



OHIO SENATE CAPITAL BUDGET / OTSCIF APPLICATION 2024



APPLICANT POINT OF CONTACT INFORMATION

Name		Title		Organization	
Street address				Unit/Room #	
City		State		ZIP	
Phone		Email address			

PROJECT DESCRIPTION

Project Name	
Brief description of overall project	
Specific description of how state dollars will be used	
Legal Entity Name (DBA) and organization sponsoring the project	
Owner of assets/facility during project	
Owner of assets/facility upon completion of project	

PHYSICAL LOCATION OF PROJECT

If same as above, please re-enter here

Street address		Unit/Room #	
City		State	ZIP
County			

FUNDING DESCRIPTION

Total project cost			
<i>Project cost over next three capital biennia (total of three rows below must add up to total project cost):</i>			
FY2025-26			
FY2027-28			
FY2029-30			
<i>State and non-state funding (State funds requested and non-state funding must add up to total project cost)</i>			
State funds requested for FY2025-26 biennium		Total of non-state funding including private, not-for-profit, local, and federal funds	
<i>Non-state funding sources (total of rows below must add up to total non-state funding):</i>			
Source 1		Amount from source	
Source 2		Amount from source	

Source 3		Amount from source	
Source 4		Amount from source	
Source 5		Amount from source	
Has this project received state funding in the past?	YES NO	If YES, how much?	
Will this project request state funding in the future?	YES NO	If YES, how much?	
Identification of the annual amount of and source(s) of funding for ongoing operational costs			
Description of use by or involvement of private for-profit businesses, not-for-profit entities, or federal government			
Description of public benefits and summary of public access			
Additional information to assist in evaluating project			