gov as soon as possible.
100	charac	er limit
14.Prob	lem/Is	
	ip to 2	Sue Statement: So words to provide a more thorough description of the problem or issue to be addressed through this request. Be as possible, and explain why the problem or issue cannot be addressed without a federal appropriation.
detai. 15.Requ Use i	ip to 2 led as lest De lip to 2 d at ur	50 words to provide a more thorough description of the problem or issue to be addressed through this request. Be as
detail 15.Required to the second sec	nest Despet of the period of t	So words to provide a more thorough description of the problem or issue to be addressed through this request. Be as possible, and explain why the problem or issue cannot be addressed without a federal appropriation. Scription, Purpose, and Activities to be Funded: * So words to describe the services and products that will be provided and the reasons for your request. This question is

### ### #############################	Please list the last five federal funding awards that the requesting entity has received and when these funds were awarded. Ple only list awards that have been made to the specific requesting entity as opposed to any parent organization (i.e. 'Program Off X' as opposed to 'Y Foundation').
19. Additional Sources of Funding: ** Please list all additional sources of funding for this request and the amounts, if applicable. This includes both private and public sources. 20. Once completed, will the project or program require continued funding to maintain operational status? ** 'Yes ONO 20. If 'yes,' please briefly summarize your plan for locating and securing funds in subsequent years. 21. Did your organization receive any funds from the American Rescue Plan Act of 2021 or the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020? 'Yes ONO 21. If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 22. Did your organization receive any funds from the Congressionally Directed Spending/Community Project Funding process for FY2022 or FY2023? 'Yes ONO 22. If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 22. Will you be submitting multiple requests for congressionally directed spending? 'Yes ONO 23. If 'yes,' please indicate priority of this project below. (Example: 'Top project' or '2 of 3 projects') 100 character limit 24. Project Estimated Start Date: *	~
20.0ncc completed, will the project or program require continued funding to maintain operational status? * \(\text{Yes} \circ \text{No} \) 20.1 If 'yes,' please briefly summarize your plan for locating and securing funds in subsequent years. 21.Did your organization receive any funds from the American Rescue Plan Act of 2021 or the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020? * \(\text{Yes} \circ \text{No} \) 21.1 If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 22.Did your organization receive any funds from the Congressionally Directed Spending/Community Project Funding process for FY2022 or FY2023? * \(\text{Yes} \circ \text{No} \) 22.1 If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 23.Will you be submitting multiple requests for congressionally directed spending? * \(\text{Yes} \circ \text{No} \) 23.1 If 'yes,' please indicate priority of this project below. (Example: 'Top project' or '2 of 3 projects') \(\text{100 character limit} \)	Please list all additional sources of funding for this request and the amounts, if applicable. This includes both private and pub
21.Did your organization receive any funds from the American Rescue Plan Act of 2021 or the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020? * Yes No 21.1 If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 22.Did your organization receive any funds from the Congressionally Directed Spending/Community Project Funding process for FY2022 or FY2023? * Yes No 22.1 If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 23.Will you be submitting multiple requests for congressionally directed spending? * Yes No 23.1 If 'yes,' please indicate priority of this project below. (Example: 'Top project' or '2 of 3 projects') 100 character limit 24.Project Estimated Start Date: *	
Per Ono 21.1 If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 22.Did your organization receive any funds from the Congressionally Directed Spending/Community Project Funding process for FY2022 or FY2023? Yes ONo 22.1 If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 23.Will you be submitting multiple requests for congressionally directed spending? Yes ONO 23.1 If 'yes,' please indicate priority of this project below. (Example: 'Top project' or '2 of 3 projects') 100 character limit	
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o Yes o No 22.1 If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 23.Will you be submitting multiple requests for congressionally directed spending? O Yes O No 23.1 If 'yes,' please indicate priority of this project below. (Example: 'Top project' or '2 of 3 projects') 100 character limit 24.Project Estimated Start Date: *	Economic Security (CARES) Act of 2020? * O Yes O No 21.1 If 'yes,' please specify how much you received and the government program(s) through which you received the
22.1 If 'yes,' please specify how much you received and the government program(s) through which you received the funds. 23.Will you be submitting multiple requests for congressionally directed spending? Yes No 23.1 If 'yes,' please indicate priority of this project below. (Example: 'Top project' or '2 of 3 projects') 100 character limit 24.Project Estimated Start Date: *	for FY2022 or FY2023? **
O Yes O No 23.1 If 'yes,' please indicate priority of this project below. (Example: 'Top project' or '2 of 3 projects') 100 character limit 24. Project Estimated Start Date: **	22.1 If 'yes,' please specify how much you received and the government program(s) through which you received the
24.Project Estimated Start Date: *	
24.Project Estimated Start Date: *	23.1 If 'ves' please indicate priority of this project below (Example: 'Top project' or '2 of 3 projects')
	04 P 1 4 P 2 4 P 2 *
mm/dd/yyyy	
	25. Have you submitted this request to other members of the New Hampshire delegation? *

25.1 Members: If 'Yes,' please select the member(s) below. Representative Pappas Representative Kuster Section 2. Appropriations Subcommittee Information

1. Appropriations Subcommittee of Jurisdiction: *

Select one:

Agriculture, Commerce, Justice and Science, Energy and Water, Financial Services and General Government, Homeland Security, Interior and Environment, Labor, Health, and Human Services, Military Construction and Veterans Affairs, Transportation, Housing, and Urban Development

Is your funding request within the following subcommittee?

Please select 'Yes' for only one option for this specific request. If your organization is submitting another CDS request, please indicate the eligible account in that application.

2. Agriculture:

○ Yes ○ No

2.1 Please Review The Following Text Before Making An Account Selection:

Please review guidance here to confirm eligibility and match requirements.

If you need additional information or guidance, you may contact Senator Shaheen's office by email at Appropriations_Shaheen@shaheen.senate.gov or by phone at 202-224-2841 or 603-647-7500.

Please indicate the eligible account:

Select one:

Animal Plant Health Inspection Service, S&E (APHIS),

Natural Resources Conservation Service, Conservation Operations (NRCS),

Watershed Flood Prevention Operations (WFPO), Rural Development, Community Facilities grants,

Rural Development, Distance Learning, Telemedicine, and Broadband grants

3. Commerce, Justice, and Science:

 \bigcirc Yes \bigcirc No

3.1 Please Review The Following Text Before Making An Account Selection:

Please review the guidance here to confirm eligibility and match requirements.

If you need additional information or guidance, you may contact Senator Shaheen's office by email at Appropriations Shaheen@shaheen.senate.gov or by phone at 202-224-2841 or 603-647-7500.

Please indicate the eligible account:

Select one:

Department of Commerce; National Institute of Standards and Technology (NIST); Scientific Technical Research Services (STRS) External Projects ,

Department of Commerce; NIST; Construction of Research Facilities,

Department of Commerce; National Oceanic and Atmospheric Administration (NOAA); Operations, Research, and Facilities (ORF); Special Projects ,

Department of Justice; Office on Justice Programs; State and Local Law Enforcement Assistance; Byrne Discretionary,

Department of Justice; Community Oriented Policing Services (COPS); COPS Law Enforcement Technology,

National Aeronautics and Space Administration; Safety, Security, and Mission Support

4. Energy & Water:

○ Yes ○ No

4.1 Please Review The Following Text Before Making An Account Selection:

Please review guidance here to confirm eligibility and match requirements.

If you need additional information or guidance, you may contact Senator Shaheen's office by email at Appropriations Shaheen@shaheen.senate.gov or by phone at 202-224-2841 or 603-647-7500.

Please indicate the eligible account:

Select one:

Corps of Engineers: Investigations, Corps of Engineers: Construction,

Corps of Engineers: Operations & Maintenance, Corps of Engineers: Mississippi Rivers & Tributaries, Bureau of Reclamation: Water and Related Resources, Energy Efficiency and Renewable Energy (EERE), Office of Electricity (OE), Office of Cybersecurity, Energy Security, and Emergency Response (CESER), Office of Nuclear Energy (NE), Office of Fossil Energy (FE)

5. Financial Services and General Government:

○ Yes ○ No

5.1 Please Review The Following Text Before Making An Account Selection:

Please review guidance here **t** to confirm eligibility and match requirements.

If you need additional information or guidance, you may contact Senator Shaheen's office by email at Appropriations_Shaheen@shaheen.senate.gov or by phone at 202-224-2841 or 603-647-7500.

Please indicate the eligible account:

Select one:

Small Business Administration; Administrative Provision,

National Archives and Records Administration, National Historical Publications and Records Commission,

National Archives and Records Administration, Repair and Restoration,

General Services Administration, Federal Buildings Fund, Construction and Acquisition

6. Homeland Security:

 \bigcirc Yes \bigcirc No

6.1 Please Review The Following Text Before Making An Account Selection:

Please review guidance here to confirm eligibility and match requirements.

If you need additional information or guidance, you may contact Senator Shaheen's office by email at Appropriations Shaheen@shaheen.senate.gov or by phone at 202-224-2841 or 603-647-7500.

Please indicate the eligible account:

Select one: FEMA - Emergency Operations Center (EOC) Grants, FEMA - Pre-Disaster Mitigation (PDM) Grants

7. Interior:

○ Yes ○ No

7.1 Please Review The Following Text Before Making An Account Selection:

Please review guidance here **t** to confirm eligibility and match requirements.

If you need additional information or guidance, you may contact Senator Shaheen's office by email at Appropriations Shaheen@shaheen.senate.gov or by phone at 202-224-2841 or 603-647-7500.

Please indicate the eligible account:

Select one:

EPA, State and Tribal Assistance Grants, STAG Infrastructure Grants,

EPA, State and Tribal Assistance Grants, Water and Wastewater Infrastructure,

National Park Service, Historic Preservation Fund,

U.S. Forest Service, State and Private Forestry, Forest Resource Information and Analysis,

Land and Water Conservation Fund, Legacy Restoration Fund, Land Management Agencies,

Land Management Agencies, Local Projects and Research,

Bureau of Indian Affairs, Operation of Indian Programs; Special Initiatives,

EPA, Science and Technology, Research: National Priorities

8. Labor, Health, and Human Services:

○ Yes ○ No

8.1 Please Review The Following Text Before Making An Account Selection:

Please review guidance here to confirm eligibility and match requirements.

If you need additional information or guidance, you may contact Senator Shaheen's office by email at Appropriations Shaheen@shaheen.senate.gov or by phone at 202-224-2841 or 603-647-7500.

Please indicate the eligible account:

Select one:

Employment and Training Administration, Health Resources and Service Administration,

Substance Use and Mental Health Services Administration (combining mental health, substance use treatment, and substance use prevention),

Administration for Children and Families - Child Abuse Prevention and Social Services Research and Demonstration, Administration for Community Living - Aging and Disability Services Programs Fund for the Improvement of Education (FIE),

Fund for the Improvement of Education (FIE), Rehabilitation Services - Demonstration and Training,

Higher Ed - Fund for the Improvement of Postsecondary Education (FIPSE)

9. Military Construction and Veterans Affairs:

○ Yes ○ No

9.1 Please Review The Following Text Before Making An Account Selection:

Please review guidance here **t** to confirm eligibility and match requirements.

If you need additional information or guidance, you may contact Senator Shaheen's office by email at Appropriations Shaheen@shaheen.senate.gov or by phone at 202-224-2841 or 603-647-7500.

Please indicate the eligible account:

Select one:

Military Construction - Army, Military Construction - Navy and Marine Corps, Military Construction - Air Force,

Military Construction - Defense-Wide, Military Construction - Army National Guard,

Military Construction - Air National Guard, Military Construction - Army Reserve,

Military Construction - Navy Reserve, Military Construction - Air Force Reserve

10. Transportation, Housing, and Urban Development:

 \bigcirc Yes \bigcirc No

10.1 Please Review The Following Text Before Making An Account Selection:

Please review guidance here to confirm eligibility and match requirements.

If you need additional information or guidance, you may contact Senator Shaheen's office by email at Appropriations Shaheen@shaheen.senate.gov or by phone at 202-224-2841 or 603-647-7500.

Please indicate the eligible account:

Select one:

Transportation Planning, Research, and Development (TPR&D) for transportation research projects,

Grants-in-Aid for Airports (Airport Improvement Program or AIP) for airport capital projects,

Highway Infrastructure Programs (HIP) for highway capital projects,

Transit Infrastructure Grants (TIG) for transit capital projects,

Consolidated Rail Infrastructure and Safety Improvement Program (CRISI) for rail capital projects,

Housing and Urban Development (HUD) Economic Development Initiatives (EDI) for economic development projects

S

100 character limit

100 character limit

8. Site Work:

	n 3. Funding Information	
P	JECT COSTS:	
	se indicate dollar amount.	
	No decimals or symbols.	
	imum Funds Needed to Initiate Project: * se indicate dollar amount.	
	No decimals or symbols.	
	al Project Cost: * se indicate dollar amount.	
	No decimals or symbols.	
	es ○ No If 'yes,' please explain why below.	/
Ple	reakdown: Indicate the Amount and Status of Phase (i.e. Not Yet Begun, In Process, Completed, or N/A) for the project phases/areas	
bel -		
5.	uisition:	
	O character limit	
6.	Costs, Design, Permitting/Planning:	
	O character limit	
7	struction/Renovation:	

9.	Equipment:		
	100 character limit		
10	O.Other: (Please elaborate)		
	100 character limit		
P	ROJECT FUNDING:		
	ease indicate the Amount and Status of Funding (i.e. Application Submitted, Funding Awarded, or Funding Received) for the nding sources below:		
11	. Federal Funding (e.g. EPA Brownfields Funding, HOME funding, federal tax credits, etc.):		
		//	
12	2.Local or State Government Funding (e.g. bond votes, tax credits, funding from NH State Agency, etc.):		
		/	
13	3. Private or Nonprofit Funding (e.g. NH Charitable Foundation, United Way, individual donations, etc.):		
14	Project Income (If the project requires income for sustainability, the project could be sustained through fees, ratepayers, etc.):	_//	
		/.	
15	S.Other Sources: Please elaborate below.		
		/	