

South Dakota Arts Council

711 E. Wells Ave., Pierre, SD 57501
 (605) 773-3301 or 1-800-952-3625
 Website: www.artsCouncil.sd.gov

Performing Arts Bank Application

Applicant Organization (Please type or print) _____

Address _____ City/State/Zip Code _____ County _____

Telephone _____ E-mail Address _____

Contact Person _____ Daytime Phone _____ Evening or Message Phone _____

Address _____ City/State/Zip Code _____ E-mail Address _____

Project Title _____

<p>Grant Application Codes</p> <p>Applicant Status _____</p> <p>Applicant Institution _____</p> <p>Applicant Discipline _____</p> <p>Project Discipline _____</p> <p>Type of Activity _____</p> <p>Arts Education _____</p> <p>Project Descriptors _____</p> <p>Project Race _____</p> <p>Grantee Race _____</p>	<p>Project Period: _____ Grant Amount requested: _____</p> <p>Start Date _____</p> <p>End Date _____ Total project cost: _____</p> <p>Date(s) of Project Event(s) _____</p> <p>_____</p> <p>_____</p> <p>Number of Individuals to Benefit: _____</p> <p>Number of Children and Youth to Benefit: _____</p> <p>Number of Artists Participating: _____</p>
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Summary of proposed Performing Arts event:

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set forth herein. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC *Guide To Grants*. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process.

Authorizing Official: _____
 Signature & Title _____ Date _____

Address _____ City/Town _____ Zip _____ Telephone _____

PROPOSED BUDGET

Applicant Organization _____

Project Title _____

Round all amounts to the nearest dollar.

EXPENSES	Cash Expenses
A. Personnel Administrative (Number of Positions ____)	
Artistic (Number of Positions ____)	
Outside Artistic Fees and Services	
Other Outside Fees and Services	
B. Space Rental	
C. Travel (Mileage, Lodging, Meals)	
D. Marketing	
E. Remaining Operating Expenses _____ _____ _____	
F. Total Cash Expenses (A through E)	

INCOME	Income
I. Admissions (Anticipated Attendance _____ Ticket Prices/Registration Fee _____)	
J. Contracted Services Revenue	
K. Other Revenue (Please specify) _____ _____ _____	
L. Cash Support Corporate _____ Foundation _____ Other Private _____	
M. Government Support	
N. Applicant Cash (See page 12)	
O. Total Anticipated Cash Income (I through N)	

Anticipated **Income** must meet or exceed **Expenses** to be eligible for Arts Bank Funding. **Do not include Arts Bank request in anticipated income.**

This is to reserve up to \$_____ from the Performing Arts Bank, based on the above budget. *Each application for Arts Bank underwriting must not exceed 50% of the projected total cash expenses (line F above), up to a maximum of \$500.*

No funding will be granted unless the evaluation is received within 45 days of the project ending date.