

State Touring Program

2012-2014 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

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
 $A - B = C$

\$

ARTISTS REQUESTED (choose one)

Include letters of agreement or contracts

☐ Chaz Mena

☐ Ballet Brika West African Dance Theater

☐ Brazz Dance Theater

☐ Clarita Filgueiras

☐ Dance Alive National Ballet

☐ Dance NOW! Miami

☐ Miami Momentum Dance Company

☐ Moving Current

☐ Neta Dance Company

☐ Roger Beebe

☐ Caribbean Sound

☐ The CORE Ensemble

☐ Davis and Dow

☐ Jacksonville Symphony Orchestra

☐ Chris Kahl

☐ Orlando Philharmonic Orchestra

☐ Stephen Robinson

☐ Tammerlin

☐ Kirk Whipple and Marilyn Morales

☐ Donna Wissinger and Artz Out Loud

☐ Ayako Yonetani

☐ Atlantic Coast Theatre (A.C.T.) for Youth

☐ Bits 'N Pieces Puppet Theatre

☐ Camposition/Octavio Campos

☐ Pablo Cano and Jim Hammond

☐ Eckerd Theatre Company

☐ Fantasy Theatre Factory

☐ Florida Studio Theatre

☐ Kuniko Yamamoto

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 (for example president, superintendent, principal)

Title

Phone

Date

Signature