State Foundation on Culture and the Arts

Revised Proposal - FY 2006

Project Code FY2006 _____

Use only SFCA forms.

A. Project Title _____

B. Name of Organization. _____

❑ Bus. or ❑ Mailing _____

City _____ State _____ Zip Code _____

Project Director _____ Phone _____

Contact Person _____ Title _____

Phone (Bus.) _____ (Res.) _____

C. Project Period

Start Date _____ End Date _____

Month Day Year Month Day Year

D. Description of the service(s) to be performed

List activities, dates, locations, artists or other personnel involved, etc., as specific as possible, based on Section II.D. of the Contractor's Fiscal Year 2006 Proposal. Include a narrative explaining the nature of each activity. (Use additional sheets if necessary.)

1. Activities/Artistic Personnel Dates Locations

_____

_____

_____

_____

_____

_____

_____

_____

_____

2. Does this project conduct an artist residency in schools (K–12)?

❑ Yes ❑ No

If yes, are you working with the DOE, Artists–in–the–Schools program? _____

3. Does this project present dance concerts?

❑ Yes ❑ No

If yes, please identify and indicate whether the dance artists are Hawaii–based or out–of–state. You may reference your list in D.1.

Check List for Submittal to SFCA.
Enclosed are:

- ☐ Revised Proposal
- ☐ Method of payment Schedule – (MOPS or MOPS–GIA)
- ☐ Attachment A
- ☐ Letter of request for changes
- ☐ Profiles of artists/professionals

E. Planned Budget – Expenses and In–Kind Contributions

Must be based on section II, H. of your Fiscal Year 2006 SFCA Proposal. See instructions for definitions.

1. Personnel Costs (Employees)	No. of persons	Rate of pay	No. of hrs. (unless fee based)	= Total Cash Expenses (incl. SFCA share)	SFCA Share	In–Kind $ Value (but not in cash)
a. Administrative						
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$
b. Artistic/Professional						
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$
c. Technical/Production						
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$

2. Outside (Non–Employee) Fees and Services						
a. Artistic/Professional						
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$
b. Other						
_____	#	$	x 1	$ 0	$	$
_____	#	$	x 1	$ 0	$	$

3. Other Expenses						
a. Space Rental						
_____				$	$	$
_____				$	$	$
b. Travel						
Transportation						
No. of Persons:	_____	From: _____	To: _____	$	$	$
	_____	From: _____	To: _____	$	$	$
	_____	From: _____	To: _____	$	$	$
Per Diem		Rate	Days			
No. of Persons:	_____	x $ _____	x _____	$ 0	$	$
	_____	x $ _____	x _____	$ 0	$	$
	_____	x $ _____	x _____	$ 0	$	$
Other	_____	x $ _____	x _____	$ 0	$	$
c. Marketing (Promotion)						
_____				$	$	$
_____				$	$	$
d. Remaining Operating Expenses						
Supplies and Materials						
_____				$	$	$
_____				$	$	$
_____				$	$	$
_____				$	$	$
Other Expenses						
_____				$	$	$
_____				$	$	$
_____				$	$	$
			Totals	$ 0	$ 0	$ 0

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F. Planned Budget – Revenue

Must be based on section II, H. of your Fiscal Year 2006 SFCA Proposal. See instructions for definitions.

1. Fees Collected

a. Admissions and Fees — Cash Revenue

_____persons _____x _____$ _____ per _____ $ 0

_____persons _____x _____$ _____ per _____ $ 0

_____persons _____x _____$ _____ per _____ $ 0

_____persons _____x _____$ _____ per _____ $ 0

b. Contracted Services

2. Private Corporate or Foundation Support

Other Private Contributions

3. Federal Grants or Awards

4. State/Regional/County Support (list individually)

5. Other Revenue

6. Applicant Cash (including trust funds)

Subtotal 0

SFCA Funds for this project _____

Total Cash Revenue 0

Certification. The information contained in this proposal is correct to the best of my knowledge and has been duly authorized by the governing body of the applicant based on terms, conditions, and specifications set forth in the original proposal submitted in 2004.

Signature_____ Date_____

Name (print or type)_____ Title_____

Telephone (bus.) _____ (res.)_____

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1. List activities and target population to be served.

2. List estimated number of individuals participating in project activities. _____

3. List estimated number of youth participating in project activities. _____

4. Does your project/program provide educational programming in the arts? Yes____ No____

5. Does your project/program encourage keeping families together and/or contributing toward the self reliance of needy families? Yes____ No____

Description: