

Blank Application

Williamsburg Area Arts Commission Grant

Summary

ID: 0000000145

FY25 Williamsburg Area Arts Commission Grant Application

Incomplete

Application for FY25 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.

	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 1

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.

Use the budget template provided to upload here. The template is available as a [fillable pdf](#) with Adobe Acrobat Reader or as an [Excel document](#). The template is required. Please attach your completed Project Budget Form.

You **MUST USE** the WAAC Form. Please **DO NOT** change the formulas embedded in the spreadsheet. (The WAAC fiscal year is July 1 - June 30.)

Insert your total revenues and expenses here. Note that budgets *should* balance.

	Actual FY23 (July, 2022 - June 30, 2023)	Estimate FY24 (July 1, 2023 - June 30, 2024)	Proposed FY25 (July 1, 2024 - June 30, 2025)
Revenues			
Expenses			

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)

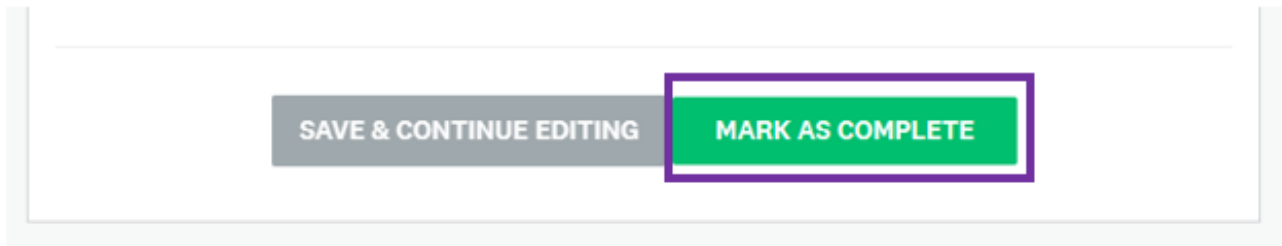
Date (MM/DD/YYYY)

(No response)

NOTE

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

Once you have completed filling out your application, you must hit the green MARK AS COMPLETE button at the bottom of this page (as seen in the image below).



On the next page, you can then review your application, but you must hit the final green SUBMIT button (see below) on the left sidebar to complete the application process.

