



New England Foundation for the Arts
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 tel 617.951.0010 x524 fax 617.951.0016
 www.nefa.org | amd@nefa.org

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An initiative of the National Endowment for the Arts, administered by the New England Foundation for the Arts.

AMD Touring Grant Reserved Funding Application

- **Forms must be typed and not stapled**
- **Please keep a copy of all grant documents and forms for your records**
- **Please include this signed cover sheet with the following forms:**

- Application form, completed, signed and dated
- Answers to Application Narrative questions
- Copy of the co-signed contract or Letter of Agreement. If not yet finalized, return the signed contract with the evaluation form following the engagement.
- Tax-exempt determination letter (*required by the NEA*)
- IRS W-9 Form (*required by the IRS; visit irs.gov for current version*)

HISTORY WITH NEFA

To your knowledge, has your organization ever applied for a grant from the New England Foundation for the Arts?

(Check one) Y N

If No, how did you learn about this program?

- MatchBook.org
- NEFA Website
- Other Website
- Presenter
- Artist
- State arts agency
- NEFA Email/Newsletter
- National Endowment for the Arts
- Other _____

CERTIFICATION & COMPLIANCE

I certify that this organization meets all eligibility requirements and that preliminary agreement regarding this project has been reached with the artists' management. I further certify that all the information contained in this application and its attachments is true to the best of my knowledge. Any changes in this project or budget must be *submitted in writing* and are subject to the approval of the New England Foundation for the Arts. The New England Foundation for the Arts reserves the rights to monitor sub-grantees to ensure that applicable terms and conditions of grants are being met. Applicant hereby agrees to execute projects, productions, workshops, and programs in accordance with the requirements of the following laws and regulations governing federal financial assistance. **A. Title VI of the Civil Rights Act of 1964** provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity. **B. Section 504 of the Rehabilitation Act of 1973** provides that no otherwise qualified disabled individual shall, solely by reason of his/her disability, be excluded from the participation in, be denied benefits of, or be subject to discrimination under any program. **C. Americans with Disabilities Act ("ADA") of 1990** prohibits discrimination on the basis of disability in employment, state and local government services, and places of public accommodation and commercial facilities. **D. Age Discrimination Act of 1975** provides that no person, on the basis of age, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity. **E. Title IX of the Education Amendments of 1972** provides that no person be excluded from participation in, be denied the benefits of, or be subject to discrimination on the basis of sex. Applicant also agrees to comply with the Drug-Free Workplace Act of 1988 and agrees to comply with Title 29 (Part 505) or the Code of Federal Regulations entitled "Labor Standards on Projects or Productions assisted by Grants from the National Endowment for the Arts" and with U.S.C. Sec. 1913 regulating lobbying with appropriated monies. Also, in accordance with our grant from the National Endowment for the Arts, applicant is subject to federal regulations as described in Office of Management and Budget Circulars A-110, Attachments C and F; A-122, Cost Principles; and A-133.

 Signature of Authorizing Official

 Date

 Name and Title of Authorizing Official (*please print*)

 Date

For Office Use Only:

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NEW ENGLAND FOUNDATION FOR THE ARTS

New England Foundation for the Arts AMD Touring Grant Reserved Funding Application

1. General Information

a. Legal Name of Presenting Organization: _____

AKA: _____

Contact Person: Last Name: _____ First Name: _____

Title: _____ Telephone: _____

Email: _____ Website: _____

Address of Organization: _____

City: _____ State: _____ Zip + 4: _____

b. Federal Employee ID Number (Required): -

c. Legislative Information of Presenting Organization (Required): US Congressional District #: _____

d. Organization Status: 01 Individual 02 Organization-Non Profit 03 Organization-Profit 04 Government-Federal
05 Government- State 06 Government- Regional 07 Government-County 08 Government-Municipal
09 Government-Tribal 99 None of the Above

e. What is the primary arts discipline presented by your organization? (Check only one)

- 01 Dance**
 - Ballet A
 - Ethnic/Jazz (including folk-inspired) B
 - Modern C
- 02 Music**
 - Band A
 - Chamber B
 - Choral C
 - New (including experimental, electronic) D
 - Ethnic (including folk-inspired) E
 - Jazz F
 - Popular G
 - Solo/Recital H
 - Orchestra I
- 03 Opera/Musical Theater**
 - Opera A
 - Musical Theater B
- 04 Theater**
 - Theater - General A
 - Mime B
 - Puppet D
 - Theater for Young Audiences E
- 05 Visual Arts**
- 14 Multi-disciplinary**

f. Which best describes your organization? (Check only one)

- 03 Performing Group
- 04 Performing Group - College/University
- 05 Performing Group - Community
- 06 Performing Group - for Youth
- 07 Performance Facility
- 08 Museum - Art
- 09 Museum - Other
- 10 Gallery/Exhibition Space
- 11 Cinema
- 12 Independent Press
- 13 Literary Magazine
- 14 Fair/Festival
- 15 Arts Center
- 16 Arts Council/Agency
- 17 Arts Service Organization
- 18 Union/Professional Association
- 19 School District
- 20 School - Parent/Teacher Org.
- 21 School - Elementary
- 22 School - Middle
- 23 School - Secondary
- 24 School - Vocational/Technical
- 25 School - Other: Non-arts schools not included in codes 19, 24, 26, or 48.
- 26 College/University
- 27 Library
- 28 Historical Society/Commission
- 29 Humanities Council/Agency
- 30 Foundation
- 31 Corporation/Business
- 32 Community Service Org.
- 33 Correctional Institution
- 34 Health Care Facility
- 35 Religious Organization
- 36 Senior Citizens' Center
- 37 Parks and Recreation Dept.
- 38 Government - Executive
- 39 Government - Judicial
- 40 Government - Legislative (House)
- 41 Government - Legislative (Senate)
- 42 Media - Periodical
- 43 Media - Daily Newspaper
- 44 Media - Weekly Newspaper
- 45 Media - Radio
- 46 Media - Television
- 47 Cultural Series Organization
- 48 School of the Arts
- 49 Arts/Camp/Institute
- 50 Social Services Organization
- 99 None of the Above



NEW ENGLAND FOUNDATION FOR THE ARTS

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g. Legal Name of Artist/Group: _____
 Performing Name of Artist/Group (if different): _____
 Contact Person: Last Name: _____ First Name: _____
 Title: _____ Telephone: _____
 Email: _____ Website: _____
 Address: _____
 City: _____ State: _____ Zip + 4: _____

h. Name of Artist Representative (if applicable): _____
 Contact Person: Last Name: _____ First Name: _____
 Title: _____ Telephone: _____
 Email: _____ Website: _____
 Address: _____
 City: _____ State: _____ Zip + 4: _____

2. Project Summary

a. Project Title: _____
 Choreographer Name: _____
b. Beginning and ending dates of artist engagement: Beg: _____ End: _____
c. Are tickets being sold to the performance(s)? Y N
 If yes, how many do you plan to sell? _____ At what price(s)? _____
d. Total number of artists, named above in item 1.g, directly involved in providing artistic services for this project: _____
e. Number of activities by artist in 1.g. (Enter all that apply; discuss these activities and additional items in Narrative Section 4.):

# _____	Concerts/performance	# _____	Commission	# _____	Lecture-demonstration
# _____	Panel	# _____	Q&A	# _____	Podcast/Blog
# _____	Reception	# _____	Rehearsal	# _____	Training
# _____	TV/radio interview	# _____	Work in progress showing	# _____	Workshop

f. Audience participating in artist led activities noted in 2.e. (concerts, workshops, etc.)
 Adults #: _____ Youth (18/under) #: _____ Older Adults (65/older) #: _____ **Overall Total #:** _____
g. Date and time of main performance: Date: _____ Time: _____
h. Name, address and box-office phone number of main performance:

i. Arts education: Does this project include an organized and systematic educational effort with the primary goal of increasing an identified learner's knowledge of and/or skills in the arts with measurable outcomes? (CHOOSE ONE)

01 50% or more of project's activities are arts education directed to:

K-12 students Higher education students Pre-kindergarten Adult learners

02 Less than 50% of project's activities are arts education directed to:

K-12 students Higher education students Pre-kindergarten Adult learners

99 None of this project involves arts education



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3. Touring Project Budget

Round to the nearest dollar; prorate for this project.
Do not combine figures for series/festival events.

a. Estimated Expenses	
Artistic Fee (From Contract with artist)	
Artist Expense - Per diem	
Artist Expense - Accommodations	
Artist Expense - Travel	
1. Total Artistic Fees for group/artist listed on page 1 in item 1.g. (Sum four lines above)	
Is this amount different from the original application amount? If so, please explain in Narrative Section 4	
2. Other Project Expenses (may include equipment rental, etc...)	
3. Space Rental	
4. Marketing/Publicity	
5. TOTAL CASH EXPENSES (Add lines 1-4)	
b. Actual In-Kind Contributions (cash value of all items and services donated to this project)	
c. Estimated Revenue	
6. Admissions	
7. Corporate Contributions	
8. Foundations Grants	
9. Other Private Contributions	
10. Government Grants	
Federal	
State/Regional (please name):	
Local	
11. Other Revenue	
12. Applicant Cash/Contribution	
13. TOTAL APPLICANT REVENUE	
14. TOTAL NEFA Grant Request	
15. TOTAL REVENUE	
<i>Add lines 13+14. This amount must be greater than or equal to TOTAL CASH EXPENSES (line 5).</i>	

4. Narrative

Please attach two single sided 8½ x 11 pages with one-inch margins and font size of at least 11 point.

1. Describe the engagement, including performances (work or repertory to be performed) and residency activities. Note planned activities/partnerships with community or area dance resources.
2. Describe promotion and marketing plans for the project.
3. How are you meaningfully reaching out to and educating the underserved in your community? Please identify the targeted population(s) (i.e. rural, inner city/urban, and/or artistically under-served) and describe how you are defining "underserved."



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Receipt Form

NEFA Application Number: FY____(last two digits of current year)-_____(5 digits long)

1. THIS SECTION TO BE COMPLETED BY THE ARTIST OR A REPRESENTATIVE OF THE ARTISTIC GROUP

(*The combination of these amounts must match the total artistic fee as it appears on your NEFA application form, contract with the performing group, composer, or artist, and Evaluation form.)

This is to verify that I have received \$_____Cash*

This is to verify that I have received services equal to \$_____Housing*

This is to verify that I have received services equal to \$_____Travel*

From: _____
(Legal name of presenter-Please print legibly)

For artistic services rendered on _____
(Dates of performances/presentation)

PERFORMING GROUP/ARTIST: _____

SIGNATURE OF ARTIST OR REPRESENTATIVE: _____

NAME: _____

DATE OF PAYMENT: _____
(Please print)

2. THIS SECTION TO BE COMPLETED BY THE PRESENTER

This is to verify that all services described on the New England Foundation for the Arts (NEFA) AMD Touring Grant Reserved Funding Application form, in connection with the artistic services of the above named performing group, composer or artist, have taken place.

PRESENTER: _____

SIGNATURE OF REPRESENTATIVE: _____

NAME: _____

DATE OF PAYMENT: _____
(Please print)