



U.S. SENATE

Sens. Sinema & K...

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First Time Here?

Create an Account

The offices of Senators Sinema and Kelly are requesting Arizonans and organizations based in Arizona to submit congressional appropriations requests for the fiscal year 2025 appropriations process. To begin, please click "create an account" and provide your contact information, which our office will use to follow up on your request. Once you have an account, you will be able to submit as many appropriations requests with our office as needed.

Our offices will set a submission deadline of **March 29, 2024**.

If you have any questions or issues, please email appropriations@kelly.senate.gov or appropriations@sinema.senate.gov.

Please **DO NOT** use this form to submit **Congressionally Directed Spending** requests.

PREVIEW



U.S. SENATE

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Submit Questionnaire

INSTRUCTIONS

This short questionnaire will allow us to match your request's supporting documents with your Microsoft Form submission.

If you have any questions or issues, please email appropriations@kelly.senate.gov or appropriations@sinema.senate.gov.

Please DO NOT use this form to submit congressionally directed spending requests.

Step 1. Complete Each Section

1. [Applicant Information](#)

Step 2. Submit Your Questionnaire

Once you submit your questionnaire, you will need to contact Senator Kelly's office to make changes.

[Submit Questionnaire](#)

[Print Questionnaire](#)

Complete Checklist

INSTRUCTIONS

This year, our offices are collecting programmatic request details via Microsoft Form. This website/ application portal, Office Application Manager (OAM), will be used to upload supporting documents (required or supplemental) for requests and will direct you to the Microsoft Form.

Applicants should ensure that all necessary components of their request are completed before the deadline.

Complete Programmatic Request Form via Microsoft Form

📌 Complete when verified by the office.

Please fill out the Programmatic Request Form via Microsoft Form: <https://forms.office.com/g/31UX3E1Ku1>

This request form is a joint request form for Senator Sinema and Senator Kelly's offices. This form must be completed along with completing the checklist in the Office Application Manager (OAM) for your Congressional appropriations request to be considered.

Please keep in mind that you cannot save your answers to the Microsoft Form and come back to it later. Be prepared to submit the Microsoft Form in one sitting. Here is a document that provides a preview of the Microsoft Form, so you know what to expect before filling out the form: LINK TBD

Additional Background Documents (Optional)

[Upload File](#) .pdf, .doc, .docx, .jpg, .jpeg, .gif, or .png only

Other Additional Background Documents (Optional)

[Upload File](#) .pdf, .doc, .docx, .jpg, .jpeg, .gif, or .png only



Questionnaire Section 1 of 1

Applicant Information

* indicates a required field.

1. Organization Name *

Please provide information about your organization

100 character limit

2. What is the program name or title of this request?

This should match the name that you include in the FY25 Programmatic Appropriations Request Form (Microsoft Form).

100 character limit

Save &

Stay

← Previous

1 of 1

→ Next

Submit Questionnaire

Go Back To Main Page

FY25 Programmatic Appropriations Request Form

This request form is a joint request form for Senator Sinema and Senator Kelly's offices. This form **must** be completed as well as the checklist in the Office Application Manager (OAM) for your appropriations request to be considered.

Please keep in mind that you cannot save your answers to the Microsoft Form and come back to it later. Be prepared to submit the Microsoft Form in one sitting. Here is a document that provides a preview of the Microsoft Form, so you know what to expect before filling out the form: [LINK TBD](#)

To return back to the OAM Application/ Checklist, click this link:
<https://oampublic.senate.gov/constituent/login/44468c3b-ce32-4ff5-94d3-ea099983a0a3/>

* Required

Contact Information

Please include the information for the point of contact for this project/ program.

1. Full name *

Please enter your full name (i.e., John Doe)

2. Title *

3. Email *

4. Direct Phone Number

5. Government Affairs Firm *

If the organization is represented by a government affairs firm, please include the name and contact information for your government affairs representative below. Please provide names, phone numbers, physical addresses and any other relevant information:

Applicant Information

Please provide information about the organization that would be the recipient of the project/ program funding.

6. Organization Name *

7. Street Address *

8. City *

9. County *

10. Zip Code *

Appropriations Subcommittee Selection

11. Please select the relevant Appropriations subcommittee for your request: *

- Agriculture, Rural Development, Food and Drug Administration, and Related Agencies
- Commerce, Justice, Science, and Related Agencies
- Defense
- Energy and Water Development
- Financial Services and General Government
- Homeland Security
- Interior, Environment, and Related Agencies
- Labor, Health and Human Services, Education, and Related Agencies
- Legislative Branch
- Military Construction, Veterans Affairs, and Related Agencies
- State, Foreign Operations, and Related Programs
- Transportation, Housing and Urban Development, and Related Agencies

Request Type

12. What is the program name or title of this request? *

Please choose a short title to describe your request (max 10 words). This is the title we will use internally to refer to your request.

13. Please select the type of request. *

There are three different kinds of appropriations requests you can make: funding requests, report language requests, or bill language requests.

Funding requests are requests to increase, reduce, eliminate or maintain level funding for an agency account.

Report language requests are requests for explanatory language you wish to be inserted into the report that accompanies the appropriations bill.

Bill language requests are requests for legislative language to be inserted into the appropriations bill.

You may select multiple types of requests for this project/ program, but you will need to indicate how you would prioritize each request at the end of this section.

Funding Request

Report Language Request

Bill Language Request

14. Under which federal agency and/or office does this program fall? *

15. Under which account(s) does this federal program fall?

Please include all sub-accounts, if applicable. If unknown, leave blank.

Funding Request

If you are submitting a funding request, please complete this section. Please leave this section blank if you are only submitting a language request.

16. Please indicate the funding level you are requesting for this federal program in FY25.

If you would like to request "\$1,000,000", please enter "1000000."

17. Please indicate program funding level for FY24.

Use the same formatting as above. Type 1000000 for "\$1,000,000."

18. Please indicate program funding level for FY23.

Use the same formatting as above. Type 1000000 for "\$1,000,000."

19. Please indicate program funding level in the President's FY25 budget request.

Use the same formatting as above. Type 1000000 for "\$1,000,000."

Report or Bill Language Request

If your organization is submitting a bill or report language request, please complete this section. If you are only submitting a funding request, please leave this section blank.

20. Please provide the BILL language you wish to include in the FY25 appropriations bill.

If you ARE NOT requesting bill language, please type N/A.

21. Was this bill language included in the FY24 appropriations bill?

- Yes
- No
- Not Applicable
- Other

22. Please provide the REPORT language you wish to include in the FY25 appropriations bill.

If you ARE NOT requesting bill language, please type N/A.

23. Was this report language included in the FY24 appropriations bill?

- Yes
- No
- Not Applicable
- Other

Request Type (Defense Subcommittee)

24. What is the program name or title of this request? *

Please choose a short title to describe your request (max 10 words). This is the title we will use internally to refer to your request.

25. Please select the type of request. *

There are three different kinds of appropriations requests you can make: funding requests, report language requests, or bill language requests.

Funding requests are requests to increase, reduce, eliminate or maintain level funding for an agency account.

Report language requests are requests for explanatory language you wish to be inserted into the report that accompanies the appropriations bill.

Bill language requests are requests for legislative language to be inserted into the appropriations bill.

You may select multiple types of requests for this project/ program, but you will need to indicate how you would prioritize each request at the end of this section.

Funding Request

Report Language Request

Bill Language Request

26. Under which federal agency and/or office does this program fall? *

27. Under which account(s) does this federal program fall?

Please include all sub-accounts, if applicable. If unknown, leave blank.

28. Please provide the appropriate Program Element (PE) line number for R&D accounts.

Funding Request (Defense Subcommittee)

29. Please indicate program funding level in the President's FY25 budget request.

Use the same formatting as above. Type 1000000 for "\$1,000,000."

30. Please indicate the funding level you are requesting ABOVE the amount included (or not included) in the President's budget request.

If you would like to request "\$1,000,000", please enter "1000000."

For support of the President's budget request, enter \$1.

For support of robust funding, enter \$999.

Additional Request Details

31. Request Justification

Please provide a brief justification (max 250 words) for your request. This language may be used by our office to communicate details of this request to the Appropriations Committee.

32. Arizona Connection *

Please provide more information about your organization, your connections to Arizona, and how your request would benefit Arizona.

33. How many requests for different programs/ projects does your organization plan on submitting? *

The value must be a number

34. If your organization is submitting multiple requests for different programs/ projects, please indicate the priority of this request compared to other requests you have submitted. *

If you are submitting three requests for different projects/ programs and this program is your top priority, select "1." If this program is your least priority, select "3."

Select this option if you are only submitting a request for one program/ project.

1

2

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35. Please list any Members of the House of Representatives to whom you are submitting the same request.

36. Please provide any additional information that you would like our offices to know about your request.

Please return back to the Office Application Manager (OAM).

To complete your remaining OAM Checklist items, here is the link <https://oampublic.senate.gov/constituent/login/44468c3b-ce32-4ff5-94d3-ea099983a0a3/>

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