

**ARTIST ENTREPRENEURIAL GRANT
APPLICATION & BUDGET FORM
NEW HAMPSHIRE STATE COUNCIL ON THE ARTS**



1. APPLICANT DATA (TYPE OR PRINT CLEARLY)

Official IRS Name of Applicant:

Mailing Address:

Daytime Phone:

City/Town:

FAX:

State/Zip:

Email:

Website:

Enter NISP codes: <http://www.nh.gov/nharts/grants/nisp.htm>

Arts Discipline (for *primary* area of applicant organization's work):

Race/Ethnicity of Organization (Grantee Race):

2. PAYMENT (IF PAYMENT IS TO BE MADE TO SOMEONE OTHER THAN THE APPLICANT, PLEASE FILL IN.)

Official IRS Name: if different from above

E-mail:

Mailing Address:

Daytime Phone:

City/Town:

FAX:

State/Zip:

Website:

3. GRANT REQUEST INFORMATION

AMOUNT REQUESTED \$

Project Title:

Project Start and End Dates:

Project Director:

(if different from Contact Person)

Enter NISP codes from:

<http://www.nh.gov/nharts/grants/nisp.htm>

Arts Discipline:

(describing this project's activities)

Project Race:

Number of Towns/Communities to benefit:

Estimate the total number of individuals to benefit from this project: _____

(See definition at:

<http://www.nh.gov/nharts/grants/basics/glossary.htm>)

Number of students/youth to benefit:

International Activity of Project

Yes ☐

No ☐

Number of NH artists:

Number of Artists to participate:

4. NARRATIVE QUESTIONS & ATTACHMENTS

Please refer to grant guidelines - <http://www.nh.gov/nharts/grants/artists/artistentrepren.htm>

(OVER)

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Activity Type

AIE%

App. #

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Grants Guidelines Forms

5. CERTIFICATION

I, _____, **do hereby certify** that all of the figures, facts and representations made in this application and its attachments are true and correct to the best of my knowledge and belief. Any grant funds received in connection with this application will be expended as described and any changes in the budget or purpose of this application will be **submitted in writing** for approval.

Signature

Date

Signature of person preparing this application (if different)

Title

Date

Applicant hereby agrees to comply with Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972 (where applicable); Title 29 (Part 505) of the Code of Federal Regulations (governing fair labor practices); the Age Discrimination Act of 1975; the U.S.C. Sec. 1913 regulating lobbying with appropriated monies; the Drug-Free Workplace Act of 1988; and the Americans with Disabilities Act of 1990; as well as all regulations of the National Endowment for the Arts pursuant to these statutes & regulations described in OMB circulars A-102 and A-87, Cost Principles. **NHSCA reserves the right to monitor sub-grantees to ensure that all applicable terms & conditions of grants are being met.**

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Grants Guidelines Forms

BUDGET FORM FOR ARTISTS



APPLICANT NAME:

EXPENSES FOR PROJECT ONLY↓

CASH↓

(PLEASE ITEMIZE)

SUPPLIES AND MATERIALS: \$.....

REGISTRATION OR ENTRY FEES: \$.....

CONTRACTED SERVICES: \$.....

EQUIPMENT: \$.....

SPACE RENTAL: (location/rate) \$.....

TRAVEL: (specify mileage, per diems, expenses)

In-state: \$.....

Out-of-state: \$.....

MARKETING/PUBLICITY: (specify) \$.....

REMAINING PROJECT EXPENSES: (please itemize)

..... \$.....

..... \$.....

TOTAL CASH EXPENSES: (must equal Total Cash Income) \$.....

USE ASTERISK (*) TO INDICATE ITEMS FOR WHICH NHSCA FUNDING WILL BE USED

INCOME FOR PROJECT ONLY↓

CASH↓

REVENUE – EARNED INCOME:

Fees for Services: \$.....

Employer Reimbursement: \$.....

Contracted Services: (specify) \$.....

Other Revenue: (specify) \$.....

SUPPORT - UNEARNED INCOME:

Corporate Sponsorships/Private Foundations: (identify) \$.....

New England Foundation for the Arts Grants: \$.....

Other Support: (includes scholarships / fellowships) \$.....

GOVERNMENT SUPPORT:

Federal/State (do not include this request)/Local: \$.....

APPLICANT CASH: (See Glossary for definition) \$.....

<http://www.nh.gov/nharts/grants/basics/glossary.htm>

SUB-TOTAL: (Income) \$.....

GRANT AMOUNT REQUESTED FROM ARTS COUNCIL: \$.....

TOTAL CASH INCOME: (must equal Total Cash Expenses) \$.....

For Office Use Only: FY

Activity Type

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