

Grants for Arts Projects Application
Consortium Partner Information
(Standard Review Grants/Consortium Applications only)

Read the
instructions that
follow this form
before you start.

OMB No. 3135-0112
Expires 02/28/05

To be completed only by the one primary consortium partner and included in the application package. Do not complete this form if you are applying for a Fast-Track Review Grant.

Lead Applicant for Consortium (official IRS name):

Primary Consortium Partner's IRS name:

Popular name (if different):

Address:

City/State/Zip Code (9-digit number):

Taxpayer ID Number (9-digit number): --

Web Address:

Contact

Mr. Ms. First:

Last:

Title:

E-mail:

Telephone: ()

ext.

Fax: ()

Organization's Total Operating Expenses for the most recently completed fiscal year: \$ _____
(Unaudited figures are acceptable)

Mission/purpose of your organization:

Briefly describe your organization's involvement in planning and executing the consortium project including programming, management, finances, and any responsibilities for matching the Arts Endowment's grant. Be specific; do not provide a general statement of support for the project. Use this space only.

We certify that the information contained in this statement is true and correct to the best of our knowledge, and that our organizations are committed to the success of this project.

Primary Consortium Partner's Authorizing Official (please type)

Lead Applicant's Authorizing Official (please type)

X /
Signature of Primary Consortium Partner's Authorizing Official /Date

X /
Signature of Lead Applicant's Authorizing Official /Date



If you are applying for a Fast-Track Review Grant, do not complete this form.

If you are applying for a Standard Review Grant, complete this form only if you are applying for a consortium project as detailed under "Applicant Eligibility/Application Limits."

If your application is for a consortium project, have your one primary partner complete this form. For the purposes of these guidelines, consortium applications should list only one primary partner in addition to the lead applicant. (Other organizations may participate in the project.)

You may provide a copy of this form to your consortium partner or the partner may reproduce it on a computer. Make sure that the partner's form contains the correct IRS name for the lead applicant.

The partner's authorizing official must sign its form and return it to the lead applicant. The partner may FAX or mail its signed form to the lead applicant.

The authorizing official of the lead applicant, in turn, must sign the partner's completed form.