



Use only SFCA forms.

**A. Project Title** \_\_\_\_\_

**B. Name of Organization.** \_\_\_\_\_

Bus. or  Mailing \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Project Director \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

**C. Project Period**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Month Day Year Month Day Year

**D. Description of the service(s) to be performed**

List activities, dates, locations, artists or other personnel involved, etc., as specific as possible, based on Section II.D. of the Contractor's Fiscal Year 2017 Proposal. Include a narrative explaining the nature of each activity. (Use additional sheets if necessary.)

1. Activities/Artistic Personnel	Dates	Locations

**2. Does this project conduct an artist residency in schools (K-12)?**

Yes  No

If yes, are you working with the DOE, Artists-in-the-Schools program? \_\_\_\_\_

**3. Does this project present dance concerts?**

Yes  No

If yes, please identify and indicate whether the dance artists are Hawaii-based or out-of-state. You may reference your list in D.1.

- Check List for Submittal to SFCA.  
Enclosed are:
- Revised Proposal
  - Method of payment Schedule - (MOPS or MOPS-GIA)
  - Attachment A
  - Letter of request for changes
  - Profiles of artists/professionals

**E. Planned Budget – Expenses and In-Kind Contributions**

Must be based on Section II, H. of your Fiscal Year 2017 SFCA Proposal. See instructions for definitions.

<b>1. Personnel Costs</b> (Employees)	No. of persons	Rate of pay	No. of hrs. (unless fee based)	=	Total Cash Expenses (incl. SFCA share)	SFCA Share	In-Kind \$ Value (but not in cash)
<b>a. Administrative</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>b. Artistic/Professional</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>c. Technical/Production</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____

**2. Outside (Non-Employee) Fees and Services**

<b>a. Artistic/Professional</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>b. Other</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____

**3. Other Expenses**

<b>a. Space Rental</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>b. Travel</b>							
Transportation							
No. of Persons:	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
Per Diem							
No. of Persons:	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
Other							
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>c. Marketing (Promotion)</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>d. Remaining Operating Expenses</b>							
Supplies and Materials							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
Other Expenses							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____

**Totals**    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

**F. Planned Budget – Revenue**

Must be based on Section II, H. of your Fiscal Year 2017 SFCA Proposal. See instructions for definitions.

**1. Fees Collected**

**a. Admissions and Fees**

			Cash Revenue
_____ persons	x _____ \$	per _____	\$ _____
_____ persons	x _____ \$	per _____	\$ _____
_____ persons	x _____ \$	per _____	\$ _____
_____ persons	x _____ \$	per _____	\$ _____

**b. Contracted Services**

_____	_____
_____	_____
_____	_____

**2. Private Corporate or Foundation Support**

_____	_____
_____	_____
_____	_____

**Other Private Contributions**

_____	_____
_____	_____
_____	_____

**3. Federal Grants or Awards**

_____	_____
_____	_____
_____	_____

**4. State/Regional/County Support (list individually)**

_____	_____
_____	_____
_____	_____

**5. Other Revenue**

_____	_____
_____	_____
_____	_____

**6. Applicant Cash (including trust funds)**

_____	_____
_____	_____
_____	_____

<b>Subtotal</b>	_____
<b>SFCA Funds for this project</b>	_____
<b>Total Cash Revenue</b>	_____

**Certification.** The information contained in this proposal is correct to the best of my knowledge and has been duly authorized by the governing body of the applicant based on terms, conditions, and specifications set forth in the original proposal submitted in 2017.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print or type) \_\_\_\_\_ Title \_\_\_\_\_

Telephone (bus.) \_\_\_\_\_ (res.) \_\_\_\_\_

1. List activities and target population to be served.

2. List estimated number of individuals participating in project activities. \_\_\_\_\_

3. List estimated number of youth participating in project activities. \_\_\_\_\_

4. Does your project/program provide educational programming in the arts? Yes\_\_\_ No\_\_\_

5. Does your project/program encourage keeping families together and/or contributing toward the self reliance of needy families? Yes\_\_\_ No\_\_\_

Description: