

ARTICLE VI
PROJECT SUMMARY

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

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.

