

ARTICLE VI
PROJECT SUMMARY

SUFFOLK COUNTY

Department of Economic Development and Planning
Legislative Designated Funding Form for Fund 192 – Omnibus 2021

**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: \$ _____

