

DATE OF APPLICATION:

1



NAME OF ORGANIZATION:

2

REGISTERED CHARITY # & ADDRESS (NUMBER/STREET/ CITY/POSTAL CODE/ WEBSITE):

3

APPLICATION PREPARED BY:

4

CURRENT ANNUAL BUDGET:

5

\$

LAST FISCAL TOTAL REVENUE:

\$

LAST FISCAL TOTAL DEFICIT:

\$

AMOUNT REQUESTED:

6

\$

FOCUS OF YOUR ORGANISATION

PERFORMING ARTS:

7

VISUAL ARTS:

OTHER:

PLEASE SPECIFY THE LAST TIME YOUR ORGANISATION RECIEVED FUNDING FROM INCITE (IF APPLICABLE):

8



AMOUNT:

\$

AWARD APPLICATION



IF YOU FILLED OUT BOX 8, PLEASE COMPLETE BOXES 13 - 17 ON PAGE 2.

PRIMARY AUDIENCE(S) THAT WILL BE MOST AFFECTED BY THE FUNDS REQUESTED:

9

DESCRIBE THE PROGRAM OR EVENT, OR OVERALL PURPOSE, INCLUDING ONGOING OPERATIONS, ON WHICH THE FUNDS YOU ARE REQUESTING WILL BE USED INCLUDING THE DATE THE FUNDS ARE REQUIRED, THE DATE(S) OF THE LAUNCH OF THE PROGRAM OR EVENT:

10

THE AMOUNT REQUESTED WILL HELP YOUR ORGANIZATION TO:

11

HOW YOUR ORGANIZATION WILL MEASURE THE SUCCESS OF THIS PROGRAM OR EVENT UPON COMPLETION:

12

NOTE: ALL FIELDS MUST BE COMPLETED TO BE CONSIDERED FOR FUNDING

DESCRIBE FOR WHICH PROGRAM OR EVENT THE FUNDS WERE USED:

13

[Empty text box for question 13]

WHAT QUANTITATIVE OUTCOMES DID YOU ACHIEVE FOR YOUR TARGET POPULATION OR COMMUNITY?

14

[Empty text box for question 14]

DO YOU INTEND TO CONTINUE THIS PROJECT? IF SO, HOW WILL IT BE FUNDED? IF NOT, WHY?

15

[Empty text box for question 15]

WHAT WERE THE KEY LEARNINGS FROM DOING THIS PROJECT? IF YOU WERE TO DO IT AGAIN WHAT WOULD YOU CHANGE?

16

[Empty text box for question 16]

HOW DID YOU EVALUATE YOUR PROJECT?

17

[Empty text box for question 17]

ADDITIONAL INFORMATION OR COMMENTS YOU WOULD LIKE THE BOARD OF INCITE TO CONSIDER AS PART OF YOUR APPLICATION:

18

[Empty text box for question 18]

PLEASE PROVIDE THE FOLLOWING ATTACHMENTS:



DETAILED FINANCIAL STATEMENT SHOWING PROJECT REVENUES AND EXPENDITURES



PHOTOGRAPHS OF ACTIVITIES RELATING TO THE FUNDED PROJECT (IF AVAILABLE)



COPIES OF PROMOTIONAL/MARKETING MATERIAL WITH THE INCITE LOGO



ANNUAL REPORT (IF AVAILABLE)



COPIES OF ANY MEDIA COVERAGE



EVALUATION REPORTS (IF AVAILABLE)