

ARTS LEARNING APPLICATION

DEADLINE: MONDAY, APRIL 21, 2014, 5:00 P.M.

APPLICATION CHECKLIST

- Submit TWO copies of the application:
 - a) Send one electronic PDF copy (not a scanned image) via email to kelsey.ellis@slcgov.com
 - The electronic submission includes the application only. Supplementary materials do not need to be emailed and are only required in hard copy.
 - b) Mail or deliver one hard copy with no staples, folders or binders to
54 Finch Lane, Salt Lake City, UT 84102
- Submit a current list of Board of Directors/Trustees, including the members' community or business affiliations. (if applicable)
- Submit a copy of IRS letter granting federal tax-exempt status (if applicable)

APPLICANT INFORMATION

Funding amount requested:
\$2,500 \$5,000 \$7,500

Applicant / Organization:
Address:
City, ST Zip:
Website (if applicable):

Contact Person:
Phone:
Email Address:

Alternate Contact:
Phone:
Email Address:

Program Title:
Project Location:

Program/project beginning date:
Program/project ending date:

Note: Program must take place between September 2014 and August 2015

Federal Identification Number:
Date of Incorporation (if applicable):
DUNS Number (if applicable):

Identify the City Council District(s) where your programming takes place:

District 1 District 2 District 3 District 4 District 5 District 6 District 7

For City Council District information visit <http://council.slcgov.com/pages/mapHelp.htm>.

PROJECT DESCRIPTION

1. Identify the discipline(s) used during this project: (check all that apply)
- | | | | |
|-------------|---------------------|-------------------|-------|
| Dance | Theatre | Music | Opera |
| Media Arts | Design/Architecture | Literary Arts | |
| Visual Arts | Folk Arts/Folklore | Multidisciplinary | |

2. Please provide the mission statement for your organization. If you are applying as an individual, please describe your interest and intent in providing arts learning experiences to the community.

3. Describe your organization and the programs and services you provide. If applying as an individual, please describe examples of past projects you have managed. **Please be clear and succinct.**

4. Indicate the total number of youth who will participate in your program that are Salt Lake City residents. *A specific number is required. Do not say "hundreds" or a range such as "100-200"*

If this program reaches beyond Salt Lake City youth, please indicate the total number of program participants. This number will indicate the total reach of the program and help provide the percentage of participants who are Salt Lake City residents. **If awarded a grant, funds must go toward Salt Lake City residents only.**

5. Estimate the number of artists who will participate.

9. Is the program free for youth? Yes No

If the program is not free, please describe how you will encourage access for all through a scholarship program, sliding fee scale, or other approach.

10. Identify partnerships you may have with other community entities such as nonprofit organizations, arts organizations, schools, etc. And please describe the nature of the commitment from that partner.

OPERATING BUDGET

If you are an artist, you do not need to complete the TOTAL OPERATING BUDGET section below.

If your organization is not an arts organization, budget figures should reflect only the arts portion of your budget.

	Most recently completed fiscal year	Estimated for current fiscal year
	to	to
Operating Income		
Operating Expenses		

PROGRAM BUDGET

List in-kind contributions (donated services and materials); do not add this total to your budget with the exception of donated facility costs or in-kind facility rent. *Be sure to include rate information showing how you calculated dollar value for in-kind contributions. For example, if you show a dollar value of \$100 for volunteer services, how many volunteers are anticipated, for how many hours, at what rate per hour?*

Services Rendered / Materials Contributed	Source	Rate	Dollar Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total In-Kind Contributions:	\$

TOTAL INCOME: BUDGET

Do not include in-kind contributions in this table with the exception of donated facility or rental costs. If the facility is donated, it must be included in both Total Income and Total Expense. Please note the budget information is for the proposed Arts Learning project only.

Earned Income	
Tuition/Class Fees	\$
Admission/ Ticket Sales	\$
Contracted Services	\$
Concessions	\$
Merchandise Sales	\$
Rental Income	\$
Other Earned Income	\$
Private Support (Itemize below. Indicate if pending or confirmed)	
Corporate	\$
Foundation	\$
Individuals	\$
Public Support (Itemize below. Indicate if pending or confirmed)	
Federal	\$
State	\$
County	\$
City	\$
Other Income	\$
Subtotal	\$
GRANT AMOUNT REQUESTED	\$
TOTAL INCOME	\$
<i>Total income must equal total expenses</i>	

TOTAL EXPENSES: PROJECTED BUDGET

Do not include in-kind contributions in this table with the exception of donated facility or rental costs. If the facility is donated, it must be included in both Total Income and Total Expense. Please note the budget information is for the proposed Arts Learning project only.

Salaries & Benefits	\$
Independent Contractor Fees	\$
Payment to Artists	\$
Rent and Facility-Related Expenses (indicate if in-kind)	\$
Publicity and Marketing	\$
General Administration	\$
Supplies	
Office	\$
Arts / Program Related	\$
Postage	\$
Other	\$
Insurance	\$
Other Expenses	\$
TOTAL EXPENSES	\$

Total income must equal total expenses

SIGNATURE

Submitting this application indicates authorization to do so by the governing body of the applicant and the undersigned representatives are authorized to act on behalf of the applicant in connection with this application.

Grant awards are contingent upon the availability of funds.

AUTHORIZED REPRESENTATIVE

Signature

Date