DCA Use Only

**END--**

 **CULTURAL ENDOWMENT PROGRAM APPLICATION FORM**

***PART A. GENERAL INFORMATION (Please type)***

**Applicant (Legal name of organization as shown on IRS 501 C (3) or (4) letter)**

**Applicant name continued (dba, dept., etc.)**

**Mailing address:**

**Zip Code**

**Physical address:**

 **Zip Code**

**City: Resident County of Applicant:**

**Telephone (with area code): Email:**

**(Check one): □ Mr. □ Mrs. □ Ms. □ Dr.**

**Contact Person: First: Last:**

**Fiscal Year End: (Month and Day) \_\_\_\_\_\_\_\_\_\_**

***PART B. PROGRAM INFORMATION (check ONE)***

**□ Requesting Designation as a Cultural Sponsoring Organization (Attachments Required)**

**□ Requesting a State Matching Share (Attachments Required)**

* + - **Date of Designation as a Cultural Sponsoring Organization (Month and Year**) \_\_\_\_\_\_\_\_\_\_
		- **Date of Receipt of last State Matching Share (Month and Year) \_\_\_\_\_\_\_\_\_\_**
		- **TOTAL number of SMS awarded: \_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| ***PART C. CERTIFICATION AND COMPLIANCE STATEMENT*** |
| We Certify that the information contained in this application, including all attachments, is true and correct to the best of our knowledge and that we will abide by all legal, financial, and reporting requirements for all grants received by this organization from the Division of Cultural Affairs. Fill in and sign all three boxes. |
|  | **Authorizing Official** | **Chief Fiscal Officer** | **Contact Person** |
| **Names: (typed)** |  |  |  |
| **Titles:** |  |  |  |
| **Telephone Numbers:** |  |  |  |
| **Dates Signed:** |  |  |  |
| **Signatures** |  |  |  |

Form CA2EO37, eff. 04/16