

# Friends of the St. Augustine Amphitheatre, Inc.



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## 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'

Organizations submitting a grant for a new event must attend a FOSAA board meeting to present their application. (This does not apply to organizations who have received a previous grant for a reoccurring yearly event.) **Applications must have a completed budget.**

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 questions related to the application call 904 471-4113.

**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.
2. Describe **who** your target audience will be
3. **Who** will be performing or speaking?
4. Tell us **why** this project should receive funding
5. What are your project **goals**?
6. **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 |
|---------------------------------------|-----------------------|------------------------|--------------|
|                                       |                       |                        |              |
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|                                       |                       |                        |              |
| <b>TOTAL</b>                          | <b>TOTAL</b>          | <b>TOTAL</b>           | <b>TOTAL</b> |

**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](mailto:fosaaemail@gmail.com):*

Continue to next page.

**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 |
|---------------------------------------|-----------------------|--------------|-------------------|
|                                       |                       |              |                   |
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|                                       |                       |              |                   |
| <b>TOTAL</b>                          | <b>TOTAL</b>          | <b>TOTAL</b> | <b>TOTAL</b>      |

Please include copies of receipts and invoices.

Total of unused funds to be returned to FOSAA: \_\_\_\_\_