

EMERGENCY GRANT APPLICATION FORM

Name of Applicant Organization: _____

Permanent Organizational Address: _____

City _____ State _____ Zip _____

Daytime Phone: _____

PROJECT DESCRIPTION (w/event date and location) AND WHY FUNDS ARE NEEDED:
(attach one page if necessary)

What artist(s) will be used, how were they selected, will they be paid?

What size audience do you expect? _____

PROJECT BUDGET:

Cash Expenditures		Cash Income	
Artistic Fees		Grant amount requested	
Technical Costs		Admissions	
Promotional Costs		Other Grants	
Other Expenses		Other Income	
*Total Expenditures		= *Total Income	

*Total Budget Income Must Equal Total Budget Expenditures.

In-kind services are not allowed as part of your budget.

I certify that my project and organization are in compliance with federal law certifying that the program for which we seek support will be open to all regardless of race, color, national origin, sex, age or disability.

Project Director Name: _____

Project Director Signature: _____ Date: _____

Authorizing Official Name: _____

Authorizing Official Signature: _____ Date: _____

*Please Note: The Project Director and the Authorizing Official **must** be two different people

FOR OFFICE USE ONLY

Grant # _____

Date Received: _____

Funding Decision: _____