# **Project Application**

# **Application Details**

### Funding Opportunity:

00000-Project 2024-01 (Arts In Education, Dance, Multidisciplinary Arts/Culture, Music, Theater, Visual Arts and Local History)

Funding Opportunity Due Date: Program Area:

Status:

Stage:

Initial Submit Date:

Initially Submitted By:

Last Submit Date:

Last Submitted By:

# **Contact Information**

Primary Contact Information
Name:
Title:
Email*:
Address*:
Phone*:
Fax:
Organization Information
Name*:
Organization Type*:
Organization Website:
Address*:

#### Phone\*:

Fax:

Date when organization received 501(c)(3) federal tax-exempt status (mm/dd/yyyy):

# **Project Information**

Primary activities must fall within project period described in Funding Opportunity.

#### Project Start Date\*:

#### Project End Date\*:

Select category that best describes project (selection influences which advisory panel reviews application)\*:

Date(s) during which community can attend and/or participate in project\*:

Specific venue(s) or location(s) where community will attend and/or participate in project\*:

Estimate Number of Individuals Engaged or Served

Estimate Primary Community/Population Served

### Ethnicity:

Black/African American\*:

American Indian\*:

Asian American\*:

Hispanic/Latino\*:

White/Caucasian\*:

Other\*:

Combination of all ethnicities:

### Age Group(s):

Youth (less than 18)\*:

Adult (18 to 30)\*:

Adult (31 to 60)\*:

Older Adult (60 plus)\*:

#### Dane County Supervisory District:

Indicates the communities your project will serve.

#### Community/Population Description\*:

Additional notes about community/population served that explain selections. (Max length is 50 words)

Provide a one or two sentence summary that could be used in future press releases to describe your project. (Max. length is 50 words.)

Abstract\*:

### Fiscal Receiver / Secondary Contact Information

Use this section to enter the contact information for your Fiscal Receiver, if your organization is using one. If you are not, you may use this section to provide information for an additional project contact person, if appropriate.

Fiscal	Receiver:
1100001	

Contact Person:

Title:

Mailing Address:

Phone:

Email:

How did you hear about this opportunity?:

## **Project Narrative**

Provide a brief summary about you (for individual applicants) or your organization including history, programs, goals, major accomplishments, success stories. (400 words maximum)

#### Applicant Info/Background\*:

Describe project's concept, design, artistic or historical merit, and how it will be presented to the community. (400 words maximum)

#### **Project Description\*:**

Explain significance of project to the community and/or organization (why and why now). Articulate the public value of your project as it relates to the size and characteristics of the community/population. Explain why your project benefits Dane County and merits tax-payer dollars. (400 words maximum)

#### Significance, Primary Community/Population Served and Public Value\*:

Describe strategy and timeline to be used in developing and implementing project (planning, promotion/marketing/media plan, education and awareness-building activities, opportunities for engagement, access and participation) (400 words maximum)

#### Implementation\*:

Highlight intended results, outcomes, and indicators of success. Describe your project evaluation process. (400 words maximum)

#### Intended Outcomes and Evaluation\*:

Is your project providing equitable opportunities for youth to participate?

Special Award\*:

### Budget

Project Expenses (Cash)

Explanatory Notes (25 char. limit)

Project-Specific Administrative Compensation

- Artistic Honoraria 1
- Artistic Honoraria 2
- Artistic Honoraria 3
- Artistic Honoraria 4

Artistic Honoraria 5

Artistic Honoraria 6

Supplies/Materials 1

Supplies/Materials 2

Promotions/Publicity/Printing/Postage 1

Promotions/Publicity/Printing/Postage 2

Space/Equipment Rental 1

Space/Equipment Rental 2

Transportation 1

Transportation 2

Other

Other

Other

Other

Project Income (Cash)

Category	Explanatory Notes (25 char. limit)	Status	Amount
Earned Income (Include specific details)			
Sales			
Admissions			
Other Revenues 1			
Other Revenues 2			
	Subtotal		\$0.00
Individual Contributions/Gifts (List source in	n notes)		
1			
2			
3			
4			
5			
6			
Foundation/Corporate Support (List source	in notes)		
1			
2			
3			
4			
5			
6			
Public Grants (List source in notes)			
1			
2			
3			
	Subtotal		\$0.00
Other			
Other (Specify in Notes)			
Other (Specify in Notes)			
Other (Specify in Notes)			
Other (Specify in Notes)			
In-Kind (Non-Cash)			

Row	Explanatory Notes (25 char. limit)	Status	Amount
In Kind 1			
In-Kind 1			
In-Kind 2			
In-Kind 3			
In-Kind 4			

### Budget Narrative

Additional explanation of budget figures. Be sure that any explanation of budget figures in this section matches the budget figures included above.

### Budget Summary

Category Total C	ash Expenses Total Cash	income Iotal In-Kind (Non-Ca	ish) Total Request Amount	Total Request Percentage	Total Budget

Grant Request Amount

Supplemental Materials

Applicant Type\*:

### Required (for all applicants)

Current Letter of support #1 from the community at large (highlighting artistic quality/merit, public value, commitment, ability to implement successfully)\*:

Current Letter of support #2 from the community at large (highlighting artistic quality/merit, public value, commitment, ability to implement successfully)\*:

Current Letter of support #3 (optional):

Short bios or resumes of key personnel\*:

### Logo/Image

Logo or Image (to be used in listing project/program on a website if awarded a grant)\*:

### Non-profit Organization

Mission statement\*:

List of officers/board members and primary staff involved in project\*:

Year-end income/expense statement from immediate past fiscal year\*:

Income/expense statement from current fiscal year\*:

IRS federal tax-exempt 501(c)(3) determination for your organization or fiscal receiver\*:

### Organizations (Using a Fiscal Receiver Only)

Letter of Commitment from Fiscal Receiver\*:

### Individuals (Using a Fiscal Receiver Only)

#### Resume or professional biography\*:

Letter of Commitment from Fiscal Receiver\*:

# Other Attachments

Description	File Name	Туре	Size	Upload Date
	No files attached			

No files attached.

Fields

Applicant/Authorized Official\*:

Title\*:

Date Signed\*: