



CITY OF MIAMI
CITY OF MIAMI STATE APPROPRIATION REQUEST FORM

1. NAME OF DEPARTMENT:

2. DEPARTMENT CONTACT PERSON(S):

NAME
ADDRESS
CITY
STATE
ZIP
PHONE
EMAIL

3. PROJECT NAME:

4. AMOUNT OF FUNDING REQUESTED:

5. WHAT IS THE TOTAL COST OF THE PROJECT?

**6. HAS THIS PROJECT BEEN FUNDED IN THE PAST? IF SO, WHAT YEAR
AND FOR WHAT AMOUNT?**

7. DESCRIPTION/BACKGROUND OF PROJECT:

**8. STATEMENT OF CURRENT PROBLEM THAT THE APPROPRIATION IS
INTENDED TO ADDRESS (Please include information that will help us advocate
on the City's behalf):**

9. INTERDEPARTMENTAL IMPACTS (Describe potential impacts on other departments):

10. IS THERE A LOCAL, PRIVATE, OR FEDERAL MATCH FOR THIS REQUEST?

11. IS THERE A DOCUMENTED NEED FOR THE PROJECT: INCLUDING DEPARTMENT REPORTS OR CC ACTION? (If so, please provide documentation)

12. LIST NATIONAL, STATE, OR LOCAL ENTITIES THAT SUPPORT THIS EFFORT (Please include history regarding Members of the State Legislature who have supported similar efforts in the past and/or professional organizations efforts to accomplish similar goals)

13. IS FUTURE FUNDING LIKELY TO BE REQUESTED?

14. PRIORITIZE THIS REQUEST:

SUBMIT