

**MILWAUKEE COUNTY ARTS PROGRAM**

**Sarah Schwab, Administrator**

**APPLICATION FORMS FOR 2011 FUNDING**

ORGANIZATION \_\_\_\_\_ Telephone \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip

CHECK WHAT TYPE (S) OF FUNDING YOU ARE REQUESTING:

- 1. MATCHING GRANT
  - a. Established Organization \_\_\_\_\_
  - b. Emerging Organization \_\_\_\_\_

2. COMMUNITY CULTURAL EVENTS \_\_\_\_\_

CONTACT PERSON FOR THIS APPLICATION \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

ADMINISTRATIVE DIRECTOR \_\_\_\_\_ Telephone \_\_\_\_\_

DATE OF ESTABLISHMENT \_\_\_\_\_

ARE YOU A NON-PROFIT & TAX EXEMPT ORGANIZATION? (YES OR NO)

ORGANIZATION'S FISCAL YEAR \_\_\_\_\_ to \_\_\_\_\_

SUMMARY OF ANNUAL OPERATING BUDGET FOR:

FISCAL YEAR ENDING IN 2009*	_____	_____
Dates (____/____/____ to ____/____/____)	Expenses	Income
FISCAL YEAR ENDING IN 2010*	_____	_____
Dates (____/____/____ to ____/____/____)	Expenses	Income

***\*BUDGET SUMMARY SHOULD MATCH BUDGET TOTALS ON PAGES 4 AND 5.***

**ATTACHMENTS**

**PLEASE REVIEW THE CHECKLIST DOCUMENT RE: THE ATTACHMENTS THAT MUST BE SUBMITTED IN HARD COPY FORM WITH YOUR APPLICATION TO THE CAMPAC ADMINISTRATOR ON OR BEFORE THE CAMPAC DEADLINE.**

A. **GENERAL ORGANIZATION INFORMATION (To be completed by all applicants)**

1. PLEASE PROVIDE, IN THE SPACE BELOW, AN OVERVIEW OF YOUR ORGANIZATION, **INCLUDING MISSION STATEMENT**. INCLUDE IN YOUR NARRATIVE HOW LONG YOUR ORGANIZATION HAS BEEN IN OPERATION, THE GOALS YOU HAVE SET FOR THIS YEAR AND AN OUTLINE OF THE PRIMARY PROGRAMS AND SERVICES YOUR ORGANIZATION PLANS TO PROVIDE TO THE PUBLIC IN 2011

MISSION STATEMENT:

2. DESCRIBE YOUR PROFESSIONAL STAFFING – QUALIFICATIONS, TIME COMMITMENT & SALARIES.
3. DESCRIBE YOUR EFFORTS TO EMPLOY ARTISTIC PERSONNEL ORIGINATING FROM OR RESIDING IN MILWAUKEE COUNTY.
4. DO YOU PAY WITHHOLDING TAXES FOR ALL PAID PERFORMERS AND STAFF WHO ARE EMPLOYEES OR FILE 1099'S FOR PERFORMERS AND STAFF WHO ARE INDEPENDENT CONTRACTORS? (NOTE: PAYMENT OF EMPLOYMENT TAXES FOR EMPLOYEES OR FILING OF A 1099 FOR INDEPENDENT CONTRACTORS IS REQUIRED BY LAW.)

5. a. DESCRIBE YOUR CAPACITY TO MAINTAIN FINANCIAL RECORDS.
- b. HOW OFTEN IS FINANCIAL INFORMATION REPORTED TO THE BOARD OF THE ORGANIZATION?
- c. NAMES OF PERSONS RESPONSIBLE FOR MAINTAINING AND OVERSEEING FISCAL RECORDS AND REPORTS:
- STAFF – Name: \_\_\_\_\_ Position: \_\_\_\_\_
- BOARD – Name: \_\_\_\_\_ Position: \_\_\_\_\_
- d. DO YOU EMPLOY AN OUTSIDE AUDITING FIRM? (Yes or No) \_\_\_\_\_  
DO YOU EMPLOY AN OUTSIDE ACCOUNTING FIRM? (Yes or No) \_\_\_\_\_  
IF YES, PLEASE LIST: \_\_\_\_\_
- e. IF YOU HAVE AN ACCUMULATED DEFICIT, STATE THE AMOUNT: \_\_\_\_\_. SUBMIT WITH THIS APPLICATION YOUR BOARD-APPROVED PLAN TO REDUCE THIS DEFICIT.
6. DESCRIBE YOUR FUND RAISING EFFORTS FOR YOUR CURRENT FISCAL YEAR, INCLUDING METHODS EMPLOYED, TOTAL FUNDS RAISED AND NUMBER OF CONTRIBUTORS.
7. WHAT ARE YOUR PLANS TO IMPROVE YOUR FUND RAISING EFFORTS?
8. WHAT TYPES OF FREE PERFORMANCES AND OUTREACH ACTIVITIES IS YOUR ORGANIZATION OFFERING IN 2011? YOU MAY INCLUDE THIS INFORMATION ON A SEPARATE PAGE IF NECESSARY.

**MATCHING GRANTS PROGRAM**  
**ORGANIZATION BUDGET FORM**

Total Organization Budget: <u>Cash Income</u> *	<u>Fiscal year ending in 2009</u> Actuals as of __/__/__	<u>Fiscal year ending in 2010</u> Actuals or Budget approved by board __/__/__
INDIVIDUAL CONTRIBUTIONS	_____	_____
CORPORATE/BUSINESS	_____	_____
FOUNDATIONS	_____	_____
EARNED INCOME (TICKET SALES, PERFORMANCE FEES, ETC.)	_____	_____
GOVERNMENT FUNDS (EXCLUDING MILWAUKEE COUNTY)	_____	_____
OTHER (SPECIFY)	_____	_____
 <b>SUB-TOTAL</b>	 _____	 _____
MILWAUKEE COUNTY FUNDS	_____	_____
 <b>TOTAL CASH INCOME</b>	 _____	 _____

\*Operating income, considering both earned and contributed income, excluding the following:

1. In-kind contributions;
2. Income dedicated to capital improvements (that is, purchase of real estate, construction or purchase of equipment costing over \$500, major building renovations, etc.)
3. Contributions for an endowment campaign;
4. Contributions received for re-granting purposes;
5. Income dedicated to the principal payment of bank loans;
6. Contributions received from Milwaukee County directly or indirectly.





**COMMUNITY CULTURAL EVENTS APPLICATION**  
**PROGRAM BUDGET FORM**

THE BUDGET FORMS FOR THE MATCHING GRANTS PROGRAM WILL BE USED FOR THIS APPLICATION. PLEASE FILL OUT PAGES 4 & 5. IF YOU ARE ALSO APPLYING TO THE MATCHING GRANTS PROGRAM, ONLY ONE BUDGET DOCUMENT SHOULD BE SUBMITTED.