

2020 Grant Application Applications open February 1 - March 16, 2020 For projects funded from June 1, 2020 through May 31, 2021

To download a copy of the entire application for offline reading please scroll to bottom and use "Print Form" button.
To download the 2020 Application Guidelines and F.A.Q. Click here
I have read the guidelines and F.A.Q. and agree to follow them. *
Performing Arts Organization
Please check if this is the first time this organization has applied for a Saints Grant. (Used for
statistical purposes only.)
Performing Arts Category * Theater Dance Music Dance
Name of Organization * Organization Mission Statement (50 words or less)
Project Request
Project Name * Describe your project in detail (300 words or less) *
Total Project Budget *
Funds Requested for Project (up to \$5,000) * Summary of how you will use Saints grant funds to support your project (50 words or less) *

If the amount requested is only pa the balance needed to complete t	art of the project, then state how the organization intends to obtain the project (100 words or less)
the balance needed to complete t	
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Organization Information	
Full Legal Organization Name *	
EIN (Employer Identification Num	ber) *
Street Address *	5
Street Address Line 2	
City *	
State *	
Zip Code *	
Organization Phone *	
Organization Website *	http\(\mathcal{U}\)
Organization E-mail *	<u> </u>
Contact Person *	
Title *	
Contact Phone Number *	
Contact E-mail Address *	This person will be contacted if grant is awarded.
Artistic Director	
Phone Number	
E-mail Address	
Managing Director	
Phone Number	

E-mail Address	
Please list your	organization officers of the Board of Directors
Name Position	line
Name Position	connibleted online
Name Position	conniple
Name Position	The state of the s
Name Position	ations at
Legal Verification and Finance	2"()"
	documents or your application will not be considered for 2020 Application Guidelines for how to name your documents.):
_	ganization Exempt from Income Tax To verify organization status: s/Exempt-Organizations-Select-Check * YOUR_ORG_NAME 990
	al year's financial statement. (It should include the original revenue & evenue and expenses. Include date approved by your Board of Directors). * YOUR_ORG_NAME Complete Year Financial Statement
	for your current fiscal year. (It should include projected revenues and nd expenses through January 31, 2020 or later. Include date approved by YOUR_ORG_NAME Current Fiscal Year Financial Statement
AFTER February 1, 2019 http://www	eted form for your institutional records, please be sure to click
the Finit Form Button BEFOR	Submit Print Form