

Jim Justice Governor of West Virginia

Congressionally Directed Spending Non-Federal Match Request Worksheet

A. Applicant Information

Applicant Organiza	tion:					
			:			
Phone:	En	nail:				
B. Project Informa	tion:					
Project Name:						
Number of Busines	ses Affected:					
	^f ected:					
	itial Customers Affected: _					
C. Congressionally	Directed Spending Inform	ation:				
Source of Congress	ionally Directed Spending	Request:				
 Congression 	nal Subcommittee:					
	nal Member:					
Amount of Congres	sional Spending Request: _					
	onal Spending Request:					
	deral Match Requested:					
Please provide a	brief description of the	proposed proj	ect. Attach	additional	pages	if necessary



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D. Project Costs:

Please provide a breakdown of project costs.

ITEM	AMOUNT	COMMENTS
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	

E. Project Funding:

Please provide details on additional capital sources obtained for the project.

A letter of commitment from each funding source must be provided with this worksheet.

SOURCE	AMOUNT	STATUS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	

Signature of Authorized Organization	
Representative Verifying Accuracy of Information	Date
Sign	
Print	