

Manbites Dog Theater Fund
2019-20 Grant Application

I. Contact information

II. Tell us about yourself/your organization and your theater mission and history.

III. Tell us about your proposed project and why you chose to produce it.

IV. Tell us what your project will cost and how you will fund it.

Notes on completing the online application:

- Please be sure to **read the guidelines** before beginning your application. Note especially that projects must be located in the Triangle, and take place between September 1, 2019 and June 30, 2020.
- Completed applications must be submitted no later than 5:00 p.m. on Monday June 17.
- If you have not completed a page, but need to pause, click on the **Save and Continue Later** button. A link to your in-progress application will be generated and sent to your email address.
- Questions marked with an asterisk * are required.
- For questions that require text entry, you may paste in text but note that any formatting (such as bold or italic) will be converted to plain text.
- Your Total Project Budget and Grant Requested amounts will automatically be copied from Section I to Questions 15 and 16 in Section IV. To edit them, go back to Section I.
- * In Section IV, your Total Project Expenses must equal your Total Project Income and both must equal your Total Project Budget amount.
- When you have completed your application, click on the **Review and Submit** button. Any errors or omissions will be flagged. To correct them, click on the **Previous** button then make any needed corrections.
- When the application is corrected, click on the **Review and Submit** button, then on the **Submit** button. You will receive an email confirmation along with a copy of your completed application to print out for your records.
- Once we do an initial review of your application, we will contact you if we have questions.
- Applications will be evaluated by our grants panel in July. Grant awards will be announced and contracts sent out before the end of August. Grant checks will be mailed within one month of receipt of completed and signed contracts.
- If you have problems completing the form, or questions not answered here or on the guidelines page, you can email us at manbitesdogtheater@gmail.com. Please include the words “grant questions” in the subject line. We also have scheduled a public Q&A for potential grant applicants at the Durham Arts Council on Tuesday May 14 beginning at 6:30 p.m.

I. CONTACT INFORMATION

Project Name: *

Total Project Budget: *

\$ _____

Grant Amount Requested: *

Should be no more than \$2,500 and no more than 25% of the total project budget.
Minimum request \$500.

\$ _____

Name of Requesting Organization/Artist: *

Type of Recipient: *

___ Organization

___ Individual Artist

Primary Contact Person Name: *

First

Last

Mailing Address: *

Street Address

Address Line 2

City

State

ZIP Code

Email: *

Enter Email

Confirm Email

Phone: *

Website:

Social Media Accounts:

Primary County of Project: *

Chatham

Durham

Orange

Wake

If you selected more than one county, please briefly explain:

II. TELL US MORE ABOUT YOU/YOUR ORGANIZATION.

1. Give a short description of you/your organization and your artistic mission. *

(1800 characters max)

2. List up to three of your previous productions. Include title, year, venue, number of artists involved, attendance numbers, approximate budget and the names of up to three key artists for each. If applying as an individual artist, please also briefly describe your involvement in the project(s). *

(1800 characters max)

3. Upload one print documentation for each of the above shows, such as a program, review, printed publicity (no more than three documents total). *

Three files max, in these formats only: jpg, doc, docx, pdf, png, rtf

III. TELL US ABOUT YOUR PROJECT.

4. Project Name: *

5. Explain why you chose this project. *

(1800 characters max)

6. Describe your intended audience. *

(1800 characters max)

7. List and provide short bios of up to three key artists for this project (such as writer, director, designer, etc.) You may include yourself if applicable. *

(2000 characters max)

8. Venue: *

9. Number of performances: *

10. Date range of performances: *

Project must take place between September 1, 2019 and June 30, 2020.

11. If you pay participating artists, list pay rates:
If rates vary, specify for each artist category.

12. Estimated number of local artists participating: *

13. Ticket price range: *

14. Estimated total attendance: *

IV. TELL US WHAT YOUR PROJECT WILL COST AND HOW YOU WILL FUND IT.

15. Estimated total cost for this specific project: *

This amount is completed automatically from your "Total Project Budget" in section I.

\$ _____

16. Amount requested for this grant: *

\$ _____

This amount is completed automatically from "Grant Amount Requested" in section I.

17. If an organization, your total organizational expenses for most recent completed fiscal year. Indicate beginning/ending dates of completed fiscal year. If amount is estimated or unavailable, please explain briefly.

\$ _____

(FY dates: mm/dd/yyyy to mm/dd/yyyy)

18. PROJECT EXPENSES: *

Show your anticipated major expense categories and amounts for this specific project.

Artist Fees \$ _____
(e.g. actors, directors, designers, musicians, tech, managers, etc.)

Rehearsal/Performance Space rental \$ _____

Production Expenses \$ _____
(e.g. set, lights, equipment, props, costumes, etc.)

Publicity/Marketing \$ _____
(e.g. cards, posters, ads, mailings, etc.)

Other (specify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL PROJECT EXPENSES: \$ _____

19. PROJECT INCOME: *

Show your anticipated major income sources and amounts for this specific project. (Include and indicate in-kind donations under "Other Income".)

This MDT Fund Grant \$ _____
(See #16 above. May not exceed \$2,500 or 25% of total project budget, whichever is less)

Other Grants \$ _____
If you complete this field, please answer question #20 below.

Fundraisers \$ _____

Private Donations \$ _____

Ticket Income \$ _____

Applicant Cash \$ _____

Other Income (specify) \$ _____

_____ \$ _____

_____ \$ _____

TOTAL PROJECT INCOME: \$ _____

20. If you show anticipated income from Other Grants in the project income budget, list sources, amounts, and whether confirmed. Also indicate if you have been funded by any of these sources in the past.

(750 characters max)

21. Is there anything else about your project or organization that you would like us to know?

(750 characters max)

Be sure to use **Save and Continue Later** to save your work, **Review and Submit** to check for errors, **Previous** to go back and make corrections, and **Submit** when everything is ready to go.