

GENERAL SUPPORT APPLICATION

DEADLINE: MONDAY, JUNE 16, 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
- Submit a copy of IRS letter granting federal tax-exempt status
- Submit a list of planned activities for 2014-2015.

Please be sure your organization meets the following eligibility requirements before completing this application.

- Be a nonprofit organization in existence for at least three years whose primary purpose is arts programming
- Have paid administrative staff
- Have a permanent office located in Salt Lake City

APPLICANT INFORMATION

Funding amount requested:
\$500 minimum to \$10,000 maximum

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

Contact Person:
Phone:
Email Address:

Alternate Contact:
Phone:
Email Address:

Federal Identification Number:
Date of Incorporation:
DUNS Number:

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/>

ORGANIZATION DESCRIPTION

1. Identify the discipline(s) used in the organization’s programming: (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.

3. a) In the space below, describe the programs and services provided by your organization. This is a general description of your programs and services. Please do not attach additional pages.
- b) Attach a list of planned activities for the grant year September 2014 – August 2015. Please be specific and include information of participating artists, when and where programming will be held, what types of arts activities will take place, and if you are introducing any new program initiatives.

4. Estimate the number of individuals to benefit directly from your programming. If programs are also presented outside of Salt Lake City, include only individuals served in the City limits.
Total participants. A specific number is required. Do not say “hundreds” or a range such as “100-200”

9. 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

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

If your organization has sustained, increased, or failed to reduce an operating budget deficit (as indicated by the above reported numbers), attach a deficit-elimination plan, as approved by your organization’s governing body.

List in-kind contributions (donated services and materials); do not add this total to your budget. *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.

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	\$
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Individuals	\$
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Public Support (Itemize below. Indicate if pending or confirmed)	
Federal	\$

State	\$
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County	\$
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City	\$
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Other Income	\$
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Subtotal	\$
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GRANT AMOUNT REQUESTED	\$
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TOTAL INCOME	\$
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Total income must equal total expenses

TOTAL EXPENSES: PROJECTED BUDGET

Do not include in-kind contributions in this table.

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