

Application

Williamsburg Area Arts Commission Grant

Summary

ID: 0000000046

FY24 Williamsburg Area Arts Commission Grant Application

Incomplete

Application for FY24 Williamsburg Area Arts Commission Grant

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

General Operating Support OR Special Project Support

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)

Your 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 Address:

(No response)

President/CEO/Executive Director:

(No response)

President/CEO/Executive Director Email Address:

(No response)

President/CEO/Executive Director Phone Number:

(No response)

President/CEO/Executive Director Address:

(No response)

WAAC Liaison Commissioner:

Leave blank if you are not a current grantee.

(No response)

A. Your Organization's Mission Statement

(No response)

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

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)

C. Specify here how funds awarded by the Williamsburg Area Arts Commission will be used for either operating support or your specific project support.

If a specific project is proposed, please submit a plan of work, including a budget, for the project. (Please include appropriate budgetary details for either operating or specific project support in the appropriate column in the Budget Section O. of this application.)

(No response)

D. List below other sources of support for operating support and/or special projects for which funds are requested. Included in-kind contributions.

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

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

(No response)

If yes, please list collaborators and explain collaborative efforts for each.

(No response)

F. What percentage of your board contributes either financially or with in-kind services?

(No response)

G. Creative Director

Who will oversee the artistic direction of this project? List title and principal qualifications.

(No response)

Please upload a bio and/or additional information about your Creative Director below.

H. Marketing and Promotion

Explain the overall marketing and promotional strategy. (WAAC is particularly interested in how you will try to reach your target audiences. Note that "general public" is not a target audience.)

(No response)

I. What is the marketing and promotional strategy for WAAC supported activities?

(List all media sources here, and include any of your organization's social media sites.)

(No response)

J. Describe any special effort(s) directed to Youth, Seniors, Ethnic Minorities, People with Disabilities, other special audiences, or those unable to participate due to financial circumstances.

(No response)

K. Admission Fees

Do you charge for your events/services?

(No response)

If yes, please include your price structure.

	Category	Amount	Pre-sale Amount

L. Schedule and Event Details

In the following space, list as much information as you are able for each event or service as proposed for WAAC funds. This schedule must be completed, if only an estimate. (FT/PT = full time/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)

EVENT 2

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)

EVENT 2

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)

EVENT 3

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)

EVENT 4

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)

EVENT 5

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)

EVENT 6

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)

EVENT 7

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)

EVENT 8

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)

EVENT 9

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)

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)

M. Board of Trustees

Please attach your board of directors/trustees here OR list them below.

If you did not upload your Board of Directors, please list them below.

(No response)

N. Federal Tax Exemption Letter

Upload your federal tax exemption letter (Label N) here.

O. ORGANIZATION & PROJECT BUDGETS

Use the budget template provided (Label O) to attach here. The template is available as a [fillable PDF](#) (you will need to have [Adobe Acrobat Reader](#)) or an [Excel document](#).

Using your budget, input your total revenues and expenses here. Note that budgets should balance.

	Actual FY21-22	Estimate FY22-23	Proposed FY23-24
Revenues			
Expenses			

P. Statement of Financial Position

Please complete the forms below with your recent Statement Position or Balance Sheet. If using your own statement, you will be able to attach your statement on the next page, but you must include all of the following information.

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

ASSETS

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

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

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.**Q. 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)

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.

