



Shoreline-Lake Forest Park Arts Council 2011 Community Project Awards Application Form

- This application is online at www.shorelinearts.net, or you may request that it be emailed to you in a Word Document by contacting info@shorelinearts.net.
- Send 6 copies of this 4-page application including budget.
- Send 1 copy of additional materials requested on checklist.
- Send or deliver to: Shoreline-Lake Forest Park Arts Council
18560 1st Ave NE Shoreline, WA 98155

Applications must be received by **5:00 p.m. Friday, November 12, 2010.**

Questions: call 206-417-4645 or email info@shorelinearts.net

Checklist:

- ___ Signed Application including this page (6 copies)
- ___ 1 copy of IRS determination letter of nonprofit status
- ___ 1 copy of current fiscal year operating budget
- ___ 1 copy of list of your Board of Directors
- ___ 1 copy support materials (newsletters, program, flier, press clips, resumes, letters of support)
- ___ Signatures of at least two people in organization

Please use this form. All information must be generated in no smaller than 10 pt font.

1. Applicant Information:

Legal Name of Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Organization Contact _____ Phone _____

Email _____ Website _____

Board President _____ Phone _____

Incorporation Date _____ IRS or S.S. # _____

Project Title _____ Amt. of Request \$ _____

Arts Council funds will be used for:

Signatures

Project Director/Contact Person _____ Date _____

(Person named above)

Authorizing Official _____ Date _____

(Signature of individual authorized to commit organization in financial matters)

2. Project Information:

Project

title _____

This request \$ _____

Project start date _____ **Project end date** _____

Project location

Meets ADA req.? _____

Who will the direct participants be?

Number served? _____

Final (public) event: # of attendees expected _____

Event type _____

Date & time of final event _____

Location of final event _____

Description of final event _____

3. Project Description:

4. Artistic Quality of the Project: Describe the artistic accomplishments of the primary artists engaged in this project. How will this project encourage arts development in the in your organization and in the community? (attach resumes if possible)

5. **Need for services:** Provide evidence of public interest or demand for the project (audience survey responses, reports on similar past projects, requests etc.) How is the project unique to the Shoreline/Lake Forest Park area?

6. **Promotion Plan & Audience:** Describe your plan to publicize your program or event. Describe the intended audience, (i.e. age group, special populations, new audiences, subscribers)

7. **Mission/Goals & Management Capabilities:** Briefly describe the mission and goals of your organization. Describe the credentials of the project director, staff, and board. Cite examples of other successful projects.

8. **Other Funding Sources:** Will this project proceed if funding is not received from the Shoreline-LFP Arts Council? Please explain. Detail your search for other sources of income.

9. **Evaluation:** How will you measure the success of the project?

**Shoreline-Lake Forest Park Arts Council
Community Project Award Application Budget**

10. Organization Budget Overview:

Fiscal year ending date: _____

Most recently completed fiscal year: _____ Revenue: _____ Expenses: _____

11. Project Budget:

A. <u>INCOME</u>	<u>AMOUNT</u>	Confirmed	Anticipated
Admissions _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Revenue _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Corporate Support _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Foundation Support _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Government Support _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Support _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Applicant Cash _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Cash Subtotal	\$ _____		
Grant Amount Requested	\$ _____		
Total Cash Income (must equal cash expenses)	\$ _____		
B. <u>EXPENSES</u>	<u>CASH</u>	<u>IN-KIND</u>	
Personnel, Administrative _____	\$ _____	\$ _____	
Contracted Artistic _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
Technician _____	\$ _____	\$ _____	
Space Rental _____	\$ _____	\$ _____	
Equipment Rental _____	\$ _____	\$ _____	
Marketing/Promo _____	\$ _____	\$ _____	
Other Expenses _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
Total Cash Expenses (Must equal Total Cash Income)	\$ _____	+	\$ _____ = \$ _____