

Grassroots Arts Program
Subgrant Application Form
FY 2017-18



Due by 12:00 noon on Thursday, July 13, 2017

Please Type or Print Clearly

Applicant Organization Information

Name of Applicant Organization _____
Contact Person's Name _____
Contact Person's Title _____
Mailing Address _____
City _____ County _____
State _____ Zip Code _____
Work Phone () _____
Home Phone () _____
Fax Number () _____
Fiscal Year End Date _____
Email Address _____
Website Address www. _____

Please give a brief description of your organization, including mission, board and staff composition, current arts programs and services and number and kinds of people served. Public schools and other large governmental or community agencies should provide a description of their arts program only rather than the entire organization.

Please attach complete income and expense statement (an audit may be substituted) for your last fiscal year and complete operating budgets for the current fiscal year and next fiscal year. Public schools and other large governmental or community agencies should attach arts program financial information only. Please copy the totals from these attachments in the spaces below.

Last Year Actual FY _____	Current Year FY _____	Next Year FY _____
Actual Income \$ _____	Income \$ _____	Projected Income \$ _____
Actual Expenses \$ _____	Expenses \$ _____	Projected Expenses \$ _____

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Project Description

Grant Amount Requested: \$ _____

Project Start Date: _____ (no earlier than July 1, 2017)

Project End Date: _____ (generally no later than May 31, 2018)

Please attach a narrative providing the information requested below for the project you propose. Please be concise and as specific as possible.

1. Project title or summary description
2. Project goals
3. Description of intended participants/audience, including estimated numbers and racial and cultural composition
4. Location where project will take place
5. Description of project activities
6. Description of the artists to be involved in the project, their race, how and why they were chosen and, if appropriate, the rate of payment for their services (If you have not yet selected the artists, describe the kinds of artists you intend to involve and how you will select them.)
7. Description of how the project will be publicized and promoted to reach intended participants
8. Description of how you will evaluate the project

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Financial Information

Please provide a projected budget for your proposed project utilizing the format below.

Project Expenses	Cash	=	Grant Amount	+	Applicant
	Expenses		Requested		Cash Match
A Personnel					
Administrative staff	_____		_____		_____
Artistic staff	_____		_____		_____
Technical/Production staff	_____		_____		_____
B Outside Fees and Services					
Artistic contracts	_____		_____		_____
Other contracts: _____	_____		_____		_____
C Space Rental	_____		_____		_____
D Travel	_____		_____		_____
E Marketing	_____		_____		_____
F Remaining Project Expenses *	_____		_____		_____
<i>Itemize remaining project expenses</i>					
G Total Cash Expenses	_____	=	_____	+	_____

Project Income	Cash Income
A Admissions	_____
B Contracted Services Revenue	_____
C Other Revenue	_____
D Private Support	
Corporate support	_____
Foundation support	_____
Other private support	_____
E Government Support	
Federal	_____
State/regional (not including this request)	_____

Local _____

F Applicant Cash _____

G Grant Amount Requested _____
in this application

H Total Cash Income _____
(must at least equal Total Cash Expenses,
Item G in Project Expenses)

Certification

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We understand that failure to respond to any of the above items may adversely affect the consideration of this application. We certify that we are committed to the completion of the proposed project in compliance with legal requirements and granting procedures. We certify that the information contained in this application, including attachments and supporting materials, is true and correct to the best of our knowledge.

Name and Position of Authorizing Official _____

Signature of Authorizing Official _____ Date _____

Signature of Contact Person _____ Date _____