



## 2019-20 Performance Grant Application

### Application Checklist

GRANT APPLICATION PERIOD OPENS: APRIL 8, 2019

GRANT DEADLINE: APRIL 29, 2019 | 4:00 PM

GRANT NOTIFICATION: JUNE 2019

#### SUBMISSION GUIDELINES:

- Email signed PDF (word documents or any other format will not be opened or considered) to [niki@toarts.org](mailto:niki@toarts.org)
- Hand deliver or mail one copy to TOARTS, Attn: Niki Richardson, 2100 Thousand Oaks Blvd., Thousand Oaks, CA 91362 (*must be received by April 29, 2019 by no later than 4:00 p.m., postmarks do not count*):

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#### MUST MEET ALL ELIGIBILITY CRITERIA

ORGANIZATION NAME: \_\_\_\_\_

- 501 (c)(3) tax ID number (EIN): \_\_\_\_\_
- Secured performance date on the Bank of America Performing Arts Center calendar
- Performance must be available to the public to attend.
- Performance must have secured additional funding. TOARTS will not fund more than 50% direct production costs of performance.

*Funding will not be provided in support of performances that are primarily for fundraising or what may be considered partisan purposes.*

#### **ADDITIONAL DOCUMENTS – DO NOT STAPLE. PLEASE PAPERCLIP ALL DOCUMENTS IN THE EXACT ORDER OUTLINED BELOW.**

Please be sure your application includes all parts and, in the order, outlined below.

#### **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.**

- This Page as a Cover Sheet
- Organization Information
- Performance(s) Budget
- Funding Sources
- Projected Overall Organization Budget 2019-20
- Previous fiscal year Financial Statement
  - Profit & Loss Statement 2018-19
  - Balance Sheet 2018-19
- Certification Page

**Organization Information**

- 1. Name of Organization: \_\_\_\_\_
- 2. Mission/Primary Purpose of your organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- 4. Grant Contact: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

- 5. Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

- 6. Social Media Handles: \_\_\_\_\_

- 7. Name and date of specific performance(s) for which funds are requested.

Date	Name	Direct Cost of Performance

- 8. Grant Request: \$\_\_\_\_\_ Total Direct Performance Cost: \$\_\_\_\_\_

- 9. Total 2019-20 Organizational Expense Budget (projected): \_\_\_\_\_



## Performance Budget

Please do not include decimals. Round up or down to the nearest dollar.

**NOTE: you may attach a separate profit and loss budget in lieu of filling out this page.**

### INCOME

Possible categories: grants, individuals, business support, events, fees for service, etc.

Source	Total Project (\$)	Notes
<b>Total Income</b>		

### EXPENSES

Item	Total Project (\$)	Notes
<b>Total Expenses</b>		

**IF using additional pages, please attach behind this page**

**Funding Sources**

Have you received prior funding from TOARTS?

Year	Amount	Purpose/Performance

## Certification

Successful applicants will receive a credit which will be paid directly to the City of Thousand Oaks Cultural Affairs Department (CAD). This will be posted as a credit on the CAD settlement statement for the designated performance. If grant funding has not been exhausted, a check will be issued to the nonprofit shortly after the performance date.

The Theatre credit may not be used as a qualifying deposit to secure a date on the Bank of America Performing Arts Center calendar.

TOARTS performance credits will be awarded based on available funds and will not exceed 50% of the direct production costs of the performance.

Successful applicants will be required to acknowledge TOARTS as outlined below:

- We agree to include TOARTS in e-blasts and social media where other donors are acknowledged
- We agree to include TOARTS logo and/or name in the commensurate donor level for our organization.
- We agree to provide TOARTS an ad commensurate with the donor level in the program. (please provide TOARTS with dimensions of artwork no less than 30 days before due date to receive a camera-ready PDF)
- By signing below, we certify that, to the best of our knowledge, this application and completed attachments are true and accurate statements.

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Officer of the Board Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_