

Applicant Information

Organization Name

FEIN Number

DUNS

Mailing Address

Phone

Fax

Website

Physical Address

State House District

State Senate District

Congressional District

Primary Contact

Title

Phone

Email

Mission Statement

Applicant Status

Applicant Institution

Applicant Discipline

A. Additional Applicant Information

1. Popular Name, Department, Art Program or Doing Business As

2. Category to which you are applying

3. Secondary Contact Name

3a. Secondary Contact Title or Position in Organization

3b. Secondary Contact Phone

3c. Secondary Contact Email

4. What is the ending date of your organization's most recently completed fiscal year?

5a. Organizations Operating Income \$0

5b. Organizations Operating Expenses \$0

5c. Dept./Program Operating Income \$0

5d. Dept./Program Operating Expenses \$0

Category to which you are applying

Arts Council Operating (formerly

Community Arts)

Dance

Established Institutions

Mid-Sized Arts Organizations

Minority

Theater

Visual Arts

Missouri Humanities Council

Missouri Public Broadcasting Stations

B. Project Information

1. Proposed Project Title

2. Overall Beginning Date

3. Overall Ending Date

4. Total Cash Expenses

5. MAC Request

(Must match previous on-year request.)

6. Total Cash Income

(All sources INCLUDING MAC request)

7. Has your organization experienced any significant changes since July 2016 (i.e., personnel, funding, programs, etc.)?

8. Project Schedule. List event dates for the project(s) funded through this MAC grant occurring between July 1, 2017 and June 30, 2018.

Include Event Date(s); Event Title/Brief Description; and Location (including full address). If you prefer, a schedule can be uploaded on the Attachements page. Answer this question by typing in the box "See Attached Schedule."

C. Attachments

Board List

Attached

If Applicable Documents Checklist

Project Schedule

Bio Summaries of New Key Personnel

Additional Board List

Missouri Annual or Biennial Registration Report

Authorizing Official Letter

UPLOAD HERE

Audit

Annual Financial Report for Public Broadcasting

Compliance Statement

Authorizing Official's First and Last Name

Authorizing Official's Title

Submitting Person's First and Last Name

Submitting Person's Title