## Funding Sources Form

|  |  |  |
| --- | --- | --- |
| Funding Source | Date committed | Amount |
| Statewide Park Program grant Request | TBD | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Grand Total All Funding Sources**(Estimated totalprojectcost) |  | $ |

The applicant understands that the projectcannot be funded unless the requested grant equals the estimated cost needed to complete the project, or, the requested grant plus the total amount of additional committedfunds 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 final grantpayment is processed. If funding sources change from the time of application until projectcompletion, the applicant understands this form must be updated within 30 days.

 authorized representative Signature Date