

ARTICLE VI  
**PROJECT SUMMARY**

**SUFFOLK COUNTY**

Department of Economic Development and Planning  
Legislative Designated Funding Form for Fund 192 – Omnibus 2020

**ALL APPLICATIONS ARE REQUIRED TO BE TYPED USING A COMPUTER, TYPEWRITER OR OTHER FONT-DRIVEN TOOL.  
HANDWRITTEN APPLICATIONS ARE NOT ACCEPTED.**

Legislative Sponsor: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_ **Award Amount: \$** \_\_\_\_\_  
(Use Legal Name)

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

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**

**Program Staff** Subtotal: \$ \_\_\_\_\_

**Contracted Services such as Artists, Technical, Marketing** Subtotal: \$ \_\_\_\_\_

**Equipment Rental** Subtotal: \$ \_\_\_\_\_

**Supplies Pertaining to Program** Subtotal: \$ \_\_\_\_\_

**Total must equal grant award, not the grant request.**

*All change requests must be approved by EDP Staff prior to expenditure.*

**TOTAL: \$** \_\_\_\_\_

