

**Richardson Cultural Arts Commission
Arts Funding Grant Application – Arts Initiative Grant
Fiscal Year 2016-2017**

organization _____

street address _____

city _____ state _____ zip _____

date organization founded _____

name of representative completing application _____

title _____

phone 1 _____ phone 2 _____

e-mail address _____

contact name _____

title _____

phone 1 _____ phone 2 _____

e-mail address _____

organization's website address _____

name of arts initiative _____

amount of funds requested _____

event date(s): _____

For CAC Use Only

number _____	\$ recommended _____	\$ awarded _____
date received: _____	time _____	

Arts Initiative Request Financial Summary

Expenditures:	Column 1 Expenditures Paid by RAC	Column 2 Expenditures Not Paid by RAC	Column 1+2 Total Expenditures
staff salaries (not in-kind)			
professional services (not in-kind)			
facilities rental			
travel & transportation			
rentals (except facilities)			
supplies & materials			
publicity & promotion			
printing			
postage			
in-kind services (Itemize on separate sheet)			
other:			
other:			
other:			
Total Expenditures			
Revenues:			Funds by Source
CAC funds			
admissions			
Sales			
membership			
individual donations			
corporate donations			
foundation support			
state funds			
in-kind services			
other:			
other:			
other:			
Total Revenues			

Assurances

If the art initiative grant is awarded, the applicant gives assurances to the Richardson Cultural Arts Commission that:

- The arts initiative for which financial assistance is sought will be administered by or under the supervision of the applicant organization.
- All funds received will be used solely for the arts initiative described herein.
- The officials signing the application form have been authorized by the applicant organization to submit this application.
- The applicant shall retain a copy of the Richardson Cultural Arts Commission Arts Initiative Grant Guidelines and shall execute the grant by the rules stated therein.

We hereby certify that all figures, facts, and representation made in this report, including any attachments, are true and correct to the best of our knowledge.

chief administrative officer:

representative completing application:

signature

signature

date

date

Please complete and save this form to your computer. Then email to Shanna Sims-Bradish at shanna.sims@cor.gov