**Representative Suzan K. DelBene (WA-01)**

**FY 2023 Community Project Funding Requests**

**Department of Health and Human Services – Administration for Community Living**

Submit this form to CPFs.DelBene@mail.house.gov no later than **April 13, 2022,** and please specify the account name in the email subject line.

**Submission Guidelines:**

Please read the eligibility criteria and selection guidance carefully before submitting a request. Submission of this information does not create a binding commitment on any party nor a guarantee that any organization or program will be awarded funding from any federal agency. Once submitted, this request may be made publicly available.

For-profit entities are not eligible to apply for Community Project Funding. Only the following entities may apply:

* State, local and tribal governments
* Publicly owned entities (e.g. ports, universities, PUDs, etc.)
* Certain non-profit entities with a quasi-government purpose (e.g. Special Districts)
* Non-profit organizations

Please note that each Appropriations Subcommittee has account specific questions that must accompany each request. The first section of this form is information required by our office for all requests. The second section of this form includes questions that are required by each subcommittee for each account. Please be sure to answer all questions. Please provide any attachments (i.e. letters of support) as separate documents.

**Department of Health and Human Services – Administration for Community Living**

Community project funding within ACL should be submitted through the Aging and Disability Services Programs account. Community project funding may be used for projects to improve or create new opportunities for older adults, individuals of all ages with disabilities, and their eligible family caregivers, to live independently and participate fully in their communities. Generally, community project funding should focus on improving access to, or the quality of, education, health services, training, support services, and independent living services for older adults, individuals with disabilities, and eligible family caregivers. ACL community project funding cannot be used for construction or renovation of facilities.

The House LHHS bill did not include projects in this account in FY 2022. The Committee expects to consider project amounts in this account between $100,000 and $2,000,000 for FY 2023. Any caps will be determined by the Chair after reviewing the full universe of requests.

Additional guidance with specific information about these accounts is [attached](https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/FY23%20Labor-HHS-Education%20Request%20Guidance.pdf).

Staff Contact: Kyle Hill (Kyle.Hill@mail.house.gov)

**Questionnaire:**

Requesting Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **D.C. Contact (if applicable)** | **Local Contact** |
| NameMailing Address City, State ZipPhone NumberFax NumberE-Mail Address  | NameMailing Address City, State ZipPhone NumberFax NumberE-Mail Address  |

**All Requests**

|  |  |  |
| --- | --- | --- |
|  | **Agency** | **Account** |

1. Briefly describe your request in 5 sentences or less.
2. This is request **x of x** submitted to this office.
	1. If you are submitting more than one request, please rank this request in order of priority.
3. Are you making this request to other offices?
4. If yes, please list other offices receiving this request:
5. Did you submit this project as a Community Project Funding request or Transportation & Infrastructure Member Designated Project request during the 2022 process?
6. Briefly but specifically, how does this project or program impact the 1st Congressional District of WA?
7. Eligibility of requesting entity or organization (please highlight the one applicable to your organization)
	1. State, local, or tribal government
	2. Publicly owned entity (e.g. port, university, PUD, etc.)
	3. Non-profit entity with a quasi-governmental purpose (e.g. Special District)
	4. Non-profit organization
8. Name of the project or program to be funded
9. Physical location of the project or program (including street name, city, and zip code)
10. Amount requested
11. Detailed breakdown of the total cost of the project or program that includes all prior sources (both public and private) and any amounts that remain unfunded
12. Have you previously applied for federal funds for this project or program? If yes, to which programs have you applied and what and what has been the outcomes of those applications.
13. If this project or program has previously been awarded federal funds, please list the total amount of federal funds previously awarded
14. Detailed breakdown of how the requested funds would be spent
15. Once completed, will the project or program require continued funding to maintain operation? If so, where will that funding come from?
16. Provide a detailed description of the project or program to be funded including data and/or evidence that demonstrates the public benefit.
17. Justification for why this project represents a good use of taxpayer dollars.
18. Describe any long-term job creation that will result from this project.
19. Will this project have a revenue-generating component that would have community and state economic benefit? If so, please describe and quantify.
20. Detailed timeline and anticipated start date and completion date for the project or program.
21. Federal agency that would administer this funding.
22. List any public or private entities that have been identified as project sponsors in prior funding requests and/or that will help determine how the requested funds will be spent.
23. List any stakeholders that support this request.
24. Please list below and provide as **separate attachments** any letters of support from local stakeholders, press articles and editorials, project listed on state use or planning documents, local resolutions passed in support, or other documents that demonstrate community support and commitment to this request.
25. Are there any known or anticipated community concerns associated with this project or program (e.g. conflict with land use, neighborhood concerns, etc.) that could prevent it from moving forward?

**Subcommittee/Account Specific Questions:**

**Department of Health and Human Services – Administration for Community Living:**

1. Recipient name. This should be the legal name of the organization that will be receiving these funds. Please do not include abbreviations, acronyms, or use a “The” before the recipient name.
2. Please provide a project description, which must be limited to 1,000 characters.
3. Provide an explanation of why this is a good use of taxpayer funds—this information must also be included on the Member’s official House website.
4. Please provide a budget breakdown for this project – maximum of 10 budget items (i.e., do not upload a spreadsheet with dozens of budget items)
5. Please provide the website of the entity to receive funding for this project
6. One-Year Funding? (Yes/No)
7. If the request does not fully fund the project, please describe the source(s) of funding necessary to complete the project
8. Please indicate if you are aware of another Member making a request for this same project (Yes/No)