

Southwest Minnesota Arts & Humanities Council

1210 E. College Dr., Suite 600, Marshall, MN 56258

507-537-1471 or 1-800-622-5284

E-mail: smahcinfo@iw.net Website: www.smahc.org

For office use only	
Application #:	_____
Date received:	_____
Approved:	_____

Arts Legacy Grant for Organization & Communities
Revised Project & Budget Form

Directions for Applicant: Please type or write legibly. Keep a copy for your records.

Name of Organization _____

Address _____ **Email** _____

City _____ **Zip** _____

List all *cash* expenses. Clearly identify each item. **A budget narrative detailing all budget calculations must be attached** if it is not included in the space below. Itemize all expenses.

A. Cash Cost of Project	Totals
1. Salaries, Artist fees, Contracts, & Honorariums - Itemize:	\$
2. Expendable Supplies & Materials:	\$
3. Transportation & Subsistence:	\$
4. Publicity (Ads, Printing, etc.):	\$
5. Rental:	\$
6. Evaluation Costs:	\$
7. Other - describe:	\$
8. Total Cash Cost of Project (Add lines 1 through 7):	\$

Cash Match for Project	Totals
9. Organization Cash budgeted for this project	\$
10. *Earned Income (Ticket sales, Concessions, etc.)	\$
11. Other Income – itemize. Indicate source and if funds are anticipated or received.	\$
12. Total Cash Match for Project (Add lines 9 through 11)	\$
13. Actual SMAHC Grant Award <i>With the exception Planning Grants, grant award may not exceed 90% of line 8.</i>	\$
14. Total Cash for Project including SMAHC Grant (Add lines 12 & 13) (Must equal Line 8, Total Cash Cost of Project).	\$

IF APPLICABLE

14. *Earned Income/Ticket Sales:

Category	Estimated # of tickets sold	Ticket Price	Estimated Income

Totals all categories (add each column):

TOTALS →		TOTALS →	
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REVISED PROJECT & BUDGET – SMAHC ARTS LEGACY GRANT FOR ORGANIZATIONS & COMMUNITIES

Describe how budget changes will affect the project. (What will be changed?) Will there be any changes in personnel, time, scope, number of performances, length of workshops, etc. If your project start and end dates have changed, please indicate the revised dates of your project.

How will the revised budget affect the number of participants?

How will the revised budget affect the number of audience members?

REVISED:

1. Adult Artists Participating _____

2. Adult Audience Benefiting _____

3. Children/Youth Benefiting _____

TOTAL PEOPLE SERVED _____

If other sources will replace funding, please indicate amount and source.

★ If the revisions to your project will affect your Outcome Evaluation Plan, please attach a revised plan.

SIGNATURE, GRANT AUTHORIZING OFFICIAL

DATE

SIGNATURE, GRANT PROJECT DIRECTOR

DATE