

CULTURAL ENDOWMENT PROGRAM APPLICATION FORM**PART A. GENERAL INFORMATION (Please type)**

Applicant (Legal name of organization as shown on IRS 501 C (3) or (4) letter)

Applicant name continued (dba, dept., etc.)

Address (mailing):

Zip Code

Address (street):

Zip Code

City:

Resident County of Applicant:

Telephone: Area Code/Number

FAX#:

(check one): € Mr. € Mrs. € Ms. € Dr.

Contact Person: First:

Last:

Fiscal Year Dates: (Month and Day) _____ to _____

PART B. PROGRAM INFORMATION (check all that apply)

€ Requesting Designation as a Cultural Sponsoring Organization

€ Requesting a State Matching Share

Date of Designation as a Cultural Sponsoring Organization (or Fine Arts Sponsoring Organization)
(Month and Year) _____

Date of Receipt of last State Matching Share (Month and Year) _____

Was the last SMS you were awarded your: € First Share € Second Share € Third Share ____ (Number)

PART C. CERTIFICATION AND COMPLIANCE STATEMENT

We Certify that the information contained in this application, including all attachments, is true and correct to the best of our knowledge and that we will abide by all legal, financial, and reporting requirements for all grants received by this organization from the Division of Cultural Affairs. Fill in and sign all three boxes.

	Authorizing Official	Chief Fiscal Officer	Contact Person
Names: (typed)			
Titles:			
Telephone Numbers:			
Dates Signed:			
Signatures			