



International Puppetry Arts Tour Application

CHECK if new (first-time) applicant

I. Presenting Organization

Name

Mailing Address

City State Zip

County US Congressional District

Contact Person Title

Telephone Fax

Email Address

Federal Employer ID Number DUNS Number

II. Engagement

Puppet Company

Start Date End Date

Number of Actual Days of Artist Service

Is this a residency of 3 days or more?

Number of Public Performances Projected Number of Participants

Number of Educational Activities* Projected Number of Participants

Performance Venue

Capacity Is the venue ADA compliant?

General Ticket Price Student/Senior Price

***Please indicate the educational activities planned for the company:**

	Number Planned	Projected Participation
Audience Discussion	<input type="text"/>	<input type="text"/>
Open Rehearsal	<input type="text"/>	<input type="text"/>
Workshop	<input type="text"/>	<input type="text"/>
Master Class	<input type="text"/>	<input type="text"/>
Lecture/Demonstration	<input type="text"/>	<input type="text"/>

III. Publicity

1. Please check the types of publicity you intend to use.

- Posters Newspapers Radio Home Web Page Podcasts/Blog
 Live Interviews Television Direct e-mail Direct Mail/Postcards Flyers

2. Will this event be recorded (if applicable, check one or both)? Video Audio

3. If recorded, how will the recording be used (circle all that apply)? If recorded, how will the recording be used (check all that apply)?

- Public TV Cable TV Broadcast Network TV Broadcast
 CD Release Podcast Film Video Release
 Public Radio Commercial Radio Broadcast Other (please specify)

IV. Project Narrative

Please provide a detailed description of the proposed project, beginning with a one-sentence statement of what will happen (e.g., "XYZ Company will conduct a three-day residency, with two master classes for students, two workshops for older adults in a community center, interviews with local media and a public evening performance at the ABC Theatre."). In addition, provide a detailed description of the required educational component and any additional outreach activity(ies). Describe how this project fits the organization's mission and goals.

V. Budget Expenses

	Cash	In-Kind
1. Artist Fee for Puppet Company	<input type="text"/>	<input type="text"/>
2. Personnel- Administrative	<input type="text"/>	<input type="text"/>
3. Personnel- Artistic	<input type="text"/>	<input type="text"/>
4. Personnel-Technical Production	<input type="text"/>	<input type="text"/>
5. Outside Fees/Services-Administrative	<input type="text"/>	<input type="text"/>
6. Outside Fees/Services-Artistic	<input type="text"/>	<input type="text"/>
7. Outside Fees/Services-Technical	<input type="text"/>	<input type="text"/>
8. Space Rental	<input type="text"/>	<input type="text"/>
9. Marketing/Promotion and Printing	<input type="text"/>	<input type="text"/>
10. Operating Expenses-Supplies	<input type="text"/>	<input type="text"/>
11. Operating Expenses-Utilities	<input type="text"/>	<input type="text"/>
12. Operating Expenses-Other	<input type="text"/>	<input type="text"/>
13. TOTAL	<input type="text"/>	<input type="text"/>

Request to the Southern Arts Federation \$ (up to \$4,000)

VI. Supplementary Information

The following data is used for informational purposes only and is not considered during the application review process.

1. Please list the number of persons on your organization’s staff and board who are:

	Staff	Board
American Indian/Alaskan	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>
Black/African-American	<input type="text"/>	<input type="text"/>
Hispanic/Latino	<input type="text"/>	<input type="text"/>
Hawaiian/Pacific Islander	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

2. Please check the categories that best describe the PARTICIPANTS' RACE
(Make selection if the majority of the project activities are intended to involve one particular group or deliver services to a designated population listed below):

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> No single group |
| <input type="checkbox"/> Hispanic/Latino | |

3. Please check the ONE category that best describes your organization's legal status:

- | | |
|--|---|
| <input type="checkbox"/> Organization-Nonprofit | <input type="checkbox"/> Government-Municipal |
| <input type="checkbox"/> Government-State/Commonwealth | <input type="checkbox"/> Government-Tribal |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> None of the above |

4. Please check the ONE category that best describes your organization:

- | | |
|---|--|
| <input type="checkbox"/> Artists' Community | <input type="checkbox"/> Media-Radio |
| <input type="checkbox"/> Arts Center | <input type="checkbox"/> Media-Television |
| <input type="checkbox"/> Arts Council or Agency | <input type="checkbox"/> Museum-Art |
| <input type="checkbox"/> Arts Institute or Camp | <input type="checkbox"/> Museum-Other |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Parks and Recreation |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Performance Facility |
| <input type="checkbox"/> Fair or Festival | <input type="checkbox"/> Performing Group |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Presenter/Cultural Series |
| <input type="checkbox"/> Gallery/Exhibition Space | <input type="checkbox"/> School District |
| <input type="checkbox"/> Historical | <input type="checkbox"/> School of the Arts |
| <input type="checkbox"/> Humanities Council or Agency | <input type="checkbox"/> Social Service Organization |
| <input type="checkbox"/> Independent Press | <input type="checkbox"/> Union or Professional Association |
| <input type="checkbox"/> Library | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Literary Magazine | |
| <input type="checkbox"/> Media-Film | |

5. Please check the ONE category that best describes the organization's area of work in the arts (not the project for which you are applying):

- | | |
|--|--|
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Design | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Folklife/Traditional Arts | <input type="checkbox"/> Music |
| <input type="checkbox"/> Humanities | <input type="checkbox"/> Musical Theatre |
| <input type="checkbox"/> Literature | <input type="checkbox"/> Interdisciplinary |
| <input type="checkbox"/> Media Arts | <input type="checkbox"/> Multidisciplinary |
| <input type="checkbox"/> Opera | <input type="checkbox"/> None of the above |

VII. Certification

I certify that all of the information contained in these application materials is correct to the best of my knowledge.

Signature of Authorizing Official and Title

Date

MAIL APPLICATION MATERIALS TO:

Nikki Estes
Southern Arts Federation
1800 Peachtree Street, NW
Suite 808
Atlanta, Georgia 30309

APPLICATION CHECKLIST:

- ___ completed application, sections I - VII
- ___ a copy of the signed letter of intent or contract
- ___ a copy of the 501(c)(3) letter or proof of government status
- ___ self-addressed, stamped postcard (optional)