

Project Budget Form
Pride of New York “Buy Local” Specialty Crop
Cooperative Advertising Program



Member Name: _____

Telephone: _____

Business Name: _____

E-Mail: _____

Address: _____

Federal ID #/ Social Security #: _____
 (Needed for reimbursement purposes.)

City: _____

Fax: _____

State: _____ Zip: _____

Custom-Built Television Buy	Station Selected	Proposed Station Total NET Cost (Commission charges are not allowed.)	Proposed Amount of Cooperative Funding Match	Total Project Cost
		\$		\$
		\$		\$
		\$		\$
Custom-Built Radio Buy	Station Selected	Proposed Station Total NET Cost (Commission charges are not allowed.)	Proposed Amount of Cooperative Funding Match	Total Project Cost
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Print Buy (Daily, Weekly, Monthly)	Publication Selected	Proposed Publication Total NET Cost (Commission charges are not allowed.)	Proposed Amount of Cooperative Funding Match	Total Project Cost
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Point of Purchase and Promotional Items		Proposed Total NET Cost (Commission charges are not allowed.)	Proposed Amount of Cooperative Funding Match	Total Project Cost
		\$		\$
		\$		\$
		\$		\$
		\$		\$

I certify that the amount of reimbursement being requested will not exceed the estimates provided.

Print Name

Signature

Date

Program Use Only

Approved by: _____ Date: _____

Notes: _____
