

City Arts FY24 Application

Contact Information

Name: _____

Email: _____

Phone Number: _____

Address: _____

City: Springfield State: IL Zip: _____

General Information

Discipline: _____

Website: _____

Facebook: _____

Instagram: _____

Project Information

Project Title: _____

Starting Date: _____

Ending Date: _____

City Arts FY24 Project Budget

Artist _____ **Project** _____

Anticipated Income

- 1. Grant Request from Springfield Area Arts Council \$ _____
- 2. Corporate Support (Source) _____ \$ _____
- 3. Foundation Support (Source) _____ \$ _____
- 4. Private Support (Source) _____ \$ _____
- 5. Anticipated Applicant Funds _____ \$ _____

6. Total Anticipated Income

(Total of lines 1-5 *must* be equal to or greater than line 12.) **\$** _____

Projected Expenses

	<u>Cash Expenses</u>	<u>In-Kind Support</u>
7. Personnel\Staff (Total Cost)	\$ _____	\$ _____
Administrative \$ _____		
Artistic \$ _____		
Technical \$ _____		
8. Outside Fees and Services (Total Cost)	\$ _____	\$ _____
Administrative \$ _____		
Artistic \$ _____		
Technical \$ _____		
9. Space Rental	\$ _____	\$ _____
Location _____		
10. Marketing (Ads, Posters, etc.)	\$ _____	\$ _____
11. Remaining Operating Expenses (Identify)		
A. Materials and Supplies _____	\$ _____	\$ _____
B. Insurance and Royalties _____	\$ _____	\$ _____
C. Equipment Rental _____	\$ _____	\$ _____
D. Other _____	\$ _____	\$ _____

12. Total Projected Expenses **\$** _____

13. Total Anticipated In-Kind Support **\$** _____