



KNIGHT NEW WORK AWARD 2010 GRANT APPLICATION

The Knight New Work Award (KNWA) is intended for a new work (a world premiere) which is presented in Miami Dade between July 1, 2010 and December 31, 2011. Plans for the presentation of the new work must include innovative reach to a broad cross-section of the local population at least once during the run of the performance/exhibit.

FACT SHEET

1. Organization name and year founded: _____
2. Previous/other/ dba name: _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. Mailing address (if different): _____
5. Telephone: _____ Fax: _____ e-mail: _____ website: _____
6. Person to contact for additional information (name/title): _____
7. Telephone/fax/e-mail (if different): _____
8. Name/telephone of individual who prepared application: _____

9. List grants received from **FUNDING ARTS NETWORK:**

<u>Year</u>	<u>Program</u>	<u>Amount Received</u>
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10. Current fiscal year budget of Applicant (exclude in-kind): _____
11. Title of proposed program: _____
12. Total cost of proposed program: \$ _____.
13. Start date of proposed program: _____ Project completion date: _____
14. Other sources of support for proposed program:

<u>Funder (add asterisk if Board Member)</u>	<u>Requested</u>	<u>Received</u>	<u>Date Expected</u>	<u>Response Date</u>
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(Attach an additional page, if necessary)

15. Printed name of Executive Director: _____
16. Signature of Executive Director: _____ Date: _____

NOTE: This signature certifies that the Executive Director has reviewed this application, supports its submission and confirms that the content is accurate.

PROPOSAL SUMMARY

1. Name of Organization: _____
2. Title of Proposed Program: _____
3. Discipline (check one): Dance____, Music____, Theater____, Visual Arts____ . multi-media _____.

4. Proposal Specifics:

(A) Description of proposed program; how the program qualifies as a new work; why it is a work of high artistic merit; and what contribution will it make to the audience and/or the community –

(B) If there are collaborating organizations, please list and explain their involvement and importance to the proposed program-

(C) What is innovative about your plans for audience reach? Describe how you will, at least once, present to a broad cross-section of Miami- Dade's population (**Special Showing(s)**) including how this is different than your usual practice; and how your approach will bring together a diverse and non-traditional audience for your program.

(D) (1) Number of performances or length of exhibition –

(2) Are there any plans for extending the life/impact of your planned program beyond the initial performance/exhibit dates? Please explain.

(E) (1) Dates of performances or exhibition; venue for each date; and venue capacity-

(2) Will any non-traditional venues be used? Please describe.

(F) (1) Describe your target audience(s) giving the projected number per performance/exhibit and expected audience demographics, including the audience number and demographics for **Special Showing**. **(You may use the back of this sheet if more space is needed to adequately respond.)**

(2) Describe your plans to measure audience demographics and attendance.

(G) Explain your marketing plans to reach the (1) target audience(s) and (2) **Special Showing(s)** audience **(You may use the back of this sheet if more space is needed to adequately respond.)**

PROPOSED PROGRAM PROJECTED BUDGET- EXPENSES

FOR THE PERIOD: ____/____/____ TO ____/____/____

Name of Organization: _____

CATEGORY	CASH EXPENSES	IN-KIND CONTRIBUTIONS	TOTAL	FUNDING ARTS NETWORK AMOUNT OF REQUEST
Personnel:				
Administrative	\$ _____	\$ _____	\$ _____	\$ _____
Artistic Staff	\$ _____	\$ _____	\$ _____	\$ _____
Technical/Production	\$ _____	\$ _____	\$ _____	\$ _____
Grant Writing	\$ _____	\$ _____	\$ _____	_____
Fundraising	\$ _____	\$ _____	\$ _____	_____
Outside Artistic Fees	\$ _____	\$ _____	\$ _____	\$ _____
Outside Technical Fees	\$ _____	\$ _____	\$ _____	\$ _____
Outside Honoraria	\$ _____	\$ _____	\$ _____	_____
Other: _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
Supplies and Equipment:				
Program Materials	\$ _____	\$ _____	\$ _____	\$ _____
Costumes	\$ _____	\$ _____	\$ _____	\$ _____
Sets/Exhibits	\$ _____	\$ _____	\$ _____	\$ _____
Equipment Purchases	\$ _____	\$ _____	\$ _____	_____
Technical Equip. Rentals	\$ _____	\$ _____	\$ _____	\$ _____
Office Supplies	\$ _____	\$ _____	\$ _____	_____
Postage	\$ _____	\$ _____	\$ _____	_____
Other: _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
Rent:				
Proposal/Program	\$ _____	\$ _____	\$ _____	\$ _____
Office	\$ _____	\$ _____	\$ _____	_____
Other: _____	\$ _____	\$ _____	\$ _____	_____
Public Relations/Marketing:				
Public Relations	\$ _____	\$ _____	\$ _____	_____
Marketing/Promotion	\$ _____	\$ _____	\$ _____	_____
Ticket Sales	\$ _____	\$ _____	\$ _____	_____
Other: _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
Other Expenses:				
Utilities	\$ _____	\$ _____	\$ _____	_____
Insurance	\$ _____	\$ _____	\$ _____	_____
Permits/Fees	\$ _____	\$ _____	\$ _____	_____
Travel	\$ _____	\$ _____	\$ _____	_____
Busing	\$ _____	\$ _____	\$ _____	_____
Trucking & Hauling	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
TOTALS:	\$ _____	\$ _____	\$ _____	\$ _____

PROPOSED PROGRAM PROJECTED BUDGET - INCOME

FOR THE PERIOD: ____/____/____ TO ____/____/____

Name of Organization: _____

CATEGORY	CASH RECEIPTS	IN-KIND CONTRIBUTIONS	TOTAL
Earned Income:			
Ticket Sales	\$ _____	\$ _____	\$ _____
Performance Fees	\$ _____	\$ _____	\$ _____
Program-Related Sales	\$ _____	\$ _____	\$ _____
Applicant Cash	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Projected Contributed Income:			
Annual Fund Donations	\$ _____	\$ _____	\$ _____
Fundraising Events	\$ _____	\$ _____	\$ _____
Corporate Support	\$ _____	\$ _____	\$ _____
Individual Support	\$ _____	\$ _____	\$ _____
Government:	\$ _____	\$ _____	\$ _____
Federal Grants	\$ _____	\$ _____	\$ _____
State Grants	\$ _____	\$ _____	\$ _____
Local Grants	\$ _____	\$ _____	\$ _____
Foundation Grants	\$ _____	\$ _____	\$ _____
FAN-Knight NWA	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

ATTACHMENT A

Name of Organization: _____

CHECKLIST

- Applicant is a not-for-profit Florida corporation, in good standing, or a division or unit of such; or applicant is a Florida public entity, college or university, or a division or unit of such.
- Organization is currently registered with the Florida Department of Agriculture and Consumer Affairs to solicit funds, or is a public educational entity excluded under S.496.403 of the Florida Statutes.
- Proposed project will take place in Miami-Dade County.
- Proposed project will take place between July 1, 2010 and December 31, 2011.
- Yes, if we are selected as a grantee, we agree that FAN and Knight Foundation websites may include a link to our Webpage. Our website address is _____.

Signature _____

Executive Director

date

ATTACHMENT F

TOTAL OPERATING RESULTS AND PROJECTIONS

Complete each line of the following summarized budget form with actual results of the most recent fiscal year, expected results of the current fiscal year and projections for the next fiscal year. Do not include the costs of capital items, or the depreciation of capital items, as an operating expense. Contributions or other income dedicated to support the purchase of capital items should not be listed here. Round all figures to the even dollar. Large budgets may be rounded to the thousands.

[If applicant is a division or unit of an umbrella organization, do not use the financial statement of the umbrella organization. Include only the portion of the budget that applies to the division or unit for performance/exhibition].

FISCAL YEAR (Month/Day): _____ to _____.

ROUNDED TO: _____

1. Completed 2. Current 3. Next
20__ to 20__ 20__ to 20__ 20__ to 20__

EXPENSES:

1) Personnel-Administrative	_____	_____	_____
2) Personnel-Artistic	_____	_____	_____
3) Personnel-Technical/Production	_____	_____	_____
4) Outside Artistic Fees/Services	_____	_____	_____
5) Outside Other Fees/Services	_____	_____	_____
6) Rent/Mortgage (circle one)	_____	_____	_____
7) Travel	_____	_____	_____
8) Marketing	_____	_____	_____
9) Remaining Operating Expenses	_____	_____	_____
10) Total Cash Expenses	_____	_____	_____
11) Total In-Kind (Line 26)	_____	_____	_____
12) Total Expenses (Lines 10 + 11)	_____	_____	_____

INCOME:

13) Admissions	_____	_____	_____
14) Contracted Services	_____	_____	_____
15) Other Revenues	_____	_____	_____
16) Corporate Sponsors (non-Board)	_____	_____	_____
17) Corporate Sponsors (Board-related)	_____	_____	_____

18) Foundation Support	_____	_____	_____
19) Other Private Support (non-Board)	_____	_____	_____
20) Other Private Support (Board)	_____	_____	_____
21) Government Support – Federal	_____	_____	_____
22) Government Support – State	_____	_____	_____
23) Government Support – Local	_____	_____	_____
24) Cash on Hand and Savings	_____	_____	_____
25) Total Cash Income (Lines 13-23)	_____	_____	_____
26) Total In-Kind Contributions	_____	_____	_____
27) Total Income (Lines 25+26)	_____	_____	_____
28) Operating Fund Balance :			
- Beginning	_____	_____	_____
- End of Year	_____	_____	_____