

AWARD APPLICATION

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

1 Date of Application Day/Month/Year	2 Name of Organization & Registered Charity #:	3 Address Number/Street/City/Postal Code/Website		
4 Application Prepared by: Name/Title	5 Current Annual Budget \$ Last fiscal total revenue \$ Last fiscal total surplus/deficit \$	6 Amount Requested: \$	7 Focus of your Organization: Select one of the following: <input type="radio"/> Performing Arts - please specify _____ <input type="radio"/> Visual Arts - please specify _____ <input type="radio"/> Other - please specify _____	
8 Please specify the last time your organization received funding from incite and the amount received: Date: _____ Amount: _____ Not applicable <input type="radio"/>	9 If you answered yes to Box 8, describe for which program or event the funds were used:		10 Primary audience(s) that will be most affected by the funds requested:	
11 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 dates(s) of the launch of the program or event: (Please limit description to fit the provided area)				
12 The amount requested will help your organization to: (Please limit description to fit the provided area)				
13 How your organization will measure the success of this program or event upon completion: (Please limit description to fit the provided area)				
14 Additional information or comments you would like the Board of incite to consider as part of your application: (Please limit description to fit the provided area)				
15 Primary Contact: Name/Title/Phone/Cell Phone/email			16 Secondary Contact: Name/Title/Phone/Cell Phone/email	