**Please type in minimum 12-point font. Use the space provided – 3 pages total.**

**Mail/hand deliver to: or E-mail document or scans to:**

Seattle Parks & Recreation- Westbridge Facility, c/o Arts in Parks [artsinparks@seattle.gov](mailto:artsinparks@seattle.gov)

4201 W Marginal Way SW, Seattle, WA 98106 206-233-5168

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **Contact & Project Information** (please be as complete and specific as possible) | | | | | | | |
| Name of Event: | | | | | Amount requested: $ | | |
| Requested Park: | Event Date(s): | | | | | Event Time(s): | |
| Applicant Name (individual or organization): | | | | | | | |
| Project Contact Person (if different from above): | | | | Position/Title: | | | |
| Mailing Address:  Z | | | | | | | |
| City: | | State:  E-mail: | | | | | Zip: |
| Phone (work or daytime): | | E-mail: | | | | | |
| Applicant’s neighborhood: | | Neighborhood of Project: | | | | | |
| **Person who will sign contract and invoice** (“Authorized Representative”) **if different from** Applicant or Contact person:  Name: Title/Relationship to Project: | | | | | | | |
| If you will be using a fiscal sponsor (not required), please provide the sponsors name: | | | | | | | |
| Tax Identification # (if you are an organization or fiscal sponsor): | | | (If an individual is funded they will be asked to provide their Social Security # on a W-9 form.) | | | | |
| Are you now being funded by another program through the City of Seattle (including Seattle Parks)? ❒ yes ❒ no | | | If yes, what program? | | | | |
| Does this project represent any underserved  group(s) or communities of interest? ❒ yes ❒ no | | If yes, please name: | | | | | |

**By signing, I declare that the information in this application is true and accurate to the best of my knowledge.** I agree that entering my name on the below line is equivalent to my signature on this application. It certifies that any funds received as a result of the application will be used only for purposes set forth herein, that I am authorized to submit it on behalf of the organization, that the statements herein are true, complete and accurate to the best of my knowledge, and that I agree to submit a final invoice with receipt no later than noon on December 26, 2018.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature of Applicant or Authorized Representative Date

**Please answer the following questions in 150 words or less.**

### 1.Tell us about your event. List key activities, goals, and describe how it features a significant arts component.

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**2.Talk specifically about how your project will fulfill the following goals:**

* engage historically underserved communities
* support and increase the number of positive, family-friendly events that build community, celebrate diversity, and promote arts and cultural participation
* And please describe how you will conduct outreach/marketing for your event.

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**3.Tell us a bit about your organization’s background and/or the people who will be supporting this project.** (May include qualifications, past success, strong partnerships or supporters, taking advantage of an existing event, etc.) List key participants or partners.

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**4. Project Budget.**

A financial match of the AIP (Arts in Parks) funds you are requesting is not required. Please **do** show any volunteer, donated, or in-kind resources that are supporting your project, and provide a complete picture of your event costs and resources. Use as many lines as you need.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel Costs** | **AIP Funding requested** | **Funding from other sources** | **In-kind/ donated/ volunteer** |
| (use a separate line for each person/group receiving funds such as event organizer, performers, musicians, etc. Show how you calculate the cost, such as a flat fee or x hours at $x/hour, etc.) | | | |
| 1. | $ | $ | $ |
| 2. | $ | $ | $ |
| 3. | $ | $ | $ |
| 4. | $ | $ | $ |
|  |  |  |  |
|  |  |  |  |
| **Supplies Costs** | **AIP Funding requested** | **Funding from other sources** | **In-kind/ donated/ volunteer** |
| (use a separate line for each item. Include equipment rentals, permit fees, etc. here.) | | | |
| 1. | $ | $ | $ |
| 2. | $ | $ | $ |
| 3. | $ | $ | $ |
| 4. | $ | $ | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** | $ | $ | $ |

**Total Amount of Project Resources**: **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(AIP Funding + Funding from other sources + In-kind/donated/volunteer)