



2023-2024

THE ELIZABETH LINDSAY ARTS in EDUCATION APPLICATION

CONTACT INFORMATION

Applicant (Legal Name of Organization) _____

Address (Street or Box, City, State, Zip Code) _____

Telephone (Organization) _____ Fax Number _____

Executive/Artistic Director of Project _____ Email _____

Title _____ Telephone (Director) _____

Contact Person responsible for the grant application _____ Title _____

Day phone _____ Cell _____ Email address _____

Total Dollar Amount Being Requested \$ _____

CERTIFICATION OF AUTHORIZING OFFICIALS

We, the undersigned, certify that the information contained in this application and in all attachments is true to the best of our knowledge.

Chairperson/President _____ Signature _____ Date _____

Treasurer/Fiscal Officer _____ Signature _____ Date _____

Executive/Artistic Director _____ Signature _____ Date _____

STAFF, VOLUNTEERS, MEMBER, & ATTENDANCE NUMBERS

Permanent Employees _____ Part-time Employees and Contracted Workers _____ Volunteers _____ Members _____

Subscribers _____ Others (Please, explain others. Numbers may be duplicated. For example, a member could also be a volunteer.) _____

Your Organization's Total Actual Audience for your last complete season _____

ORGANIZATION’S TOTAL OPERATING STATEMENT FOR ARTS IN EDUCATION

| EXPENSES | PREVIOUS YEAR Year Ending __/__/__ | CURRENT YEAR Year Ending __/__/__ |
|----------------------------------|--|---|
| Personnel – Administrative | \$ _____ | \$ _____ |
| Personnel – Artistic | \$ _____ | \$ _____ |
| Personnel – Technical/Production | \$ _____ | \$ _____ |
| Outside Artistic Fees & Services | \$ _____ | \$ _____ |
| Outside Other Fees & Services | \$ _____ | \$ _____ |
| Space Rental | \$ _____ | \$ _____ |
| Travel | \$ _____ | \$ _____ |
| Marketing | \$ _____ | \$ _____ |
| Remaining Expenses | \$ _____ | \$ _____ |
| TOTAL EXPENSES | \$ _____ | \$ _____ |
| | | |
| REVENUE | | |
| Admissions | \$ _____ | \$ _____ |
| Contracted Services Revenue | \$ _____ | \$ _____ |
| Other revenue | \$ _____ | \$ _____ |
| Corporate Contributions | \$ _____ | \$ _____ |
| Foundation Grants | \$ _____ | \$ _____ |
| Other Private Support (Specify) | \$ _____ | \$ _____ |
| Government Grants - Federal | \$ _____ | \$ _____ |
| Government Grants - State | \$ _____ | \$ _____ |
| Government Grants – Regional | \$ _____ | \$ _____ |
| TOTAL REVENUE | \$ _____ | \$ _____ |
| EXCESS/DEFICIT | \$ _____ | \$ _____ |

TOTAL OPERATING BUDGET PROJECTED FOR THE NEXT FISCAL YEAR \$ _____

WHAT IS YOUR ORGANIZATION’S MISSION STATEMENT AS IT RELATES TO ARTS IN EDUCATION? *(Enter here or attach printed page.)*

INDIVIDUAL RESPONSIBLE FOR PREPARATION OF THIS APPLICATION

Name _____ Title _____ Telephone _____

Professional Grant Writer _____ Volunteer _____ Staff Member _____

APPLICATION INFORMATION – PROPOSED PROJECT

Title of Project _____

Facility Location(s) _____

Project Dates (Actual event dates) _____ to _____

Estimated Project Attendance _____ Similar Project Attendance Last Year _____

Number of Performances Planned _____ Last Year’s Number of Performances _____

Total Project Estimated Cost \$ _____ Amount of Grant Request \$ _____

Please describe your project with emphasis on its artistic and cultural contributions primarily to students K-12 of Sarasota and Manatee counties.

PROPOSED PROJECT BUDGET

A. PROJECT ESTIMATED EXPENSES *(Project expenses only)*

| | |
|---|-----------------|
| Personnel - Administrative | \$ _____ |
| Personnel - Artistic | \$ _____ |
| Personnel - Technical/Production | \$ _____ |
| Space Rental | \$ _____ |
| Marketing | \$ _____ |
| Supplies | \$ _____ |
| Other (Be specific) _____ | \$ _____ |
| Total Anticipated Project Expenses | \$ _____ |

B. PROJECT ANTICIPATED REVENUES *(Project revenues only)*

| | |
|--|-----------------|
| Admissions | \$ _____ |
| Corporate Contributions | \$ _____ |
| Foundation Grants | \$ _____ |
| Other Private Support (Describe) _____ | \$ _____ |
| Government Grants - Federal | \$ _____ |
| Government Grants - State | \$ _____ |
| Government Grants - Regional | \$ _____ |
| Applicant’s Contribution | \$ _____ |
| Other (Be specific): _____ | \$ _____ |
| Woman’s Exchange Grant Request | \$ _____ |
| Total Anticipated Project Revenues If Any | \$ _____ |

C. GRANT REQUEST IS WHAT PERCENT OF ANTICIPATED EXPENSES _____%

(Note: The Grant Request for the project cannot exceed 50% of Anticipated Expenses)

DETAILS OF PROPOSED PROJECT'S ESTIMATED BUDGET EXPENSES

(Include in-kind - Project costs only)

1. Administrative Personnel (Give breakdown of salaries, i.e. # of weeks x \$)

| | Individual Amounts | Totals per Category |
|----------|--------------------|---------------------|
| a. _____ | \$ _____ | |
| b. _____ | \$ _____ | |
| c. _____ | \$ _____ | \$ _____ |

2. Artistic Personnel (Give breakdown of salaries, i.e. # of weeks x \$)

| | Individual Amounts | Totals per Category |
|----------|--------------------|---------------------|
| a. _____ | \$ _____ | |
| b. _____ | \$ _____ | |
| c. _____ | \$ _____ | \$ _____ |

3. Technical/Production Expenses

| | Individual Amounts | Totals per Category |
|----------|--------------------|---------------------|
| a. _____ | \$ _____ | |
| b. _____ | \$ _____ | |
| c. _____ | \$ _____ | \$ _____ |

4. Space Rental

| | Individual Amounts | Totals per Category |
|----------|--------------------|---------------------|
| a. _____ | \$ _____ | |
| b. _____ | \$ _____ | |
| c. _____ | \$ _____ | \$ _____ |

5. Marketing

| | Individual Amounts | Totals per Category |
|----------|--------------------|---------------------|
| a. _____ | \$ _____ | |
| b. _____ | \$ _____ | |
| c. _____ | \$ _____ | \$ _____ |

6. Supplies

| | Individual Amounts | Totals per Category |
|----------|--------------------|---------------------|
| a. _____ | \$ _____ | |
| b. _____ | \$ _____ | |
| c. _____ | \$ _____ | \$ _____ |

7. Other (Be specific)

| | Individual Amounts | Totals per Category |
|----------|--------------------|---------------------|
| a. _____ | \$ _____ | |
| b. _____ | \$ _____ | |
| c. _____ | \$ _____ | \$ _____ |

8. Total Anticipated Project Expenses \$ _____