|  |
| --- |
| **#16 - \_\_\_\_\_\_\_\_\_\_\_** |

**LOUISIANA DECENTRALIZED ARTS FUNDING PROGRAM**

**As Administered By**

**Shreveport Regional Arts Council**

**801 Crockett Street**

**Shreveport, LA 71101**

**(318) 673-6500 (318) 673-6515 FAX**

**PROJECT ASSISTANCE**

**FY 16 GRANT APPLICATION**

**APPLICATION DEADLINE:** Hand-delivered by 4:00 p.m. Monday, June1, 2015. This is a hard deadline and any applications received **AFTER 4 PM, Monday, June 1, 2015 WILL NOT BE ACCEPTED!** Submit your application to the granting agency above. Applications received after the deadline are ineligible regardless of the postmark date. Applications **MUST** be typed on an official application form. Handwritten applications are ineligible. Applications may not be submitted via fax. Applicants are encouraged to contact the Community Development Director for assistance **PRIOR** to the application deadline at (318) 673-6500. Please read the Guidelines and instructions carefully before completing this application form. This application form is available online at the Shreveport Regional Arts Council website [www.shrevearts.org](http://www.shrevearts.org)

|  |  |
| --- | --- |
| **1. Amount requested** (from line 43 in this application) |  |
| **2. Total project expenses** (from line 60 in this application) |  |
| **2b. Organizational Budget** (Governmental agencies only include department budget or site specific budget) |  |
| **3. Project Title:** |  |

**4. Project Description**

(ONE sentence that summarizes the major activity of the project assistance request, including the artistic discipline and audience):

|  |
| --- |
|  |

**THE APPLICANT**

|  |  |
| --- | --- |
| **5. Check here if a fiscal agent is being used:**  |  *If checked, complete question 11 and 12 in the Sub-Applicant section of the application, page 2.* |
| **6. Organization Name** |  |
| **Address** |  |
| **City** |  |  **State** |  **LOUISIANA** |  **Zip** |  |
| **Parish** |  |  **Phone** |  |  **FAX** |  |
| **Email** |  **Website** |
| **7. Federal Employer ID# of Applicant** (**REQUIRED**) |  |
|  **D&B D-U-N-S NUMBER (REQUIRED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[**http://fedgov.dnb.com/webform/**](http://fedgov.dnb.com/webform/)**8. Legislative and congressional district numbers** **of applicant.** Districts are available from your local registrar of voters, clerk of court, or on-line at [www.legis.state.la.us/district/zipcode.asp](http://www.legis.state.la.us/district/zipcode.asp).  **House District # \_\_\_\_\_\_\_\_\_\_\_\_** **Louisiana Senate District # \_\_\_\_\_\_\_\_\_\_\_\_** **US Congressional District # \_\_\_\_\_\_\_\_\_\_\_\_** |
| **9. Project Director**  |  |
| ***If different than above:*** |
| **Address** |  |
| **City** |  |  **State** | **LOUISIANA** |  **Zip** |  |
| **Phone (day)**  |  |  **FAX** |  |
| **Email** |  |

**10.Mission Statement of the applicant organization.** What is your mission statement as adopted by your board of directors.

|  |
| --- |
|  |

**THE SUB-APPLICANT**

**(COMPLETED BY ORGANIZATIONS/INDIVIDUAL ARTISTS USING A FISCAL AGENT ONLY)**

An organization or an individual lacking the legal status to be an applicant must make arrangements for another organization to sign a grant application on its behalf and to pass on such grant funds for project implementation. The applicant organization acting on behalf of the sub-applicant is referred to as the “fiscal agent.” A charge for administrative services by the organization acting as fiscal agent (cost of personnel, time, supplies used in the administration of the funds for the funded project only) is allowable but must not exceed the lesser of 8% of the total grant request or $150. Applicant/fiscal agents and sub-applicants must be domiciled in the same parish. Please note that in such cases, the fiscal agent is the applicant and remains the legally responsible party for the use of the grant funds. Note: Representatives of the applicant/fiscal agent organization must sign lines 60 and 61 as Authorizing Official and Chief Fiscal Officer.

|  |  |
| --- | --- |
| **11. Sub-applicant Name**  |  |
| **Address**  |  |
| **City**  |  |  **State** |  |  **Zip** |  |
| **Parish**  |  |

*Note: Sub-Applicant and Fiscal Agent Applicant must be domiciled in the same parish.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact**  |  |  **Title** |  |
| **Phone** |  |  **Email** |  |

**12. Briefly describe the Sub-Applicant.** If an organization, describe the organization’s mission and services it provides. If an individual, state your qualifications in the arts and describe your specific experience. Describe the relationship between the fiscal agent and the organization or individual.

|  |
| --- |
|  |
|  |
|  |
| **13. Partial Funding. In the event of partial funding, how will the project be modified?****the PROJECT****14. Proposed Activities.** List the number or length of activities and the actual dates on which events, programs, concerts, exhibitions, or activities will occur – not a range of dates. ***Note: These activities should be described in detail as a part of the narrative section and in the narrative.***Please list the proposed locations including address, city and state for each activity. If additional space needed, please submit as an attachment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Number or length of activities** |  |

|  |  |
| --- | --- |
| **Location** |  |
| **Address** |  |  **City** |  |  **Zip** |  |
| **Date** |  | **Number or length activities** |  |

|  |  |
| --- | --- |
| **Location** |  |
| **Address** |  | **City** |  |  **Zip** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Number or length of activities** |  |

|  |  |
| --- | --- |
| **Location** |  |
| **Address** |  | **City** |  |  **Zip** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Number or length of activities**  |  |

|  |  |
| --- | --- |
| **Location** |  |
| **Address** |  | **Cityy** |  |  **Zip** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Number or length of activities** |  |

|  |  |
| --- | --- |
| **Location** |  |
| **Address** |  | **City** |  |  **Zip** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Number or length of activities** |  |

|  |  |
| --- | --- |
| **Location** |  |
| **Address** |  | **City** |  |  **Zip** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Number or length of activities** |  |

|  |  |
| --- | --- |
| **Location** |  |
| **Address** |  | **City** |  |  **Zip** |  |

 **Projected Numbers for FY16****15. # OF INDIVIDUALS TO BENEFIT:** Indicate the number of individuals that will be directly affected by your organizations programming. **16. # YOUTH TO BENEFIT.** State the number of people under the age of 18 that are involved with or impacted by your programming or your outreach activities. **17. # of TEACHERS TO BENEFIT:** Indicate the number of teachers that will be directly affected by your organizations programming. **18. # of SCHOOLS (PRE-K-12) TO BENEFIT:** Indicate the number of schools that will be directly affected by your organizations programming. **19. # OF ARTISTS EMPLOYED:** Please use the number of artists employed by your programs, educational residencies, and services. **20. # of ARTISTS TO PARTICIPATE: :** Indicate the number of artists that will be directly affected by the proposal. **21. # of FULL-TIME STAFF EMPLOYED:** Number of paid full-time staff employed by your organization**22. # of PART-TIME STAFF EMPLOYED:** Number of part-time staff employed by your organization.**23. # of CONTRACTED STAFF:** Number of paid individuals who are contracted to perform services for your organization. **24. # of VOLUNTEERS:** Number of individuals who volunteer time on behalf of your organization including board members. |
| **Primary Target Audience** Audience | **\_\_\_\_\_**General **\_\_\_\_**Ages 3-18/ Students PK-12  |  \_\_\_College  Students | \_\_\_\_Special  Population: |  |

**Artistic Discipline.** Check the **primary** artistic discipline(s) involved with the implementation of this project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dance** * Ballet
* Ethnic/Jazz
* Modern

**Design*** Architecture
* Fashion Design
* Graphic
* Industrial
* Interior
* Landscape Architecture
* Urban/Metropolitan

**Folklife*** Folk/Traditional Dance
* Folk/Traditional Music
* Folk/Traditional Crafts and Visual Arts
* Folk/Traditional Occupational Crafts
* Oral Traditions
 | **Literature*** Fiction
* Creative Nonfiction
* Poetry

**Media Arts*** Film
* Audio
* Video
* Screenplay Writing
* Technology/ Experimental

**Music*** Band
* Chamber
* Choral
* New
* Ethnic

  | * Jazz
* Popular
* Soloist Recital
* Orchestral
* Opera

**Theatre*** Musical Theater
* Theater, General
* Mime
* Puppetry
* Young Audiences
* Storytelling
* Playwriting

  | **Visual Arts & Crafts*** Painting
* Sculpture
* Drawing
* Photography
* Printmaking
* Public Art
* Clay
* Fiber
* Glass
* Leather
* Wood
* Mixed Media
* Metal
 |

**THE Narrative**

***Directions for Completing the Project Assistance Narrative: GRANT NARRATIVE IS LIMITED TO NO MORE THAN 3 PAGES***

1. Use no more than 3 pages to answer questions listed below according the evaluation criteria.
2. Be specific – your grant request will be evaluated on the clarity of information presented in the proposal.
3. Do not use smaller than a 12-point type, Times New Roman.
4. Double-space lines.
5. **Do not submit attachments with glue, staples, or tape.**
6. Separate out the narrative according to the evaluation criteria.

**Artistic Merit: 35%**

Your application will be reviewed on the basis of: (a) artistic merit of the proposed project, (b) expertise of artists involved as providers of service, and (c) contribution to the art form or the understanding and appreciation of the art form(s) proposed.

*Answer the following questions in your narrative:*

o Describe the art project for which you are seeking funding.

o What do you want the art project to accomplish?

o Who are the artists involved with the project? ***Note: Samples of work are strongly encouraged for artists***

***involved in the project. Provide relevant past work experience and qualifications in the Provider of Services form for each artist involved.***

**Need and Impact: 30%**

Your application will be reviewed on the basis of: (a) need for the project, (b) merit of the project’s purpose and objectives according to community standards, (c) efforts for increased access, participation, and exposure to the arts, (c) involvement of diverse (social, geographic, economic) populations reflective of the community, including those with limited access to the arts, and (d) level of community collaboration or involvement. For Folklife projects only: cultural significance of the art form and the involvement of trained cultural specialists (folklorists, anthropologists, ethnomusicologists).

*Answer the following questions in your narrative:*

o Address efforts to increase access, participation, knowledge and/or exposure to the arts.

o How does this relate to the needs of the general public and the mission of your organization?

o Are there long-term goals you hope to achieve through this project, and if so, how will this project help achieve those goals?

**Planning and Design: 20%**

Your proposal will be reviewed on the basis of: (a) well-planned and designed project, (b) adequate people and resources specified, (c) realistic time frame as proposed, and (d) involvement of target audience in the planning process.

*Answer the following questions in your narrative:*

o What are you proposing to do?

o Describe how your community is involved with the project (planning, funding, donating equipment, supplies or time, etc).

o Where will it happen?

o Who is your targeted audience?

o How will you select the artists and the participants?

o How will you promote or endorse the project to the public?

**Administration and Budget: 10%**

Your application will be reviewed on the basis of: (a) ability of applicant to administer and deliver activities proposed, (b) appropriate request level and use of grant funds, (c) clarity and completeness of financial information, and (d) compliance with past grant contracts, if applicable.

*Answer the following questions in your narrative:*

o Who will implement the program? What is his/her relationship to the organization?

o How will grant funds be used to implement the project?

o What is your method of evaluating the project?

**PROVIDER OF SERVICES**

**THE PROVIDER OF SERVICES CANNOT BE SUBSTITUTED BY A RESUME OR INFORMATION CONTAINED IN ATTACHMENTS. You may, however, include a complete resume, brochures, CD or DVD, samples of work for the provider as attachments to the application.**

1. **Must be completed for the Project Director.**
2. **Must be completed for artists, artistic personnel, or other individuals directly involved with the implementation and production of the proposed project.**
3. **Use a separate copy of this form for each person or group. If more than one of these forms is needed, photocopy it.**

|  |  |
| --- | --- |
| **25. Person or Group to Provide Services:** |  |
|  |  |
| **Is this Artist on the Northwest Louisiana Artist Directory?** | **\_\_\_\_\_\_ Yes / \_\_\_\_\_\_\_No** |
| Address |  |
|  |  |
| City |  |  State |  | Zip |  |
| Phone |  |  Email |  |
| **26. Number/Length of Activities/Services to be Provided:** |  |
| **27. Professional Fee** |  |  Per  |  | (Hour, Session, Activity) |
| **28. Travel Costs/Per Diems** |  |  |
| **Total Fee for Service**  |  |
| **29. Is the Professional Fee for Service paid for with one or a combination of the following sources:** |  | **DAF GRANT** |  | **CASH** |  | **IN-KIND** |

$\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

**30. BRIEF BIO OR QUALIFICATIONS**

|  |
| --- |
| ***Directions*:** Describe the qualifications, including education and training, and related work experience for the individuals or organizations hired for this project:**31. DESCRIPTION OF SERVICES** ***Directions***: Detail the services to be provided. This information should relate to Question 13. Proposed Activities.  |

**THE PROJECT BUDGET DIRECTIONS AND DEFINITIONS**

***Directions for completing the Project Budget:***

1. Round all dollar amounts to the nearest $1.
2. Include **all cash** Revenue and Expenses for the grant as it pertains to the project.
3. All donated revenue and expenses for this project should be included under In-kind Support and not in the Cash Budget.
4. Total Revenues must match Total Expenses.
5. List the source of revenue where indicated.
6. Line 43. Decentralized Arts Funding Grant Request must equal Line 60. Total Expenses – Grant column.
7. Line 43. Decentralized Grant Request must equal the Cover Page – Question 1.
8. If using Line 48, you must complete Questions 11 and 12 on page 2 of this application for the sub-applicant.
9. All columns and rows should total correctly.
10. You may also attach more detailed budget information, although it does not substitute for the information on the Project Budget. This information will be forwarded to the panel with the application budget.
11. While a match (cash and/or in-kind) is not required under this program, it is encouraged and will be considered by the community review panel in their evaluations.

***Revenue:***

1. ***Admissions, Memberships, Subscriptions*** refer to income earned as a result of the project you are applying for, such as individual ticket sales, price charged for involvement, etc. If an admission is charged for this project, applicants are encouraged to include price of admission in the narrative section of the application.
2. ***Contracted Services*** refer to income earned from services your agency offers on a contract for services basis, such as touring, school performance, etc.
3. ***Other Applicant Cash*** refers to agency cash on hand that will be used towards the project you are applying for. The applicant will provide cash that is not earned as a part of this project.
4. ***Corporate Support***refers to cash contributed by local, national or international businesses that will be used towards the project you are applying for.
5. ***Foundation Support*** refers to support provided by local or national foundations.
6. ***Fundraising*** refers to any solicitation for donations or contributions from individuals in support of this project.
7. ***Federal, State, Regional*** refers to government support contributed by the United States Government, State of Louisiana, or Parish government.
8. ***Local*** refers to cash contributed by a local government or community group.
9. ***Decentralized Arts Funding Program Grant Request***refers to the amount requested from the applicant organization for this project. This line should be broken down under the Grant Expenses column of the Project Budget to represent what items grant money will support, if funded.
10. ***Total Revenue*** represents all cash income that will be used to administer the project.

***Expenses:***

1. ***Personnel*** refers to permanent employees of the organization who are paid by the organization for his/her time. No administrative, artistic or production personnel currently employed by the organization can be funded by a Project Assistance Grant.
2. ***Fiscal Agent*** ***Fees*** are defined as fees charged by an organization to act as the applicant for another organization and are intended to offset the cost of personnel, time, and supplies. Fiscal agent fees should not exceed either $150 or 8% of the total project costs – whichever figure is less.
3. ***Outside Professional Services – Artistic*** refers to artistic services by firms or people not considered employees of the applicant (e.g., individual artists, folklorist, curator, etc. whose services are contracted for the project). A provider of services form is required for anyone listed under this category.
4. ***Outside Professional Services – Other*** refers to non-artistic services by firms or people not considered employees of the applicant (e.g., project director, consultants, technical director, publisher, etc.). A provider of services form is required for anyone listed under this category.
5. ***Utilities***refer to costs associated with telephone, gas and electric, water, etc. for this project.
6. ***Space Rental*** refers to the cost to rent a facility, exhibit or performance venue.
7. ***Travel*** refers to the cost of travel for outside professional services, per diems, and travel for services outside the area, but within the appropriate parish.
8. ***Marketing*** refers to the cost associated with advertising, soliciting involvement, or promoting the project and includes design, printing, advertising, flyers, playbills, tickets, etc.
9. ***Equipment Rental*** refers to the costs associated with renting equipment for the purpose of producing the project.
10. ***Supplies and Materials*** refer to the cost of items that are needed to produce or create the project, such as fabric, paints, disposable cameras, paper, etc. If supplies and materials exceed $500, a detailed budget breakdown must be included.
11. ***Postage/Shipping*** refers to the cost for mailing and shipping related to the project.
12. ***Insurance*** refers to the cost of insurance directly related to the project, not the organization itself.
13. ***Other***refers to expenses not listed under any other expense category.
14. ***Total Expenses*** represents all cash costs involved to administer the project being proposed.

***In-kind Support:***

1. ***In-kind*** refers to donated personnel and volunteer time, materials, and services associated with the project.
2. ***Source*** is either an organization contributing materials, facilities, services, etc. for the project or an individual contributing volunteer time.
3. ***Contribution*** is the item being donated, such as a facility space or for individuals, the number of hours.
4. ***Cash Equivalent*** is the amount the applicant would pay in cash for items, services or time listed

**TOTAL PROJECT BUDGET AND GRANT REQUEST**

*See directions for completing the project budget (lines 32 through 60).*

**REVENUE CASH**

|  |  |
| --- | --- |
| 32. Admissions, Memberships, Subscriptions  |  |
| 33. Contracted Services (workshops, packaged presentations, etc.) |  |
| 34. Other Applicant Cash: ***List Source***  |  |  |  |
| 35. Corporate Support: ***List Source*** |  |  |  |
| 36. Foundation Support: ***List Source*** |  |  |  |
| 37. Fundraising  |  |
| 38. Federal: ***List Source*** |  |  |  |
| 39. State: ***List Source*** |  |  |  |
| 40. Regional: ***List Source*** |  |  |  |
| 41. Local: **List Source** |  |  |  |
| **42. SUB-TOTAL** |  |
| **43. Decentralized Arts Funding Grant Request** |  |
| **44. TOTAL REVENUE** (Must match line 60. Total Expenses) |  |

**EXPENSES**  **GRANT CASH TOTAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 45. Personnel – Administrative | N/A  |  |   |  |  |
| 46. Personnel – Artistic | N/A |  |  |  |  |
| 47. Personnel – Tech/Production | N/A |  |  |  |  |
| 48. Fiscal Agent Fees  |  |  |  |  |  |
| 49. Outside Professional Services – Artistic |   |  |   |  |  |
| 50. Outside Professional Services – Other |  |  |  |  |  |
| 51. Utilities (costs directly related to project)\*  |  |  |  |  |  |
| 52. Space Rental  |  |  |  |  |  |
| 53. Travel  |  |  |  |  |  |
| 54. Marketing (promotion, print) |  |  |  |  |  |
| 55. Equipment Rental |  |  |  |  |  |
| 56. Supplies and Materials \* |  |  |  |  |  |
| 57. Postage/Shipping  |  |  |  |  |  |
| 58. Insurance (costs directly related to project)\*  |  |  |  |  |  |
| 59. Other: List (use additional sheet, if needed.) |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **60. TOTAL EXPENSES** (Must match line 60. Total Revenue) |  |  |  |  |  |

Item 51. **Utilities**

Organizations may claim expenses for utilities only if they are project related and there is a clear increase in utilities due to the project. If an increase in utility costs is project-related, organizations must be able to document the expense they are claiming and provide supporting evidence.

Item 56. **Supplies and Materials**

**If supplies and materials exceed $500, attach a detailed breakdown of expenses**

ITEM 58. **INSURANCE**

Organizations may claim insurance expenses only if they are project related. Existing insurance needed to operate as a business cannot be claimed as a grant expense. However, additional costs to insure exhibits, artwork or artifacts

can be claimed using supporting evidence to document expenses.

|  |
| --- |
| **59. In-kind SUPPORT (list source, contribution and cash equivalent)**For example: Source: ABC Printing, Inc./Marketing Contribution: Flyers and Street Banners. Cash Equivalent: $575.00. The ABC Printing company is donating the materials for flyers that will be used in a mailing and street banners that will hang above main street the day of the event. |
| **Source (List Budget Category or Company)** |  | **Contribution (Item or Hours)** |  | **Cash Equivalent ($)** |
|  |  |  |  |   |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL IN-KIND SUPPORT:** |  |  |

**ATTACHMENTS**

**YOU MUST INCLUDE WITH YOUR APPLICATION THE FOLLOWING INFORMATION.**

* Attach an IRS letter determining nonprofit tax exemption under section 501(c)3 of the Federal Tax Code Governmental subdivisions (public schools, parish libraries, municipal governments, state universities, etc.) are not required to submit proof of nonprofit status.
* Proof of parish domicile: Certificate of Incorporation from the Louisiana Secretary of State, Commercial Division indicating the city in which the registered office of the applicant is located. Must be the most recent address as indicated on the Annual Report filed with the Secretary of State. Governmental subdivisions (public schools, parish libraries, municipal governments, state universities, etc.) are not required to submit proof of nonprofit status.
* Chapter organizations must attach IRS documentation for the central organization and chapter organization. A letter from the central organization, indicating that the local chapter has fiscal control and stands separately from the central organization, must be submitted with the application.
* Attach a board of directors listing that includes names and addresses, identifying officers, ethnicity, and professional affiliation. Governmental subdivisions (public schools, parish libraries, municipal governments, state universities, etc.) are not required to submit board of director verification.
* Projects that take place in schools or that are attended by schools MUST provide a LETTER OF INTENT (not an endorsement) from the School Superintendent or all participating individual school principals.
* Applications requesting the creation of a new work in the performing arts, art in public places/public art, design, or media production (film, video, or radio) must submit a sample of work that illustrates artistic merit of artists involved.
* OPTIONAL, BUT RECOMMENDED: One sets of supplemental materials, to document recent projects, artist samples, extended resumes, brochures/ marketing materials, and letters of recommendation and support. NO BINDERS WILL BE ACCEPTED. Include all supplemental materials with this application. **While Supplemental materials are not a requirement, it could be a significant factor when the community review panel evaluates your application**. Supplemental materials will be made available to the community review panel the day of review, and not before. Items may be returned after October 1, 2015. Support material will not be accepted the day of the panel meeting.

**APPLICATIONS MUST COMPLY WITH THE FOLLOWING**

* Project occurs between October 1, 2015 and September 30, 2016
* Amount requested does not exceed parish funds available or maximum allowable request in the region
* Application form with complete narrative (NOT TO EXCEED 3 PAGES), provider of services, project budget, and required attachments
* Samples of work
* Appropriate signatures signed in BLUE INK below (original signatures, not photocopies)
* Do not staple, bind, or tape the application, the required attachments, or the supplemental materials together
* A copy of the completed application form is kept for your records
* Hand-delivered by 4:00 p.m. Monday, June 1st

**ASSURANCES**

The applicant hereby gives assurances to the Louisiana Division of the Arts, the Louisiana State Arts Council, and the Shreveport Regional Arts Council that: the applicant has read and understands all information contained in the FY 2016 Decentralized Arts Funding Program Guidelines; the activities and services proposed in this application will be administered by the applicant organization; and any grant funds received for this application will be used exclusively for payment of allowable expenditures incurred for proposed services, and such grant funds will be administered by the applicant. The applicant will comply with all rules, regulations, laws, terms, and conditions described in the FY 2016 Decentralized Arts Funding Program Guidelines. The undersigned have been duly authorized by the governing authority of the applying organization to submit this application to the Shreveport Regional Arts Council, as authorized by the Louisiana Division of the Arts and the Louisiana State Arts Council. We hereby certify that all figures, statements, and representations made in this application, including any attachments, are true and correct to the best of our knowledge.

Signatures are required and indicate that the signers have read the above “ASSURANCES” and agree to the grant conditions. “Authorizing Official” should be the president of the board or other individual with the authority to enter into a legal contract on behalf of the agency (in the event of an application from a school or school system, a duly authorized representative on behalf of the parish school board or private/parochial school board). “Chief Fiscal Officer” should be the individual immediately responsible for the disbursement of funds for the project. “Project Director” is the individual who will be directly responsible for the implementation of the activities of the above-described project. The application with the signatures constitutes a legal document.

**The signatures MUST be original (not photocopies) signed in BLUE INK, and all three spaces must be completely filled in.**

|  |
| --- |
| 60. **Authorizing Official** (usually the president or chairman) |
| Signature\* |  | Date |  |
| Typed Name |  | Title |  |
| Phone (day) |  | Phone (other) |  |

|  |
| --- |
| 61. **Chief Fiscal Officer** (may be same as Authorizing Official, usually the Treasurer) |
| Signature\* |  | Date |  |
| Typed Name |  | Title |  |
| Phone (day) |  | Phone (other) |  |

|  |
| --- |
| 62. **Director** (Managing or Executive) |
| Signature\* |  | Date |  |
| Typed Name |  | Title |  |
| Phone (day) |  | Phone (other) |  |
| Email |  |  |  |