NEA Application

Our Town Partner Information

(For Our Town Applications only)

Read the instructions for this form before you start.

OMB No. 3135-0112
Expires 11/30/2013

To be completed only by the one primary partner and included in the application package.

Lead Applicant for Partnership
(official IRS name):

Primary Partner's IRS name:

Popular name (if different):

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

Email Address:

Address:

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

Primary Partner's 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 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.