

CHORAL ARTS NEW ENGLAND, Inc.

Encouraging Choral Excellence Through Alfred Nash Patterson Grants

P.O. Box 608

Newton, MA 02456-0608

(781) 721-SING

2008 ALFRED NASH PATTERSON GRANT APPLICATION

For projects taking place between September 1, 2008 and August 31, 2009.

APPLICATIONS MUST BE POSTMARKED NOT LATER THAN FEBRUARY 29, 2008

CHECKLIST

For Grant Applicants

PLEASE CHECK OFF ITEMS TO BE ENCLOSED, SIGN BELOW, AND

INCLUDE THIS CHECKLIST IN YOUR GRANT APPLICATION PACKAGE.

- ONE original, completed and signed application and NINE copies.
(Type or word process only – no hand written applications, please.)
- TEN copies of your organization's statement of income and expenses for the most recently completed fiscal year.
- ONE copy of your organization's Federal tax exemption statement – IRS 501 (c)(3).
(Please do NOT include either your state exemption or any tax returns.)
- THREE identical copies of a CD of a recent performance (see guidelines).
- ONE set of any additional supporting materials you wish to share

PROJECT TITLE: _____

APPLYING ORGANIZATION: _____

Telephone: _____

Email: _____

Contact person (please print) _____

Contact person signature _____

Director signature: _____

FOR PROJECTS TAKING PLACE BETWEEN SEPTEMBER 1, 2008 AND AUGUST 31, 2009
APPLICATIONS MUST BE POSTMARKED NOT LATER THAN FEBRUARY 29, 2008

APPLICANT INFORMATION

NAME of ORGANIZATION _____

Mailing address _____

City / State / Zip _____

Web address (if any): _____

Music Director or Conductor Name/Title: _____

Number of chorus members _____

Size of audience for a typical concert _____

CONTACT PERSON information:

Name: _____

Role with organization _____

Preferred telephone (please do not give a number for your organization's answering machine):

Day: _____ Evening: _____ Cell: _____

Email _____

GENERAL ANNUAL OPERATING BUDGET HISTORY

2007/08 Income \$ _____ Expenses \$ _____

2006/07 Income \$ _____ Expenses \$ _____

2005/06 Income \$ _____ Expenses \$ _____

APPLICANT FEDERAL TAX ID #: _____

PROJECT DESCRIPTION

Amount requested: \$ _____

Project Title: _____

Project start, end date: _____

Capsule Summary of Project in 50 words or less:

Description of Project in 500 words or less:

(Please include proposed project goals, music details, target audience, planning process, and where and when it will take place.)

PROJECT BUDGET

Please note: This budget should be that of the project for which funding is being requested, not your general operating budget. **The budget must balance:** i.e., project expenses must be equal to project revenues.

Project Expenses

Salaried personnel (please include titles)

Artistic	\$
Administrative	\$
Outside contracted personnel	\$
Space rental	\$
Piano, instrument maintenance	\$
Music scores (purchase or rental)	\$
Marketing, public relations and/or advertising	\$
Program book, printing	\$
Office (utilities, supplies, postage)	\$
Misc. other (describe)	\$
Total Expenses	\$

Project Revenues

Ticket sales/donations at concert(s)	\$
Performance fees (contracted services)	\$
Program book ads	\$
Member dues/tuitions	\$
Individual contributions	\$
Corporate contributions and grants	\$
Other grants (non-Choral Arts New England)	\$
In-kind services or materials	\$
Other misc. revenues	\$
Amount requested from Choral Arts New England	\$
Total Revenues	\$

 Signature, Music/Artistic Director Title Date

(print or type name)

 Signature, President/Administrator Title Date

(print or type name)