



**APPLICATION
FOR
ARONOFF CENTER RENTAL SUBSIDY FUND
2008**

Applications Due:

September 30
December 31
March 31
June 30

Grant Period:

January--March
April—June
July—September
October—December

Computer Formatting

All Margins .50 inch

Font: Times New Roman 10 pts.

Spacing: Single

Note: No font size smaller than 10 pts.

**PLEASE FORWARD COMPLETED APPLICATION FORM WITH 9 COPIES
(INCLUDING 10 COPIES OF SUPPORT MATERIALS)**

TO:

**CINCINNATI ARTS ASSOCIATION
EDUCATION AND COMMUNITY RELATIONS
650 WALNUT STREET
CINCINNATI, OH 45202
ATTENTION: Steve Finn**

**This application form can be emailed to you in a Microsoft Word file (PC-based format) upon request:
Sfinn@cincinnatiarts.org**

**NOTE: You should receive a post card confirming receipt of your application materials
within one week of submitting them.
If you do not receive a post card within this time frame, call (513) 977-4163 to verify receipt.**

APPLICANT INFORMATION

NAME OF APPLICANT ORGANIZATION:

Please check one: Individual Artist
 Artistic Company

ADDRESS:

PHONE:

CITY, STATE, ZIP:

COUNTY:

ORGANIZATION DIRECTOR:

CONTACT PERSON:

PHONE:

ARTISTIC CONTACT:

PHONE:

IRS 501(c)(3) TAX-EXEMPT IDENTIFICATION NAME:

**ORGANIZATION'S 501(c)(3) NUMBER OR
EMPLOYEE IDENTIFICATION # (EIN)**

MISSION STATEMENT AND BRIEF HISTORY OF ORGANIZATION:

Please give a brief history and mission statement

PROJECT DESCRIPTION

TITLE OF PROJECT:

Project Description: Please write a clear, brief description of your proposed arts project. Be sure to describe what makes this project innovative, creative and deserving of CAA's support.

Does this project have an educational objective? Please define that objective:

How does this project contribute to diversity in arts programming in Cincinnati?

PROJECT DETAILS

Dates currently held at Aronoff Center for project _____

____ **Procter and Gamble Hall**
(2,700 seats)

____ **Jarson-Kaplan Theater**
(440 seats)

____ **Fifth Third Bank Theater**
(150 seats)

How many days in the theater? Rehearsal: _____ **Performance:** _____

Estimated ticket price? _____

TARGET AUDIENCE

Audience Details - Tell us about the audience you expect to attract.

What do you expect your audience to take away from this performance?

How many and how old are they?

From where do they come?

Other demographic characteristics:

What are your plans for marketing / advertising or attracting your audience to this production/project?

ESTIMATED PROJECT BUDGET

INCOME (Pertaining to this project only)
 Please list sources of funding for this project. Please list the source and the anticipate amount:

PLEASE INCLUDE IN-KIND SERVICES SUCH AS MARKETING/PROMOTIONAL DONATIONS

* If you list in-kind income, please also show and in-kind expense for the same line item.

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total ticket sales revenue	_____

How were ticket sales determined?
 For example: what assumptions did you make to determine ticket sales?

Show Calculations for ticket sales revenue _____

TOTAL ESTIMATED INCOME
 Line A _____

EXPENSES (Pertaining to this project only)

Rental of CAA facility	_____
Estimated stage labor costs	_____
Box Office, Front of House	_____
Artist(s) fees or honorariums	_____
Staff salaries	_____
Marketing expenses	_____
Other expenses (please specify)	_____

TOTAL ESTIMATED EXPENSES OF PROJECT
 Line B _____

TOTAL ESTIMATED PROFIT/LOSS
 Line C (Subtract Line B from Line A) _____

TOTAL RENT SUBSIDY REQUESTED
 Line D _____

PREVIOUS PERFORMANCES AT THE ARONOFF CENTER

Have you received an Aronoff Center Rental Subsidies Grant before?

_____yes _____no

If yes, please complete the following section:

1. In what theater and on what dates did you perform?

2. How many performances? _____ Rehearsals? _____

3. What was the total seating capacity for your performance run? _____

4. What was your number of paid admissions? _____

5. What was your number of comped admissions? _____

6. What was your percentage of capacity for the run? _____

7. Do you feel your objectives were realized? Please explain.

SIGNATURE OF ORGANIZATION DIRECTOR: _____

DATE: _____

SIGNATURE OF APPLICANT: _____

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