

# TECHNICAL ASSISTANCE

# Summary

**If your project serves K-12 youth, apply through Quickproject for Arts Education.**

Organization \_\_\_\_\_  
Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Project start date** \_\_\_\_\_ **Amount requested** \_\_\_\_\_  
*projects cannot begin until 3 weeks after deadline* *round to the nearest dollar*

**In 50 words or less...**  
Describe what you will do with grant funding.

## Certification

Official IRS Name \_\_\_\_\_  
DUNS# (required) \_\_\_\_\_ Federal Tax ID# (required) \_\_\_\_\_  
*to obtain a DUNS#, go to <http://fedgov.dnb.com/webform>*

We have been doing business in Idaho for at least one year.  Yes  No

Is yours a 501(c)(3) nonprofit organization?  Yes  No

If no, a 501(c)(3) nonprofit must serve as your fiscal agent. Complete the Fiscal agent page at the end of this packet.

*I certify that the information contained in this application, including all supporting material, is true and correct to the best of my knowledge. I have read and agree to comply with the legal requirements of accepting this grant.*

\_\_\_\_\_  
Authorizing Signature  
*person able to legally obligate the organization*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



# TECHNICAL ASSISTANCE

Budget

**Amount \$**  
*round to the  
nearest dollar*

CONSULTANT FEE (#hrs x \$rate)

## OTHER EXPENSES

*Itemize as necessary.*


**TOTAL EXPENSES**

*Applicant may request up to 50% of total expenses.  
Maximum request is \$1,500.*

**GRANT REQUEST**

## IN-KIND MATCH

*If any of the expenses listed above will be offset through donations of goods or services by individuals or organizations other than the applicant, itemize those donations below. Universities may not record in-kind offsets.*


**TOTAL IN-KIND**

# TECHNICAL ASSISTANCE

Budget

**Amount \$**  
*round to the  
nearest dollar*

## CASH MATCH

*Itemize other grants, partner contributions, cash on hand, etc. Universities may only list non-university or non-state cash.*


**TOTAL CASH MATCH**

**TOTAL IN-KIND MATCH** *(from previous page)*

**GRANT REQUEST** *(from previous page)*

**ALL INCOME**

*Add Total Cash Match, Total In-Kind Match, and Grant Request.  
This amount should meet or exceed Total Expenses.*

**Submit a two-page narrative that responds to the questions below. Number, repeat the questions, and answer in order.**

1. Describe your organization; include structure, mission statement, history, programs, services, and community you serve.
2. Describe what you propose to do, how you plan to accomplish it, and why your project merits funding.
3. Explain why this project is essential to your organization.
4. Describe community involvement, the anticipated community impact, and, if applicable, public access to project activities.

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## Checklist

### **A complete application includes:**

- Signed and dated summary page
- Budget page
- Narrative description of the proposal
- Résumés or bios of key personnel (no more than two pages each)
- List of board of directors
- Fiscal agent form, if applicable
- IRS determination letter for applicant or fiscal agent
- Two current letters of support
- Support materials (no more than 5)  
*Support materials strengthen your application. They might include a letter of agreement, brochures, news articles, workshop information, résumés of partners, and so on.*
- Work samples (no more than 10) and Work samples form  
*If applicable. Work samples show the quality of art. They might include images, manuscripts, audio, video, or other documentation appropriate to the discipline.*
- This checklist

	Title of Work	Description of Work	Date
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			

IMAGES *Digital images will be accepted in JPEG format. Number and name the files to match the list above.  
Example: 01\_Title of Work.jpg*

AUDIO OR VIDEO *Work samples may include up to five pieces of work not to exceed fifteen minutes in total duration. Samples exceeding the limit will not be viewed in their entirety. Submissions by CD, DVD, USB drive, or streaming services will be accepted.*

*Additional comments may be included if necessary. Maximum of two pages.*

# TECHNICAL ASSISTANCE

Fiscal agent

**Complete if your organization is acting as a sponsoring fiscal agent for the organization requesting this grant.**

Organization \_\_\_\_\_  
Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Certification

Official IRS Name \_\_\_\_\_

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\_\_\_\_\_  
Authorizing Signature  
*person able to legally obligate the organization*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date