

# NEA Application Financial Information

Read the  
instructions for  
this form before  
you start.

OMB No. 3135-0112  
Expires 11/30/2010

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
<b>Income:</b>						
Earned	\$	_____	\$	_____	\$	_____
Contributed	\$	_____	\$	_____	\$	_____
<b>Total Income</b>	<b>\$</b>	_____	<b>\$</b>	_____	<b>\$</b>	_____
<b>Expenses:</b>						
Artistic salaries and fees	\$	_____	\$	_____	\$	_____
Production/exhibition/ service expenses	\$	_____	\$	_____	\$	_____
Administrative expenses	\$	_____	\$	_____	\$	_____
<b>Total Expenses</b>	<b>\$</b>	_____	<b>\$</b>	_____	<b>\$</b>	_____
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):