

**LAGUNA BEACH FESTIVAL OF ARTS FOUNDATION**  
**2010 APPLICATION FOR CULTURAL GRANT**  
**Deadline: February 15, 2010**

The Laguna Beach Festival of Arts Foundation was incorporated in 1989 to preserve and promote the fine arts and all other artistic endeavors in and about the City of Laguna Beach, California. Non-profit organizations interested in applying for cultural grant funds are required to supply the following information.

**ORGANIZATION:**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

When organization was established \_\_\_\_\_ Where organization was established \_\_\_\_\_

Goals of the organization \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal Tax ID Non-Profit Exemption Number \_\_\_\_\_

Are organization's headquarters owned, leased or rented? \_\_\_\_\_

**SUPPORT DURING ORGANIZATION'S LAST COMPLETE FISCAL YEAR:**

Fiscal year starting and ending date \_\_\_\_\_

Number of members or subscribers \_\_\_\_\_ Total dues paid \_\_\_\_\_

Number of donors \_\_\_\_\_ Total donations \_\_\_\_\_

Number of paid admissions (if applicable) \_\_\_\_\_ Income from admissions \_\_\_\_\_

Please describe other fund-raising events \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dollar revenue \_\_\_\_\_

**AID REQUEST:**

Amount of aid requested \_\_\_\_\_

How funds would be used (use separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACHMENTS:**

**Leadership:** List names, addresses and phone numbers of current officers and board of directors.

**Financial Statement:** Current balance sheet and detail of revenue and expenditures for past completed fiscal year.

**Service to Laguna Beach:** What service or benefit does your organization provide in the Laguna Beach area?

**Prior Foundation Support:** If your organization received financial support from the Festival of Arts or Festival of Arts Foundation the last completed fiscal year, attach statement indicating how funds were used.

**Additional Information:** Please include any additional information you deem pertinent.

Submitted By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_