

2026
Suffolk Discover Destination Development:
History, Arts & Culture Grant Program

2026 Discover Long Island Matching Grant Application

Name of Applicant Organization:

Type of Organization:

Address:

City:

Zip:

Telephone:

Email:

Cooperative Partnership Applications: If application represents a cooperative partnership of more than one organization, list all organizations involved:

Name of Project Director:

(Will be sole contact and must be a member of the applicant organization)

Title:

Address:

City:

Zip:

Telephone:

Email:

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Project must begin and end within the calendar year funds are applied for. All project costs must be completed in 2026. No costs incurred before this date nor invoiced after the end date will be reimbursed. **Applicants must submit:**

- Project narrative (need + solution + visitor benefit)
- Project budget (line-item) + match documentation (proof of match)
- Timeline confirming completion in 2026
- Proof of Site control (if construction or restoration)
- Letters of Support (municipality, cultural partners, tourism partners)
- Visitor Engagement plus marketing plan (required for all projects)

	Totals
Amount of Discover Long Island grant funds requested for 2026	\$
Amount of organization annual marketing funds for 2026	\$
*Value of In-Kind Service	\$
Total Program Value*	\$

*Amount requested + amount of DLI funds

List source(s) of project intentions Discover Long Island matching grant. Please project details, all public and private contributions, and total spending for each project phase:	
	\$
	\$
	\$
	\$
	\$
Total Marketing Program	\$

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Certifications:

- I hereby certify that I represent the named organization/entity and have the authority to speak for and bind by my signature for the Organization.
- I hereby certify that the information supplied in this application is true and correct and that I have read and understand the procedures and guidelines that govern this grant program.
- I hereby certify that my organization is a partner in good standing of Discover Long Island.
- I acknowledge that any variance to the procedures and guidelines governing this program, or a submission exceeding the approved maximum grant amount, may result in non-reimbursement of any or all expenditures connected with the grant.

Applicant Signature

Name (Print):

Signature:

Title:

Date: