

## Office of U.S. Senator Sherrod Brown Federal Grant Funding Request Form

For Office Use Only:	
Received	
Recorded	
Responded	

Name of requesting entity
Type of entity submitting request
☐ State or Local Government ☐ Nonprofit ☐ College or University ☐ For-profit ☐ Other
Mailing address of the submitting entity
Street or P.O: City: State: Zip Code:
Physical Location of the project  Street Address: City: State: Ohio Zip Code:
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In which Congressional District is the project physically located? District: County:
Local contact at submitting entity for questions regarding request
Name: Email: Daytime Phone:
Title of requested project or program
Federal agency you are requesting funding from
What priority is this project if submitting multiple requests? # OF
Will this funding request complete the project?   Yes   No
If not, how much additional is needed?
What is the total amount being requested to fund this project/program?
Does this project receive monetary support from any other entities? Federal, State, or local government or nongovernment \sum Yes \sum No
If yes, please list.
What type of funding are you seeking?   Block   Categorical   Competitive   Formula   Match

## **Project Description**

In the space provided, please provide a concise yet specific description of the overall project, including what the specific benefit is to Ohioans, the Federal Government, the State of Ohio, and/or your respective Congressional District (1,000 character limit, attachments accepted).