

City of Austin
Cultural Arts Division
 Economic Growth and Redevelopment
 Services Office

FY 2012
Cultural Arts Funding Programs
AUXILIARY PROGRAM
Community Initiatives
APPLICATION & AGREEMENT

Section 1: Summary Information

Applicant name & address	Sponsored Project <input type="checkbox"/> Yes? <input type="checkbox"/>	<input type="checkbox"/> Sponsored Project Name	
	Project/activity title	Start Date	End Date

Type of Sponsored Project – Select one only

Organization
 Individual/Unincorporated Group

Primary Artistic Discipline – Select one only

<input type="checkbox"/> Dance	<input type="checkbox"/> Literature	<input type="checkbox"/> Film/Media Arts	<input type="checkbox"/> Multidisciplinary
<input type="checkbox"/> Music	<input type="checkbox"/> Opera/Musical Theatre	<input type="checkbox"/> Theatre/Performance Art	<input type="checkbox"/> Visual Arts/Public Art

Project Summary: Please describe the project for which you are requesting funds in the space provided.
 Applicant(s) is/are requesting \$ _____ in Community Initiatives program funding to/for...

For CAD staff use only	<input type="checkbox"/> App Forms	<input type="checkbox"/> Org History	ADA Required? <input type="checkbox"/> Y <input type="checkbox"/> N
Arts Commission Review _____	<input type="checkbox"/> Narrative	<input type="checkbox"/> Tax Exempt	Insurance Required? <input type="checkbox"/> Y <input type="checkbox"/> N
Award Amount \$ _____	<input type="checkbox"/> Itemization	<input type="checkbox"/> Board List	<input type="checkbox"/> General Liability
Control Number _____	<input type="checkbox"/> 990	<input type="checkbox"/> Documentation	<input type="checkbox"/> Liquor <input type="checkbox"/> Auto
	<input type="checkbox"/> State Exempt		

Section 2: Applicant(s) / Project Information		
Applicant		
Applicant's Legal Name	Federal Tax I.D. Number	Other Common Name
Official Mailing Address		City State Zip
Telephone	Fax	Website (URL)
Applicant or Primary Partner Contact/Project Director		
Applicant or Primary Partner Contact/Project Director		Title
Address		City State Zip
Telephone	Fax	Email
Sponsored or Other Partner Contact/Project Director		
Sponsored or Other Partner Contact/Project Director		Website (URL)
Address		City State Zip
Telephone	Fax	Email
Board Chair		
Board Chair		Title
Address		City State Zip
Telephone	Fax	Email
Project		
Applicant Race Code	Sponsored Race Code	Project Race Code
Total Number of Artists Participating		Total Amount Paid to Artists \$
Total Number of Austin/ETJ Artists Participating		Total Amount Paid to Austin/ETJ Artists \$
Total Number of Individuals Benefiting		Total Number of Youth Benefiting

Section 3: Organizational Budget History – (Arts organization or sponsored group information)				
	2008-2009 Actual	2009-2010 Actual	2010-2011 Projected	2011-2012 Proposed
Revenue				
Expenses				

Section 4: COA Funding History - (Arts organization or sponsored group information)			
	2007-2008	2009-2010	2010-2011
COA Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this project funded previously under a different organization name or sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes,	Year:	Name:	

Section 5: Projected Budget Information			
The budget must balance. Total income (line 10c) must equal total expenses (line 17). Round all budget figures to the nearest whole dollar. .			
PROJECT INCOME	CASH	IN-KIND	TOTAL
EARNED INCOME			
1. Total Admissions			
2. Total Other Earned Income			
3. TOTAL EARNED INCOME (Add Lines 1 and 2)			
UNEARNED INCOME			
4. Total Private Support (Corp, Foundation, Individual)			
5. Total Public Support (Government Grants)			
6. Total Other Unearned Income			
7. Applicant Cash			
8. TOTAL UNEARNED INCOME (Add Lines 4 – 7)			
9. COA Request Amount			
10 a. TOTAL CASH INCOME (Add Lines 3, 8, and 9)			
10 b. TOTAL IN-KIND SUPPORT (must equal In-Kind Line 17)			
10 c. TOTAL INCOME (Add Lines 10a and 10b)			

PROJECT EXPENSES	CASH	IN-KIND	TOTAL
11. Total Employee Costs			
12. Total Non-Employee Costs			
13. Space Rental			
14. Travel			
15. Marketing, Promotion, Publicity			
16. Total Other Expenses			
17. TOTAL EXPENSES (Add Lines 11-16, must equal Lines 10 a, b, and c)			

