

FY2009 Application
Organizational Technical Assistance
Grant Program
Application Deadline: August 29, 2008

THIS FORM MUST BE TYPED. No handwritten applications will be accepted. Please also refer to the guidelines/instructions.
Please note: this application is limited to Kentucky presenting organizations that plan to attend the September 24-27, 2008 Performing Arts Exchange in Atlanta, Georgia. One registrant per organization may apply.

APPLICANT INFO.	Organization Name		
	Director/Administrator Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Director/Administrator Name & Title
	Street Address		
	US Congressional District _____	City	State Zip Code +4 County
	KY Senate District _____	Daytime Phone #	Second Phone # FAX #
	KY House District _____	E-Mail Address	
	To lookup district info, use www.vote-smart.org or Call your County Clerk's office.	Web Address	
PROJECT INFO.	Project Title Performing Arts Exchange Subsidy		
	Project Beginning Date 09/24/2008	Project End Date 09/27/2008	
	Amount Requested	Required Match Amount	
	Contact Person Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Contact Person Name & Title
	Phone #	Fax #	E-Mail
	Grantee Race / Ethnicity:		
Check the one(s) <input type="checkbox"/> that represent(s) your race/ethnicity. Select ALL that apply.	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black/African American	
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White	
Applicant Status _____	Please choose ONE :		
	02 Organization - Non-Profit	07 Government - County	09 Government - Tribal
	06 Government - Regional	08 Government - Municipal	99 None of the Above
Applicant Institution _____	Please choose ONE :		
	[07] Performance Facility	[16] Arts	
	[14] Fair/Festival	[47] Cultural Series Organization	
	[15] Art Center		

KAC Staff Use ONLY					
FY: 2009	APP #:	CLIST #:			
App Status: _____	App Institution: _____	App Discipline: _____			
Project Disc: 14	Activity: 34	Project Race: 99			
AIE Percent: 99	AIE Description: 99	Project Descriptors: N/A			
Grant Program: TA	Grantee Race: _____	Date Received: _____			

Project Budget

Please complete the project budget form. If you prefer, you may duplicate the form on your computer and include it as an attachment.

Project Income

Grant Request
(up to \$500 for one applicant per organization)

Registrant's Name _____

Your Match (equal to, or greater than, the grant request) _____

Total Income _____

Project Expense

Registration Fees (workshops, conferences, etc.) _____

Travel (e.g., car, airfare, lodging and meals) _____

Other (please list) _____

Total Expenses _____

Total income should equal total expenses. Please round off all figures to the nearest dollar.

Applicant Signature

I certify that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

All signatures must be in RED ink.

Applicant (Type Name) _____

Federal ID # _____

Guidelines/Instructions

Who May Apply:

Kentucky Presenting Organizations that are attending the September 24-27, 2008 *Performing Arts Exchange* in Atlanta, Georgia may apply for one registrant only.

Funding Amounts:

The initial applicant from an organization may apply for up to \$500 in funding. All funding requires a 1:1 match. Reimbursement payments will be made following the Performing Arts Exchange.

Application Deadline

Applications must be **received** by **August 29, 2008** or hand delivered to the Kentucky Arts Council office no later than 4:30 p.m. on that date. Applications with deadlines falling on Saturdays, Sundays, or federal or state holidays will be accepted on the next business day if they are 1) officially postmarked by the U.S. Postal Service, 2) when using a shipping service (e.g. UPS, Federal Express, etc.) a dated receipt is provided, or 3) they are hand delivered by 4:30 p.m. **Packages dated with internal postage meters will not be accepted.** Late applications will not be accepted under any circumstances and will be returned. Faxed applications will not be accepted and incomplete applications are unlikely to be considered.

Note: Due to new postal regulations, all packages over 16 ounces must be given directly to a postal clerk at a post office, and not dropped in a postal box.

For More Information

The Kentucky Arts Council welcomes all questions regarding this program. For more information on this program, please contact:

Lori Meadows
Executive Director
Toll-free: 888-833-2787, ext. 482
Fax: 502-564-2839
E-mail: lori.meadows@ky.gov
Website: <http://artscouncil.ky.gov>

Mailing Address for Completed Application

Kentucky Arts Council
500 Mero Street
21st Floor
Frankfort, KY 40601-1987