

**Applicant Name/Grant #:**

For operating support, show all your organizations's actual revenue and expenditures  
For project support grants, show only actual revenue and expenditures related to the project.

**GRA IAC GRANT AMOUNT AWARDED** \$ \_\_\_\_\_  
**SPE IAC GRANT AMOUNT SPENT** \$ \_\_\_\_\_

	<b>REVENUE</b>	<b>AMOUNT</b>
	Admissions Earned Revenue	\$ _____
	Contracted Services Revenue	\$ _____
	Other Revenue from Operations	\$ _____
	Corporate Support	\$ _____
	Foundation Support	\$ _____
	Trustee/Board Contributions	\$ _____
	Individual Contributions	\$ _____
	Special Events/Fundraising	\$ _____
	Federal Grants	\$ _____
	State Grants (include IACA grant amount spent/SPE)	\$ _____
	City/County Grants	\$ _____
	Parent Organization	\$ _____
	Previous Year Cash Forward	\$ _____
	Revenue from Endowment	\$ _____
<b>REV</b>	<b>TOTAL OPERATING CASH REVENUE</b>	\$ _____

	<b>EXPENSES</b>	<b>AMOUNT</b>	<b>IN-KIND</b>
	Employee-Administrative	\$ _____	\$ _____
	Employee-Artistic	\$ _____	\$ _____
	Employee-Other	\$ _____	\$ _____
	Contractual Services-Administrative	\$ _____	\$ _____
	Contractual Services-Artistic	\$ _____	\$ _____
	Contractual Services-Other	\$ _____	\$ _____
	Space Rental	\$ _____	\$ _____
	Travel/Lodging/Transportation	\$ _____	\$ _____
	Marketing	\$ _____	\$ _____
	Fundraising Costs	\$ _____	\$ _____
	Remaining Operating Expenses	\$ _____	\$ _____
<b>EXP</b>	<b>Total Cash Operating Expenses</b>	\$ _____	

	<b>ADDITIONAL FINANCIAL DATA</b>	<b>AMOUNT</b>	
	Net Cash Operating Gain/Loss	\$ _____	
<b>INK</b>	Total in-Kind Contributions		\$ _____