

**ARTS COUNCIL OF GREATER GRAND RAPIDS - OPERATING SUPPORT GRANT 2005 - EZ**  
**DEADLINE: FRIDAY, SEPTEMBER 29, 2006 AT 5PM**

Organization Name: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**I. MISSION STATEMENT** *(Your board approved/official mission from your articles of incorporation &/or by-laws)*

**II. RECENT BUDGET ACTUALS** *(Most recently completed fiscal year actual revenues & expenses)*

Fiscal Year from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Actual Revenues: \$ \_\_\_\_\_ Actual Expenses: \$ \_\_\_\_\_

Deficit: \$ \_\_\_\_\_

**III. ACTUALS PRIOR YEAR** *(Actual revenues & expenses for year previous to budget in item II)*

Fiscal Year from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Actual Revenues: \$ \_\_\_\_\_ Actual Expenses: \$ \_\_\_\_\_

Deficit: \$ \_\_\_\_\_

**IV. AMOUNT OF REQUEST FOR THIS CATEGORY IS \$500**

**V. ARTISTS:**

Do you have a core group of artists (musicians, dancers, singers, painters etc.) that stay together for the season to perform or exhibit as a group (an ensemble)? **YES NO**

If **YES**, what is the total # in ensemble: \_\_\_\_\_

Is there an audition/selection process for new members? **YES NO**

Is there an audition/selection process for returning members? **YES NO**

Is there more than one level in your ensemble? **YES NO**

If **YES**, do they represent different levels of competency, training or quality?

\_\_\_\_\_  
\_\_\_\_\_

How often do you rehearse or meet? \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title *(printed)* \_\_\_\_\_

**IX. CURRENT YEAR'S OPERATING BUDGET**

This budget represents the following fiscal year:      /      /      through      /      /     

On a separate sheet, briefly explain any special budgetary concerns, opportunities, or anomalies. If your organization is carrying a deficit, make sure to attach a summary of your plan to eliminate it. The numbers below should reflect just your operating budget. **Do not include capital or in-kind.**

**REVENUES**

Earned Income:

- 1. Admissions/Ticket Sales
- 2. Contracted Service Revenue
- 3. Other Earned Income: \_\_\_\_\_


**4. Subtotal Earned income (add lines 1 – 3)**

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Contributed Income:

- 5. Corporate Support
- 6. Foundation Support
- 7. Other Private Support
- 8. Government Support/Federal
- 9. Government Support/State or Regional
- 10. Government Support/Local
- 11. Other Unearned (special events, fundraisers etc.)
- 12. Applicant Cash (using reserves from previous year, etc.)


**13. Subtotal Contributed Income (add lines 5 – 12)**

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**14. Amount Requested\*** *see instructions at bottom of page*

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**15. Total Revenues (add 4, 13, 14)** *should equal line 25*

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**EXPENSES**

- 16. Personnel/Administrative
- 17. Personnel/Artistic
- 18. Personnel/Technical & Production
- 19. Outside Artistic Fees & Services
- 20. Other Outside Fees & Services
- 21. Space Rental or Expense
- 22. Travel
- 23. Marketing, Publicity, Promotion
- 24. Remaining Operating Expenses
- 24A. Deficit Reduction
- 24B. Budgeted retained earnings/reserves


**25. Total Cash Expenses (add lines 16-24B)** *should equal line 15*

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*\* If you did not budget the Arts Council support as a separate line item, then use a portion of what your organization budgeted for corporate, public &/or foundation support so this budget matches what your board approved.*