## **Application: Blank**

Williamsburg Area Arts Commission Grant

**Summary** 

**ID:** 0000000192

### **FY27 Williamsburg Area Arts Commission Grant Application**

Incomplete

# **Application for FY27 Williamsburg Area Arts Commission Grant**

Giant
For FY27, WAAC will not accept funding requests for general operating expenses. Requests must be for costs related to specific projects, programs, or performances. Please review the <u>Guidelines and Criteria</u> for additional information.
Test
General Information
AMOUNT OF GRANT REQUEST:
(No response)
Provide a brief description of the project(s), program(s), or performance(s) that will be partially or fully supported by the grant funds.
(No response)

If you have received	d support from	WAAC in the	past, please	list the mos	t recent award(s)
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	Fiscal Year	Amount Received	Type of Funding (general operating or special project)
Name of Organization:			
(No response)			
Email Address:			
(No response)			
Mailing Addrage (etract or I	20 havlı		
Mailing Address (street or I	o box):		
Contact/Grant Writer:			
(No response)			
Contact Title:			
(No response)			
Contact Email Address:			
(No response)			

Contact Phone Number:
(No response)
Contact Mailing Address:
(No response)
Name of President/CEO/Executive Director:
(No response)
Title:
(No response)
President/CEO/Executive Director Email Address:
(No response)
President/CEO/Executive DirectorPhone Number:
(No response)
President/CEO/Executive Director Mailing Address:
(No response)

Leave blank if you are not a current grantee.
(No response)
Project/Program Details
A. Specify how any WAAC-awarded funds will be used. Please include a work plan for your specific project/program. In the Budget Section of this application, you will be asked to provide an estimated budget, including a column for WAAC funding in the Expenses column.
(No response)
B. Why is your organization an appropriate candidate for support from the Williamsburg Area Arts  Commission? Include your mission statement and how the grant relates to the organization's mission.
(No response)
Organization Mission Statement:
(No response)
How will the grant award support the organization's mission?
(No response)
Does your organization have a long-range plan?
(No response)

**WAAC Liaison Commissioner:** 

$\hbox{C. List other sources of support for your organization in the chart below.}$	(i.e. grants, in-kind,	sponsors,
donations, etc.)		

	Category of Funding	Funding Source	Amount
1.			
2.			
3.			
4.			
5.			

4.			
5.			
D. Does your organization p	lan to collaborate with other	r organizations during the Fis	scal Year?
(No response)			
E. How is your organization	working to provide access	to the arts for varied popula	tions?
(No response)			
F. Do you charge for your ev	vents/services?		
(No response)			
G. Schedule and Event Deta funded with this grant in FY2	-		

#### **EVENT 1**

Name of Event/Program	(No response)
Date/s (if date if not finalized, included proposed)	(No response)
Venue	(No response)
Projected Attendance	(No response)
Audience Ages	(No response)

Do y	ou/	have	another	event/program	to	add?
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(If yes, another event info table will populate.)

(No response)

What method(s) are used to track attendance?

(No response)

#### Personnel/Management

H. Who will oversee the project or event? Provide the title and a brief biography of the artistic director or manager of the project or event. (You may also upload a biography below.)

(No response)

If you are uploading a biography, please do so here.

I. Board of Directors/Trustees. Provide a list of your officers and board members and their contact information. Note: The IRS requires the President/CEO and Financial Officer be two different people.

(No response)

If you are uploading a list of your board, please do so here.
J. What percentage of your board contributes either financially or with in-kind services?
(No response)
Marketing and Promotions
K. What marketing and promotional strategies do you use to reach your target audience?
(No response)
L. List all media sources, including social media sites and printed materials, used to promote the WAAC-funded or partially funded project.
(No response)
Financial and Tax Information
M. Upload a screenshot of your IRS profile showing proof of federal tax exemption and current tax payment using the following link: <a href="https://apps.irs.gov/app/eos/">https://apps.irs.gov/app/eos/</a>
Attach a copy of your tax exemption letter.
N. Organization and Project Budgets.

Revenues: Insert your total revenues using the form below. Include all categories that apply to your project.

- Actual FY25 runs July 1, 2024 June 30, 2025
- Estimated FY26 runs July 1, 2025 June 30, 2026
- Proposed FY27 runs July 1, 2026 June 30, 2027

	N/A	Specify (type 0 if nothing)	Actual FY25	Estimate FY26	Proposed FY27
WAAC Grant	×				
Membership Dues	×				
Grants (specify)	×				
Foundation	×				
Individual Contributions	×				
Corporate Contributions	×				
Other Contributions (specify)	×				
Admissions/Ticke t	×				
Concessions/Pro duct	×				
Revenues from Fundraising	×				
Other (specify)	×				
Totals			0	0	0

#### **Revenue Notes:**

(No response)

Expenses: Insert your expenses using the form below. Include all categories that apply to the use of grant funds in the WAAC Funds column. Additional notes may be added after the form.

- Actual FY25 runs July 1, 2024 June 30, 2025
- Estimated FY26 runs July 1, 2025 June 30, 2026
- Proposed FY27 runs July 1, 2026 June 30, 2027
- WAAC Funds Used Type "0" if WAAC funding did not go to this line item

#### Examples:

Office Expenses - rent, utilities, insurance/bonding, etc.

Marketing/Publicity - Include printing, duplication, postage, etc.

Taxes - real estate, interest expense, bank charges, admission, etc.

	N/A	Specify as needed (type 0 if nothing)	Actual FY25	Estimate FY26	Proposed FY27	WAAC Funds Used
Salaries - Admin/Directo rs	×					
Salaries - Admin/Suppor t	×					
Salaries - Artist/Perform er Fees	×					
Salaries - Other (specify)	×					
Office Expenses	×					
Marketing/Pu blicity	×					
Repairs/Maint enance	×					

Facility Rentals	×				
Taxes	×				
Fundraising Expenses	×				
Other (specify)	×				
Totals		0	0	0	0

#### **Expense Notes:**

(No response)

O. Statement of Financial Position. Please provide your organization's most recent Statement Position or Balance Sheet. You may use the form\* within the application, or you may upload your own statement.

\*Form includes ASSETS, LIABILITIES, and TOTAL LIABILITIES AND ASSETS

(No response)

**Signature of Agreement** 

#### P. Signature of Agreement.

The undersigned certifies to the best of his or her knowledge that the information in this application is true and correct.

Please use your mouse cursor or finger (touch screen devices only) to sign on the line below.

Name of Authorizing Individual
(No response)
Title of Authorizing Individual
(No response)
Date (MM/DD/YYYY)
(No response)

#### **NOTE**

Grantees must complete a year-end report by June 30<sup>th</sup> of the funded fiscal year, accounting for the expenditure of WAAC funds. Organizations with outstanding year-end reports will not be eligible for future funding until the report is received.