

# Project Summary

## Art Organization Applicant or Individual Producer

Official IRS Name: \_\_\_\_\_ *Popular name:* \_\_\_\_\_  
 Address (street, city, zip code): \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_  
 City Council District of the Art Organization's headquarters:  
 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  
 Elsewhere in Los Angeles County:  
 Art Organization's annual income (from the most recently completed fiscal year): \$ \_\_\_\_\_ expenses: \$ \_\_\_\_\_

## Partner Organization

Official IRS Name (if applicable): \_\_\_\_\_ *Popular name (if applicable):* \_\_\_\_\_  
 Address (street, city, zip code): \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_  
 City Council District of the Partner Organization or Individual's headquarters:  
 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  
 Elsewhere in Los Angeles County:  
 Partner Organization's annual income (from the most recently completed fiscal year): \$ \_\_\_\_\_ Expenses: \$ \_\_\_\_\_

**Primary Applicant\* preparing proposed event:**  Arts organization\*  Partner organization\*  
 \*The financial managing organization, with IRS nonprofit Certification letter attached, that has \$20,000 or more annual income and will receive reimbursements from the Department of Cultural Affairs.

Outdoor Festival or Parade	
Event name:	Date of Event
Street address of the event:	
Council District of the event <i>venue</i> :	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	
Council Districts of the estimated audience:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	
Attendance from previous event:	Number of years the event has happened:
Event's income (from previous event): \$ _____	Expenses (from previous event): \$ _____
Grant amount requested for the proposed event:	
Number of paid artists for the proposed event:	Number of volunteers for the proposed event:

**Certification:** I/we certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my/our knowledge. If payment is to be made to anyone other than the grantee, it is understood that the grantee is financially, administratively, and programmatically responsible for all aspects of the grant and that all reports must be submitted through the grantee. I/we acknowledge that by signing and submitting this application, the materials prepared and attached become public information.

_____ Organization Director's signature	_____ Date	_____ Organization Board Member** signature	_____ Date
_____ Typed name		_____ Typed name & title (**cannot be a paid event participant and must be a board member of the primary applicant)	
_____ Partner Organization Director's signature	or	_____ Producer's or Tribal Leader's signature	_____ Date
_____ Typed name		_____ Typed name & title	