

# Application: FY26 TEST

Joanna Skrabala - jskrabala@williamsburgva.gov  
Williamsburg Area Arts Commission Grant

## Summary

ID: 0000000189

## FY26 Williamsburg Area Arts Commission Grant Application

Incomplete

# Application for FY26 Williamsburg Area Arts Commission Grant

## General Information

Please select one of the following options on how funds awarded by the Williamsburg Area Arts Commission will be used:

(No response)

AMOUNT OF GRANT REQUEST:

(No response)

Most Recent WAAC Grant Received. *If you have received support from WAAC in the past, please provide up to three of the most recent.*

	Fiscal Year	Amount Received

Name of Organization:

(No response)

**Email Address:**

(No response)

---

**Mailing Address (street or PO box):**

(No response)

---

**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 Director Phone Number:**

(No response)

**President/CEO/Executive Director Mailing Address:**

(No response)

**WAAC Liaison Commissioner:**

*Leave blank if you are not a current grantee.*

(No response)

**Project/Program Details**

**A. Specify how any WAAC-awarded funds will be used for either operating support or a special project.**

*If a specific project is proposed, please submit a plan of work, including a budget for the project. Include appropriate budget details for either operating support or project support in the designated column in the Budget Section of this application.*

(No response)

**B. Explain why your organization is an appropriate candidate for support from the Williamsburg Area Arts Commission.**

*Responses must clarify the organization's mission and work; not its uniqueness.*

(No response)

**Organization Mission Statement:**

(No response)

**How will the grant award support the organization's mission?**

(No response)

**If your organization has a formal strategic long-range plan, please attach it here.**

**C. List below other sources of support for operating support and/or special projects for which WAAC funds are requested. Include in-kind support.**

*(Examples of categories of funding could be grants, in-kind, sponsors, donations, etc.)*

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

**D. Does your organization plan to collaborate with other organizations during the Fiscal Year?**

(No response)

**E. Explain how you are working to expand diverse access to the arts.**

(No response)

**F. Do you charge for your events/services?**

(No response)

**G. Schedule and Event Details**

*Using the following forms, list as much information as you are able for each event or service as they relate to the request for WAAC funding. This schedule is required, if only an estimate. (Note:\*FT/PT full time or part time)*

## EVENT 10

Event	(No response)
Date(s)	(No response)
Venue	(No response)
Handicap accessible	(No response)
Projected attendance	(No response)
Audience Ages	(No response)
Paid Performers (FT/PT)	(No response)
Staff (FT/PT)	(No response)
Contractors (#/hours)	(No response)
Volunteer Performers (#/hours)	(No response)
Volunteer (#/hours)	(No response)

**What method(s) are used to track attendance?**

(No response)

## Personnel/Management

**H. Creative Direction: Who will oversee the artistic direction of the project or service?**

*Provide title and principal qualifications. Upload or include below a brief biography and/or additional information about your Creative Director.*

(No response)

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

## I. Board of Trustees

*Please provide a list of your board of directors, officers, and contact information below, or download the list from a file. (NOTE: The IRS requires the Pres/CEO and the Financial Officer be two different persons.)*

(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. Marketing/advertising promotional activity.

*Please explain the overall marketing and promotional strategies employed to achieve capacity. Note: WAAC is particularly interested in how you work to reach your target audience. Understand that “general public” is not a target audience.*

(No response)

### L. List all media sources below, social media sites, and printed materials that provide all program details.

(No response)

## Financial and Tax Information

M. Proof of Federal Tax exemption and Up-to-Date Tax Payment. Please upload a screenshot of your [IRS profile](#).

Please upload your tax exemption letter here.

**N. ORGANIZATION and PROJECT BUDGETS.**

---



**REVENUES**

Insert your total *revenues* using the form below. We understand not all categories may apply, so we ask that you do your best. Additional notes may be added after the form.

- Actual FY24 runs July 1, 2023 - June 30, 2024
- Estimated FY25 runs July 1, 2024 - June 30, 2025
- Proposed FY26 runs July 1, 2025 - June 30, 2026

None None None None None None None None None None None None None None

	Not Used	Specify as needed (type 0 if nothing)	Actual FY24	Estimate FY25	Proposed FY26
WAAC Grant	X				
Membership Dues	X				
Other Grants (specify)	X				
Foundation	X				
Individual Contributions	X				
Corporate Contributions	X				
Other Contributions (specify)	X				
Admissions/Ticket Sales	X				
Concessions/Product Sales	X				
Interest	X				
Other program generated revenue (specify)	X				
Net Revenue	X				

from Fundraising					
In-Kind Contributions (specify)	X				
Other (specify)	X				
Totals			0	0	0

**Revenue Notes:**

(No response)

**EXPENSES**

Insert your total *expenses* using the form below. We understand not all categories may apply, so we ask that you do your best. Additional notes may be added after the form.

- Actual FY24 runs July 1, 2023 - June 30, 2024
- Estimated FY25 runs July 1, 2024 - June 30, 2025
- Proposed FY26 runs July 1, 2025 - June 30, 2026
- WAAC Funding Used - Type "0" if WAAC funding did not go to this line item OR you are using WAAC funding for general operating expenses)

None None None None None None None None None None None None None None None None  
 None None None None

	Not Used	Specify as needed (type 0 if nothing)	Actual FY24	Estimate FY25	Proposed FY26	WAAC Funding Used
Salaries - Admin/Directors	X					
Salaries - Admin/Support	X					
Salaries - Artist/Performer Fees	X					
Salaries - Other (specify)	X					
Office Rent	X					
Utilities	X					
Insurance/Bonding	X					
Travel (specify)	X					
Materials/Equipment Costs	X					

Printing/Duplication	X					
Postage	X					
Advertising	X					
Repairs/Maintenance	X					
Facility Rentals	X					
Real Estate Taxes	X					
Interest Charges	X					
Bank Charges	X					
Admission Taxes	X					
Fundraising Expenses	X					
Other (specify)	X					
Totals			0	0	0	0

**Expense Notes:**

(No response)

**O. Statement of Financial Position**

*Please complete the tables below with your recent Statement Position or Balance Sheet. If using your own statement, you can upload it below, but you must include all of the same information in the table below.*

## ASSETS

If you are uploading your own Statement, please check the "not used" boxes below.

None None None

	Not Used	Total to Date	Note	Prior Year
Current Assets	<input checked="" type="checkbox"/>			
Fixed Assets	<input checked="" type="checkbox"/>			
Long-Term Assets	<input checked="" type="checkbox"/>			
Total		0		0

## LIABILITIES

If you are uploading your own Statement, please check the "not used" boxes below.

None None

	Not Used	Total to Date	Note	Prior Year
Current Liabilities	<input checked="" type="checkbox"/>			
Long-Term Liabilities	<input checked="" type="checkbox"/>			
Total		0		0

## TOTAL LIABILITIES AND ASSETS

If you are uploading your own Statement, please check the "not used" boxes below.

None None

	Not Used	Total to Date	Note	Prior Year
Current Liabilities	<input checked="" type="checkbox"/>			
Long-Term Assets	<input checked="" type="checkbox"/>			
Total		0		0

### Additional notes:

(No response)

If you did not use the table above, please upload your Statement here.

[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**

Recipients are required to submit a final report, to include accounting for grant expenditures, by June 30<sup>th</sup> of that year. Organizations with outstanding Final Reports will not be eligible for future funding until the report is received.