



North Kingstown Arts Council **Project Proposal**

FOR COUNCIL USE ONLY

Approved
 Rejected

Date Received: _____
Project Number: _____
Date Approved: _____
NKAC Liason: _____

Applicant Information:

Applicant's Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

email: _____

Project Category:

Arts Service Film/Media Arts Arts Education
 Literary Arts Multi Arts Crafts
 Folk Arts Historical Arts Theatre
 Museum Architecture/Design
 Dance (Specify Type): _____
 Music (Specify Type): _____
 Other (Specify Type): _____

Name of Project: _____

Complete Description:

Objective of Project:

Project Marketing Plan:

Date(s) of Project: _____ Time of Project: _____ # of People in Project: _____

Location of Project: _____ Street: _____

Target Audience: Children Teens Adults Seniors Anticipated Audience Size: _____

Pre-event Publicity Needs:

Mailers Signs
 Banners Posters
 Programs
 Other: _____

Misc. Expenses:

Estimated Budget

Artist Fees: \$ _____

Project Location Rental: \$ _____

Rehearsal Location Rental: \$ _____

Production Equipment/Rentals: \$ _____

Traffic Control/Security: \$ _____

Pre-event Publicity Costs: \$ _____

Misc. Expenses: \$ _____

Other: \$ _____

Estimated Budget Subtotal: \$ _____

A. Estimated Funding (Other than NK Arts Council)

Sponsors: _____ \$ _____

Grants: _____ \$ _____

Other: _____ \$ _____

Subtotal A: \$ _____

B. Estimated Income from Donations: \$ _____

C. Estimated Income from Ticket Sales: \$ _____

D. Total Funds requested from NK Arts Council: \$ _____

E. Total PROJECT revenue projection (Totals of A thru D): \$ _____