

NEA Application
Project Budget, Part 1

Read the instructions for this form before you start.

OMB No. 3135-0112
 Expires [11/30/2007TBD](#)
 W

Applicant (official IRS name):

INCOME

1. Amount requested from the Arts Endowment: \$ _____
-
2. Total match for this project Be as specific as possible. Asterisk (*) those funds that are committed or secured.

Cash (Refers to the cash donations, grants, and revenues that are expected or received for this project) AMOUNT

Total cash a. \$ _____

In-kind: Donated space, supplies, volunteer services (These same items also must be listed as direct costs under "Expenses" below or in Part 2 of the Project Budget form; identify sources)

Total donations b. \$ _____

Total match for this project (2a. cash + 2b. donations) \$ _____

EXPENSES

1. Direct costs: Salaries and wages

TITLE AND/OR TYPE OF PERSONNEL	NUMBER OF PERSONNEL	ANNUAL OR AVERAGE SALARY RANGE	% OF TIME DEVOTED TO THIS PROJECT	AMOUNT

Total salaries and wages a. \$ _____

Fringe benefits Total fringe benefits b. \$ _____

Total salaries, wages, and fringe benefits (a. + b.) \$ _____

NEA Application
Financial Information

Read the instructions for this form before you start.

OMB No. 3135-0112
 Expires [11/30/2007TBD](#)

If you are a parent organization, this information should refer to the component on whose behalf you are applying. Do not complete this form if you are applying for a *Challenge America Fast-Track Review Grant*.

Applicant (official IRS name):

OPERATING BUDGET	MOST RECENTLY COMPLETED FISCAL YEAR		CURRENT FISCAL YEAR (ESTIMATED)		NEXT FISCAL YEAR (PROJECTED)	
	(/ / -- / /)		(/ / -- / /)		(/ / -- / /)	
	START DATE	END DATE	START DATE	END DATE	START DATE	END DATE
Income:						
Earned	\$		\$		\$	
Contributed	\$		\$		\$	
Total Income	\$		\$		\$	
Expenses:						
Artistic salaries and fees	\$		\$		\$	
Production/exhibition/service expenses	\$		\$		\$	
Administrative expenses	\$		\$		\$	
Total Expenses	\$		\$		\$	
Operating surplus/(deficit)	\$		\$		\$	

In the space below, discuss the fiscal health of your organization. You must explain 1) any changes of 15% or more in either your income or expenses from one year to the next, and 2) plans for reducing any deficit (include the factors that contributed to the deficit and its amount):

NEA Application
Consortium Partner Information
(For official Consortium Applications only)

Read the
instructions for this
form before you
start.

OMB No. 3135-0112
Expires 11/30/2007TBD

To be completed only by the one primary consortium partner and included in the application package. Do not complete this form if you are applying for a *Challenge America Fast-Track Review Grant*.

Lead Applicant for Consortium
(official IRS name):

Primary Consortium Partner's IRS name:

Popular name (if different):

Primary Consortium Partner's Authorizing Official Mr. Ms. First: Last:

Address:

City/State/Zip Code (9-digit number):

Taxpayer ID Number (9-digit number): --

Web Address: **http://**

Contact: Mr. Ms. First: Last:

Title:

E-mail:

Telephone: () ext. Fax: ()

Organization's Total Operating Expenses for the most recently completed fiscal year (unaudited figures are acceptable): \$ _____

Mission/purpose of your organization:

Briefly describe your organization's involvement in planning and executing the consortium project including programming, management, finances, and any responsibilities for matching the Arts Endowment's grant. Be specific; do not provide a general statement of support for the project. Use this space only.