smART Ventures Application Page 1 of 3



How to Submit Your Application

Use the space provided. This application should not exceed 3 pages total. Submit one signed copy. E-mail: Kristi. Woo@seattle.gov IMPORTANT: If e-mailing, you must scan or fax signed page 3. Mail to: Office of Arts & Culture, smART ventures, P.O. Box 94748, Seattle, WA 98124-4748 Contact & Project Information (please be as complete and specific as possible) Applicant Name (individual or organization): ☐ Are you applying with a fiscal sponsor? If Yes, NAME: **Project Contact Person:** Position/Title: Mailing Address: City: State: Zip: E-mail: Phone (work or daytime): (Applicant neighborhood: Neighborhood of Project: Person who will sign contract and invoice ("Authorized Representative") if different from Applicant or Contact person: For organizations, Tax Identification # (Individuals will be asked for a Social Security # if funded): Are you now being funded by another program of the If Yes, what program? Office of Arts & Culture? ☐ Yes ☐ No Have you had a phone consultation Project Manager Name: Does this project require with a project manager? ☐ Yes ☐ No insurance? ☐ Yes ☐ No Project Title: Amount Requested: \$ Does this project represent any underserved If Yes, please name: group(s) or communities of interest? ☐ Yes ☐ No Project Start Date: Project End Date: (The first date your project is accessible to the public) Event Date(s): Ticket Price(s): Location: **Description of Project** Tell us about your project, opportunity or event. List key activities and goals.

Individual/Organization Name:
Project Impact – What will be accomplished? Who will be served?
1) Talk <i>specifically</i> about how your project will fulfill one or more of the following smART Venture goals:
Audience Expansion: Reach underserved artists and/or audiences.
Artistic Innovation: Use arts in a distinct way.
Community Impact: Use arts or culture to address a community need or build community.
2) Describe exactly how you will reach your intended audience.
Project Feasibility
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**Supporting Material: Attach no more than two pieces of supporting material – a sample of artistic work, brochure, newsletter, past review, support letters – to your completed application or paste a link to your supporting material below.

Optional website link:

Optional YouTube/audio link:

Individual	/Organization	Name:
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Click here to view a Sample Budget

Budget – EXPENSES *Non-Cash = expenses you would normally pay cash for, but which are being donated.

ITEM (PLEASE GIVE DETAILS – e.g. 3 artists x \$25 per hour)	Cash	Non-Cash*
Project Staff/Personnel (Non-Cash includes volunteers contributing time)		
2. Materials/Supplies/Rentals		
3. Publicity/Marketing		
4. Other (such as transportation; business license fees; insurance, if needed)		
Subtotals, Cash + Non-Cash		
TOTAL EXPENSES (Cash + Non-Cash = Total Expenses. Total Expenses must equal Total Income)	\$	

Budget – **INCOME** * Non-Cash: any donated portion of your budget that you're not having to use cash for. Non-Cash Income should equal the amounts shown above under Non-Cash Expenses.

Income Source (list applicable sources)		Cash	Non-Cash*	Confirmed (Yes/No)
Ticket Sales (State how many tickets you expect to sell to raise the income shown - e.g. 200 tickets x \$15): Other (explain - concessions, ads, T-shirts, CDs)				
Donations from Indiv	duals			
Donations from Busin (list)	esses, Foundations, other Government sources.			
Other (list)				
smART ventures fund	ing request			
	Subtotals, Cash + In-Kind			
TOTAL INCOME	(Cash + Non-Cash = Total Income Total Income must equal Total Expenses)	\$		_

By signing, I declare that the above information is true and accurate to the best of my knowledge.				
Signature of Applicant or Authorized Representative If you are e-mailing your application, scan the signed page or fax to (206) 684-7172.	Date			