



Fiscal Year 2026 Congressionally Direct Spending (CDS) Request Form

If you have any questions, please email Appropriations@ossoff.senate.gov.

*** Are you a for-profit company?**

Yes No

*** Are you an entity based in Georgia?**

Yes No

Please confirm that you have reviewed the [FY26 Constituent Appropriations Guide](#) before proceeding

*** Proceed?**

Yes No

Requesting Organization

*** Name of Organization making this request**

*** Address Line 1**

Address Line 2

*** City**

*** State**

*** Zip**

*** Primary Email - Email Address to Receive the Confirmation Receipt on Submission**

*** Confirm Email**

*** Organization County:**

Please note the Georgia county where your organization is based

*** In what counties is this project located?**

Which County the project will be taking place, or where the funding will primarily benefit

Please list any other counties in Georgia that will benefit, if applicable

Organization Point of Contact

Prefix

* First Name

MI

* Last Name

Address Line 1

Address Line 2

City

State

Zip

* Email (Can be same as Primary/Organization Email)

Cell Phone

Link to the applying Organization's website, if applicable.

*** Organization Designation**

501c3 Non-profit, Local Government Entity, Non-profit other than 501c3, Other

*** Non-profit EIN**

If applicable, please provide the organization's Employer Identification Number, or type "NA"

If this request is being submitted by a lobbyist, please fill out the following questions with your contact information. Other applicants, please write "N/A"

*** Lobbyist Name**

Type "NA" if not a lobbyist

*** Lobbyist Organization**

Type "NA" if not a lobbyist

*** Lobbyist Phone**

Type "NA" if not a lobbyist

*** Lobbyist Email**

Type "NA" if not a lobbyist

*** Is the requesting organization submitting multiple requests to Senator Ossoff's office? If so, how many submissions total?**

*** Has the requesting organization previously submitted appropriations requests to Senator Ossoff?**

If yes, what year(s) was the request made? If no, please type NA

*** Has the requesting organization received Federal funding before?**

If yes, please provide the Year, Amount, Agency, and Grant Program or CDS. If no, please type NA

*** Project Name**

*** What is the full cost of the project?**

Whole amount of the project cost without decimals or abbreviations

*** What amount are you requesting?**

This figure should only be the amount you are requesting as congressionally directed spending.

Whole amount your organization is requesting in FY26 without decimals or abbreviations

*** If the requested amount cannot be provided, what is the minimum amount needed to move the project forward?**

Minimum amount without decimals or abbreviations

*** Budget Breakdown**

Please provide a detailed breakdown of the budget for the project using the template provided in the Office of Senator Ossoff's FY26 Constituent Appropriations Guide.

Upload File No file chosen

*** Does the project have non-Federal funding sources?**

(SPLOST, private donations, etc.)

If yes, how much and from what sources? If no, please type NA

*** Project Purpose**

Please use no more than one sentence. See examples below:

- *To construct new clinics and purchase new equipment for cancer treatment services in Southeast Georgia.*
- *To provide equipment for the young adult workforce development program in the automotive industry.*

*** Project Description**

Please provide a brief description of the project. This should include details about the project and how the funding will be used.

*** Georgia Impact**

Please describe how this project benefits Georgia communities.

*** Project Support**

Please upload letters from elected officials, community organizations, and other individuals in support of the project.

Please note that Senator Ossoff cannot provide a letter of support for your CDS Request.

Applications without letters of support are considered incomplete.

Upload File No file chosen

*** Have you submitted this request to another Member of the Georgia Congressional Delegation?**

Please list the relevant Members of the Georgia Congressional Delegation that have also received this request from your organization.

Example: Congressman Sanford Bishop, Jr. (GA-02)

Please certify that all the information included in your application is accurate and that it is made in accordance with the applicable rules, fiduciary requirements and bylaws of the organization.

Before certifying, please do a final review of the [FY26 Constituent Appropriations Guide](#) linked above and confirm that your organization's project adheres to the appropriate guidelines.

Shortly after submission, an acknowledgement message will be sent to your Primary Email once the request has been successfully registered into our system.

- Please reach out to our office at Appropriations@ossoff.senate.gov if you do not receive an acknowledgement within 24 hours of submitting your application.

Submitting this application does NOT guarantee your CDS project will receive funding.

If you have additional questions, please email Appropriations@ossoff.senate.gov or call (202)-224-3521.

*** Certification**

I attest that I have read these instructions and that, to the best of my knowledge, my project is eligible for Congressionally Directed Spending.



I'm not a robot

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