

ARTICLE VI
PROJECT SUMMARY

SUFFOLK COUNTY
Department of Economic Development and Planning
Legislative Designated Funding Form for Fund 192 - Omnibus 2019

Legislative Sponsor: _____ Federal ID # _____

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

Street Address (REQUIRED): _____
Town: _____ State: _____ Zip Code: _____

Staff: YES NO
Staff are individuals hired and receive an IRS w2 form from your organization.

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.

PROGRAM BUDGET

EXPLANATION OF COSTS

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SUFFOLK COUNTY MUST VERIFY THAT ALL EXPENSES ARE BEING CHARGED TO THE PROJECT

- I. **PROGRAM STAFF:** Describe the duties of the staff (employee of the contract agency) with respect to this project activity. What percentage of effort is being charged to the project activity?

- II. **CONTRACTED SERVICES:** Describe the activity or service and its relevance to the approved project.

- III. **EQUIPMENT:** Identify the items to be rented or purchased along with costs. In the case of ongoing costs (e.g. rent and utilities) funds may only be used to cover that portion directly attributable to the program.

- IV. **SUPPLIES:** Identify supplies to be purchased, itemize costs and explain relevance to the project.