

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 \$ _____

	REVENUE	AMOUNT
	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	\$ _____
REV	TOTAL OPERATING CASH REVENUE	\$ _____

	EXPENSES	AMOUNT	IN-KIND
	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	\$ _____	\$ _____
EXP	Total Cash Operating Expenses	\$ _____	

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

DEFICIT EXPLANATION - if your total unrestricted revenue less in-kind (REV) is less than your total expenditures less in-kind (EXP), you must provide a detailed explanation of how this deficit occurred and your plans on how you will address this issue.