

ARTICLE VI
PROJECT SUMMARY

SUFFOLK COUNTY
Department of Economic Development and Planning
Legislative Designated Funding Form for Fund 192 - Cultural Omnibus

Legislative Sponsor: _____ Federal ID # _____

Applicant: _____ **Award Amount:** _____
(Use Legal Name)

Street Address (REQUIRED): _____

Town: _____ State: _____ Zip Code: _____

Mailing Address (IF Different): _____

Town: _____ State: _____ Zip Code _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Project Name: _____

Project date(s), time(s) and location(s): _____

(Use additional paper if necessary.)

Description of Project: (Please make sure this Cultural Tourism project reflects project description as awarded)

Detailed Budget

Budget Line

Program Staff

Staff 1:

Staff 2:

Staff 3:

Staff 4:

Sub Total

Contracted Services

Artistic Personnel:

Technical

Personnel:

Marketing:

Other

Sub Total

Equipment

Item1:

Item2:

Item3:

Item4:

Sub Total

Supplies

Item 1:

Item2:

Item3:

Item4:

Sub Total

Total must equal grant award, not the grant request.

Total

All change requests must be approved by EDP Staff.

