

EXHIBIT 2
PROJECT SUMMARY

SUFFOLK COUNTY

Department of Economic Development and Planning
2025 Omnibus Form for Fund 192

**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 (Staff are individuals hired and receive an IRS w2 form from your organization) Subtotal: \$ _____

Contracted Services (Artists, Technical, Marketing, Equipment Rental) Subtotal: \$ _____

Supplies Pertaining to Program (includes small equipment purchases up to \$1,000) Subtotal: \$ _____

Total must equal grant award, not the grant request.

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

TOTAL: \$ _____

PROGRAM BUDGET
EXPLANATION OF COSTS

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

Check box to indicate Applicant understanding of the following:

- Public Good/Municipal Purpose
 - The Contractor understands that Appropriation of funds for {Cultural Grants through the Hotel/Motel Tax} must have a municipal purpose. The Contractor represents that the purpose of this contract is something necessary for the common good and general welfare of the people of the municipality, sanctioned by its citizens, and public in character.
- Applicant has read the Conflict of Interest exhibits.
- Applicant has read and understands the ineligible expenses.

- I. **PROGRAM STAFF:** Describe the duties of the staff (employee of the contract agency) with respect to this project activity.
- II. **CONTRACTED SERVICES:** Describe the activity or service along with the costs and its relevance to the approved project. 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.
- III. **SUPPLIES:** Identify supplies to be purchased, itemize costs and explain relevance to the project.