## **FUNDING SOURCES FORM**

Funding Source	Date сомміттер	Amount
Locally-Operated State Park Program GRANT Request	TBD	\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Grand Total All Funding Sources (Estimated TOTAL PROJECT COST)		\$

The APPLICANT understands that the PROJECT cannot be funded unless the requested GRANT plus the total amount of additional matching COMMITTED FUNDS equals the estimated cost of the PROJECT. If the GRANT is awarded, there will be no need for additional fundraising. The PROJECT must be completed and open to the public before the final GRANT payment is processed. If funding sources change from the time of APPLICATION until PROJECT COMPLETION, the APPLICANT understands this form must be updated within 30 days.

updated within 30 days.		
AUTHORIZED REPRESENTATIVE Signature	Date	-