FY25 General Appropriations Act Earmark

Contact Collection Form

Please complete and return to the administering agency.

**Earmark language and location (appropriation#) in bill:**

**Line item Number:**

**Language:**

**Organization Name:**

**FEIN:**

**State Vendor Code** (N/A if not yet set up):

**Contact:**

**If different from Contact, Authorized Signatory Name** (this should be the Chief Executive of your organization or town or someone similar that has authority to sign financial contracts on its behalf)**:**

**Phone:**

**Email:**

**Legal Mailing Address:**

Upon receipt of this form, the administering agency will reach out to the provided contact to initiate earmark paperwork.