

TENTATIVE FUNDING RECOMMENDATION

Time remaining to finalize and submit this form: DD Days HH Hours

Applicant Name: [pre-fill] on behalf of: [only visible if independent component] [pre-fill]
NEA Application #: [pre-fill]

Recommended Amount: [pre-fill]
Requested Amount: [pre-fill]
Period of support: [pre-fill] to [pre-fill]
NEA Discipline/Office: [pre-fill]
Award Purpose: [pre-fill (to support statement)]

Part 1: Project Changes

Can you still undertake the project? [single select]

- Yes (no changes to original proposal)
- Yes, but with changes to original proposal (revised project details, budget, etc.)
- No, we can no longer undertake the project
 - [prompt to contact someone at NEA]

Original period of support dates: [pre-fill]

- Start Date
- End Date

If you have a new period of support, enter the dates below. [MM/DD/YYYY]

- Start Date
- End Date

After considering the funding recommendation, select either option A or option B. [question visible to all respondents but can only be answered if respondent selects "Yes, but with changes" to first question above.]

- **A: Increase our match:** My organization will increase its match to cover the difference between the amount requested and the tentative funding recommendation. The project and budget will remain essentially the same as in our application. All costs will be incurred within the period of support specified in the application or as noted below. [Note: If you elect this option, NEA staff will adjust the Project Budget to reflect an increased match]
- **B: We need to make changes and/or revise the budget:** Given the recommended funding amount, my organization can do the project but will need to make changes (e.g., scope of activities, participants, products, and/or the budget).

Part 2: Revised Project Budget

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Revised Project Budget

OMB No. 3135-0112
Expires 11/30/13

Rev. 7/26/12

Application # (pre-award changes): _____ or Award # (post-award changes): _____

1. Applicant (official IRS name/ mailing address):	2. Period of Support Requested (Use 2-digit numerals, e.g., 01/01/13 for Jan. 1, 2013):
	Starting [] / [] / [] Ending [] / [] / []

3. Revised Project Description. If it is necessary to revise your project, clearly describe how the recommended grant and matching funds would be spent. Give a justification for the change (e.g., reduced amount of funding recommended as conveyed by the Endowment).

4. Project Budget Summary: Amount Recommended (see accompanying memo)	Plus "Total match for this project"	Must equal "Total project costs"
\$ []	+ \$ []	= \$ 0

5. Authorizing Official (Last, first): _____ Mr. Ms.

Title: _____

Telephone: () ext. _____ Fax: () _____

E-Mail: _____ Date: / / _____

6. Project Director (Last, first): _____ Mr. Ms.

Title: _____ E-Mail: _____

Telephone: () ext. _____ Fax: () _____

Project Budget

Income

7. 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

		Amount
Total cash a. \$		_____

IN-KIND (these same items also must be listed as direct costs under "Expenses" below.) Amount

		Amount
Total in-kind b. \$		_____

Total MATCH for this project (a. + b.) \$ _____

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Revised Project Budget

Expenses

8. Direct costs: **SALARIES AND WAGES** (Do not include salaries associated with fund raising.)

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.) \$				_____

9. Direct costs: **TRAVEL** (Include subsistence.)

# of travelers	From	To	Amount
Total travel \$			_____

10. Direct costs: **OTHER EXPENSES** (such as consultant and artist fees, contractual services, telephone, utilities, photocopying, postage, supplies and materials, publication, distribution, transportation of items other than personnel, rental of space or equipment, etc.)

	Amount	
Total other expenses \$		_____

11. Total DIRECT COSTS (8.+9.+10.)

\$ _____

12. INDIRECT COSTS (if applicable. Include a copy of federal indirect cost rate agreement):

Federal Agency: _____ Rate (%) _____ x Base _____ = \$ _____

13. TOTAL PROJECT COSTS (11. + 12.)

\$ _____

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Part 3: Project Description

Project Outcomes

“In-person” Arts Experience: Enter the number of people expected to directly engage with the arts, whether through attendance at arts events or participation in arts learning or other types of activities that involve people directly with artists or the arts. Do not count individuals who will primarily be reached through TV or cable broadcast, radio, the Internet, or other media. Avoid inflated numbers, and do not double-count repeat attendees.

- Adults [number]
- Children [number]
- Total [pre-fill]

“Media” Arts Experience: Provide an estimate of individuals expected to experience the project primarily through TV/cable, radio, the Internet, and mobile programming. Avoid inflated numbers, and do not include people reached only through advertising.

- Television [number]
- Radio [number]
- Internet [number]
- Mobile [number]
- Total [pre-fill]

Project Activities: Provide your best estimates for each of the following categories

- # of professional quality original works of art that will be created [number]
 - Include literary, performing, visual, multidisciplinary, and interdisciplinary works.
 - Do not include student works, adaptations, recreations, or restaging of existing works.
- # of student works of art that will be created [number]
- # of fairs/festivals to be held [number]
 - Do not include media arts or film festivals. Report those activities below under "# of exhibitions curated/presented."
- # of exhibitions to be curated/presented [number]
 - Include visual arts, media arts, film, film festivals, and design. Count each curated film festival as a single exhibition.
- # of concerts/performances/readings [number]
- # of lectures/demonstrations/workshops/symposiums [number]

International Activities

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- Will this project involve foreign artists or representatives of foreign institutions visiting the U.S.?
 - Yes
 - Country [drop down list]
 - Number [number]
 - ["add another country" button]
 - No
- Will this project involve U.S. artists or representatives visiting foreign countries?
 - Yes
 - Country [drop down list]
 - Number [number]
 - ["add another country" button]
 - No

Does this project have the potential to affect a building 50 years or older and/or a historic site? [single select]

- Yes
 - Provide the information necessary to review your project under the National Environmental Policy Act and/or the National Historic Preservation Act. (500 character limit) [text]
- No

Authorizing Official

Enter the name of the Authorizing Official approving this update. A signature is not required. For colleges and universities, this must be an Authorizing Official in the Research, Grant, Sponsored Projects, or similar office.

- First Name [text box]
- Last Name [text box]
- Date [MM/DD/YYYY]
- Title [text box]
- Email [text box]