

Organization _____
 Contact _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 County _____
 Phone _____
 Email _____

Annual Operating Budget _____

Colleges and Universities

Organizations operating under the nonprofit umbrella of a college or university must apply through the college or university. Input the parent organization's information below.

Organization _____
 Contact _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 County _____
 Phone _____
 Email _____

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

We are a 501(c)(3) nonprofit organization or operate under the nonprofit umbrella of a college or university. Yes No

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

ENTRY TRACK

Budget

Do not include capital revenue or expenses. Expenses for the past fiscal year should be actual costs, as reflected on financial statements.

EXPENSES	Past Fiscal Year (actual)	Past Fiscal Year (actual)	Last Completed Fiscal Year (actual)	Current Fiscal Year (budgeted)
Personnel, Admin <i>(include salary & benefits)</i>	•	•		
Personnel, Artistic	•	•		
Production	•	•		
Outside Fees & Services	•	•		
Space/Facilities Rental	•	•		
Travel	•	•		
City Taxes Paid	•	•		
State Taxes Paid	•	•		
Marketing/Promotion	•	•		
Other Expenses	•	•		
TOTAL EXPENSES				

REVENUE				
Admissions (ticket sales)				
Contracted Services				
Corporate Support				
Foundation Support				
Other Private Support				
Govt. Support, Federal				
Govt. Support, State <i>(include ICA \$)</i>				
Govt. Support, Local				
Other Revenue				
Cash on Hand				
TOTAL REVENUE				

IN-KIND MATCH

If any of the expenses listed above in the Last Completed Fiscal Year column were offset through donations of goods or services by individuals or organizations other than the applicant, itemize those donations below.

TOTAL IN-KIND

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

1. Provide an overview of your organization's structure, board and staff responsibilities and volunteer involvement.
2. Describe the public programs in the arts that your organization produces and the process used to ensure excellence in the artistic quality of programs and services.
3. Identify and describe the community or communities served.
4. Describe initiatives, partnerships, or collaborations to reach new, nontraditional or underserved audiences.
5. Describe initiatives, partnerships, or collaborations to reach audiences covered by the Americans with Disabilities Act (Section 504) in innovative ways.
6. Describe your organization's audience development and marketing efforts.
7. Explain how your organization is achieving long-range goals.
8. Explain your evaluation methods and how they assisted you in measuring desired outcomes. If any program changes resulted from the evidence, explain.
9. Explain significant organizational changes (budget amounts, deficits, personnel, etc.).

Checklist

A complete application includes:

- Signed and dated summary page
- Budget page
- Narrative description
- Résumés or bios of key personnel (no more than two pages each)
- List of board of directors
- IRS determination letter
- Three current letters of support
- Samples of evaluation methods and/or collected evidence
Examples include surveys, interview questions, compiled data, documentation of observation, etc.
- Support materials (no more than 5)
Support materials strengthen your application. They might include brochures, news articles, event programs, and so on.
- This checklist

ENTRY TRACK

Work samples

	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.