

# State Touring Program 2008-2010 PRESENTER SUPPORT APPLICATION

ALL INFORMATION IS REQUIRED, DO NOT LEAVE ANY BLANKS.

APPLICATION # \_\_\_\_\_  
DCA use only

## APPLICANT INFORMATION

**Legal Organization Name** (public schools, list school board followed by the individual school as "ABC County School Board, XYZ Middle School")

**Federal Employment Identification Number (FEID)**

**Phone**

**Fax**

No checks can be issued without this number

## NON-PROFIT ORGANIZATIONS

**Is this organization:**

(1) incorporated or authorized as a not-for-profit corporation in good standing, pursuant to Chapter 617, Florida Statutes \* (Chapter 623, FS. for private schools)?  yes  no

(2) designated as a tax-exempt organization as defined in s.501 (c)(3) or (4), IRS Code of 1954?

yes  no

\* The Division will verify that all fees are current and that the applicant is in good standing with the Division of Corporations.

## PHYSICAL ADDRESS

Street

City

State

Zip Code

County

## MAILING ADDRESS (if different from physical address)

Street

City

State

Zip Code

## CONTACT PERSON INFORMATION

Name

Phone (with area code/extension)

Email Address

## ACCESSIBILITY

Are the applicant's facilities and programs accessible to persons with disabilities?  yes  no

If no, please explain:

## PROJECT DETAILS

Project Start Date

Project End Date

List the county or counties where the project will take place

**COMPANY OR ARTIST REQUESTED**      Select one. Include letters of agreement or contracts

- |   |  |
|---|--|
| <input type="checkbox"/> Atlantic Coast Theatre (A.C.T) for Youth         | <input type="checkbox"/> Jacksonville Symphony Orchestra |
| <input type="checkbox"/> Ayako Yonetani                                   | <input type="checkbox"/> Jennylin Duany                  |
| <input type="checkbox"/> Bits 'N Pieces Puppet Theatre                    | <input type="checkbox"/> Kuniko Yamamoto                 |
| <input type="checkbox"/> Bill Schustik                                    | <input type="checkbox"/> Kevin Sharpe                    |
| <input type="checkbox"/> Caribbean Sound Steel Pan & World Music Ensemble | <input type="checkbox"/> Kirk Whipple & Marilyn Morales  |
| <input type="checkbox"/> Clarita Filgueiras                               | <input type="checkbox"/> Lorna Bracewell                 |
| <input type="checkbox"/> Dance Alive National Ballet                      | <input type="checkbox"/> Sheila Kirsten Hughes Band      |
| <input type="checkbox"/> Dance Now! Ensemble                              | <input type="checkbox"/> St. Johns River City Band       |
| <input type="checkbox"/> Davis and Dow Jazz Duo                           | <input type="checkbox"/> Stephen Robinson                |
| <input type="checkbox"/> Donna Wissinger                                  | <input type="checkbox"/> Tammerlin                       |
| <input type="checkbox"/> Eckerd Theatre Company                           | <input type="checkbox"/> The Core Ensemble               |
| <input type="checkbox"/> Fantasy Theatre Factory                          | <input type="checkbox"/> The Lee Boys                    |
| <input type="checkbox"/> Florida Studio Theatre                           |  |

**STATISTICS**

how many **different events** will be a part of the project? \_\_\_\_\_

how many **performances** will be a part of the project? \_\_\_\_\_

how many **individuals** are expected to participate in the project? \_\_\_\_\_

how many **elders** are expected to participate in the project? \_\_\_\_\_

how many **artists** are expected to participate in the project? \_\_\_\_\_

how many **youth** are expected to participate in the project? \_\_\_\_\_

**PROJECT BUDGET**

- A. Total Company Fee** (as stated in contract) \$ \_\_\_\_\_  
You must attach all letters of agreement or contracts to verify total company fee and booking.
- B. Grant Amount Requested** \$ \_\_\_\_\_  
Up to 1/3 of the company fee rounded down to the nearest dollar. If the entire event will take place in an underpopulated county, you may request up to 2/3rds of the company fee. See guidelines for details.
- C. Applicant Match** \$ \_\_\_\_\_  
A - B = C

**CERTIFICATION**

I certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge and that I will abide by all reporting requirements for all grants received by this organization from the Department of State, Division of Cultural Affairs.

\_\_\_\_\_  
**Authorizing Official** (president, superintendent, principal)

\_\_\_\_\_  
**Title** **Phone**

\_\_\_\_\_  
**Date** **Signature**