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**FY 2025 Members’ Submissions**

**House Committee on Appropriations**

**Office of Representative Earl L. ‘Buddy’ Carter**

**Appropriations Request Form**

**DEADLINE: One Week Before Subcommittee Deadline**

**Member Information: YOUR INFORMATION:**

Rep. Earl L. ‘Buddy’ Carter Name: Name

2432 Rayburn House Office Building Organization: Organization

(202) 225-5831 Email: Email Address

 Phone: Phone

**REQUEST INFORMATION:**

1. **Request Type -** Request Type
2. **Subcommittee -** Subcommittee
3. **Agency/Bureau:** Division/Agency
4. **Account:** Division/Agency
5. **Priority (if submitting more than one):** Priority
6. **Multi-member request? ( Y / N – if YES please include sponsor’s office and other signers/targeted members)**Yes/No

Members (if relevant)

1. **Description of Program Request or Proposed Legislative Language:**

Description of Request/Proposed Language

1. **Purpose/Description/Background:**

Purpose/Description/Background

1. **Does the funding request represent an increase, decrease, restriction or limitation of funding?**

Choose an item.