

Friends of the St. Augustine Amphitheatre, Inc.



Community Grant Application

PURPOSE OF THE COMMUNITY GRANT PROGRAM

To make the arts more accessible to community schools and organizations through grants. Grant award can be used to:

- bring students or community groups to performances (not Amphitheatre concerts)
- assist organizations with rental fees and other expenses required to stage an event at the St. Augustine Amphitheatre.

FUNDING

Once a grant is submitted, the grantee will be notified of the Grant Review Committee's decision within 14 days. It is the intention of the Board to provide as many organizations with funding as possible **within the available budget**.

If a grant is awarded, FOSAA must be recognized for its sponsorship in all related publicity/printed matter.

Applications should be typed in font size of 11 or larger or legibly Hand written. **Incomplete grant applications will not be accepted.** An original and one copy should be mailed to FOSAA, P. O. Box 840179, St. Augustine, FL 32080

For organizations the following should also be attached to the original only:

- Face sheet from Articles of Incorporation
- Copy of the IRS letter of tax-exempt status

ELGIBILITY

Schools and not-for-profit community organizations

ALLOWABLE GRANT EXPENDITURES:

- ticket costs to attend a performance
- bus transportation to attend a performance
- rental fees for facility use and other approved expenses specific to this event

POST GRANT REPORTING REQUIREMENTS:

A final report must be submitted within thirty days of the completion of the event. Failure to submit this report will eliminate the organization from future grant eligibility. Any funds not used or used for non-allowable expenses must be reimbursed to FOSAA within thirty days of the completion of the event.

FOSAA COMMUNITY GRANT APPLICATION

Answer all questions and include requested attachments.

If an answer does not apply to you mark an "N/A"

Name of School or Organization _____

Address _____

Purpose of Grant _____

Event Title and Date and Time of Event _____

Amount Requested _____

Name of person submitting grant _____

Title _____

Address _____

City: _____ State: FL Zip _____

Home phone: _____ cell: _____

E-mail: _____

Have you received a FOSAA grant in the past? Yes___ No___

If yes, for what project(s) and when? _____

If this grant is for attendance at a performance by a school group, number of students involved and ages

If this is for a attendance at a performance by a community organization, number of people involved and profile of attendees

If this is for the staging of an event, approximate number of expected attendees _____

NARRATIVE

For groups staging an Event at the Amphitheatre: Please thoroughly answer these questions on a separate sheet of paper.

1. **Describe** your proposed project.

3. Describe **who** your target audience will be

4. **Who** will be performing or speaking?

5. Tell us **why** this project should receive funding

6. What are your project **goals**?

7 **How will** these goals be measured?

**FOSAA GRANT BUDGET SHEET
 FOR SCHOOLS/ORGANIZATIONS STAGING EVENT
 GRANT REQUESTED FROM FOSAA \$ _____**

Amphitheatre Rental Fees (list below)	Equipment Rental Fees	Other Fees Please List	Total Amount
TOTAL	TOTAL	TOTAL	TOTAL

**FOSAA GRANT PROGRAM
FINAL REPORT FORM
SCHOOLS AND ORGANIZATIONS ATTENDING AN EVENT**

Mail the completed form along with any supporting documentation to FOSAA, P. O. Box 840179, St. Augustine, FL 32080, no later than 30 days after the event. Include copies of receipts and invoices.

Name of Organization or School _____

Address: _____

Person Submitting Report _____

Home Telephone: _____ Cell _____ E-mail _____

Signature: of person submitting this report _____ *Date* _____

For Schools: How many students attended the performance? _____

For Organizations, how many people attended the performance? Children _____ Adults _____

Were your expectations met? Explain

Note: Any remaining funds must be returned to FOSAA.

\$ Bus transportation	Number of students, teachers, chaperones	Total amount requested	total amount actually used	

**FOSAA GRANT PROGRAM
FINAL REPORT FORM
ORGANIZATIONS STAGING AN EVENT**

How many people attended your event? Children _____ Adults _____

Were your original goals met based on the measures listed on your original application? Explain:

Would you consider staging another event at the Amphitheatre? Yes _____ No _____
If "no" please explain:

***Please attach any supporting documentation (brochures, articles,
etc.)***

Photos may be e-mailed to fosaaemail@gmail.com:

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**FOSAA GRANT FINAL BUDGET SHEET
FOR SCHOOLS/ORGANIZATIONS STAGING EVENT
GRANT AWARDED BY FOSAA \$_____**

Amphitheatre Rental Fees (list below)	Equipment Rental Fees	Other Fees	Total Amount Used
TOTAL	TOTAL	TOTAL	TOTAL

Please include copies of receipts and invoices.

Total of unused funds to be returned to FOSAA:_____