FY2010 APPROPRIATIONS REQUEST FORM REPRESENTATIVE DAVE REICHERT (WA-08)

(ONE project/program per form)

GENERAL INFORMATION								
Organization making request:	Federal	Tax Status: (i.e. 501(c)3)						
Address:								
City:	State:	ZIP Code:						
Point of Contact(POC):								
Phone:	Email:							
Address:								
City:	State:	ZIP Code:						
DC Representation (if any):								
Phone:	Email:							
Address:								
City:	State:	ZIP Code:						
PROJECT/PRO	OGRAM INF	ORMATION						
PROJECT TITLE:								
Prioritized: of total requests for your organiza Appropriations Bill: (Please check)	tion							
Agriculture	Commerce, Justice, ScienceDefense							
Energy and Water	Interior and Environment							
State, Foreign OperationsLabor, Heath and Human Services, and Education								
Military Construction, Veterans' AdministrationHomeland Security								
Transportation, Housing and Urban Development	Financial	Services						
Legislative Branch								
Agency/Bureau (i.e. FBI; Corps of Engineers; US Navy; ARS, etc.):								
Account (i.e. Buildings and Facilities, Aviation Safety; Capital Improvements, etc):								
Amount requested for FY2010: \$								
Total cost of project: \$								
Minimum amount of FY2010 funding needed to begin or	sustain thi	s project: \$						
Is this program authorized?YESNO	If YES, b	oill number: Year:						
Is this program funded in the President's FY10 budget i	equest?	If YES, amount: \$						
Anticipated total future requests: \$ Over	the next	years						
Local, state and/or private funding sources:								
tal Amount: \$ Over the next years								
Other sources of Federal funding:								
al Amount: \$ Over the next years								
Federal Agency Sponsor or Program Manager:								
Office:								
Phone Number:								
Other agency advocate (if any):								
Office:								

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Phone Number:								
	ting this through any oth	er office(s):	res, which office(s):					
PROJECT FUNDING HISTORY (FROM CURRENT YEAR BACKWARD)								
FISCAL YEAR	PRESIDENT'S REQUEST	ORGANIZATION'S REQUEST	FUNDING AMOUNT	APPROPRIATIONS BILL	ACCOUNT, SUBACCOUNT			
Please irPlease liYou may	nary/Project Description nolude a discussion of the p mit your description to 200 attach additional informationalic disclosure requiremen	roject's merits, releva words. on, however, please u	nce, eligibility, and wh	•				
Justification of - How doe - How man	funding: es this request fit within the ny jobs could this project cr	identified bill and acc eate and how will it b	count (cite specific pre enefit Washington's 8 ^{ti}	cedents and overall pur Congressional District	pose of account)?			
Specific langua	ge proposed for Congres	sman's request to tl	he subcommittee (if	any):				
Is there any oth	ner relevant information	regarding this requ	est that you would l	ike to share?				
		CONTINUE FOR DEF	ENSE REQUEST ONLY	' :				
What is the name	and number of the Program							
Have you contact	ed the Program Officer?							
Appropriations Ac	count: (Please check)							
RDT&E	Procurement	O&M	Counter Drugs	Medical				
Reserve Equipment								

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Service: (Please check)						
Army	Army Reserve	NavyN	avy Reserve	Marine Corps	Marine Corps Reserve	
Air Force	Air Force Reserve	Intellige	nceA	Army GuardAi	ir National Guard	
Line Item Title:						
Identification:						
R-1/PE #	P-1/Line	#		TIARA/JMIP (Intel On	ly)	
Sub-Activity Group (required for Personnel and O&M):						