



Syracuse Festival Funding Grant Application



Application Date _____

Grant Amount Requested

\$

Name of Applying Organization (Note: To be eligible for funding, the organization must be a 501(c)(3) or 501(c)(4) certified not-for-profit entity.)

THIS SECTION FOR DSF USE ONLY

RECEIVED

GRANT AMOUNT APPROVED

\$

CHECK MAILED

CHECK #

AUTHORIZED BY

IS THE APPLYING ORGANIZATION LOCATED IN A QCT YES NO

IS THE FESTIVAL LOCATED IN A QCT YES NO

If approved, grant check would be made payable to _____

Applying Organization's Federal Tax ID# _____

How many years has your organization been in operation? _____

Contact _____ Title _____

Mailing Address _____

Telephone _____ Mobile # _____

E-Mail _____ Website _____

PROJECT

Name of Event _____

Date of Event _____

Location of Event _____

Description of Event

Is this a new event or an event that was held pre-pandemic? New Existing

If existing, how many years has your organization held this event? _____ Date of most recent event _____

ARPA expressly allows financial support for programs/venues that are likely to attract visitors/tourists, especially to distressed neighborhoods or commercial business corridors economically disadvantaged during the pandemic.

For existing events, please give an estimate of attendance pre-pandemic? _____

For new and existing events, please give an estimate of expected attendance now? _____

What data or information are you using to calculate that attendance estimate?

Eligible events should raise awareness of the arts in its many forms, build appreciation for a variety of cultures and traditions, and/or create opportunities to celebrate the diverse fabric of our region, as well as attract visitors and encourage visitors to support local businesses.

How will this event accomplish these goals? *(complete below)*

How will your organization market this event to attract a wide and diverse audience?

PROJECT EXPENSES

Funds may be used to cover direct costs such as: booking and supplying performers, artists, staging, tenting, lighting, audio/visual needs, permitting and venue related fees and marketing to attract and draw patrons.

Total Project Expenses Anticipated \$ _____

The Festival Funding Grant would be used to pay for: *(complete below or attach budget)*

A _____	Amount \$ _____
B _____	Amount \$ _____
C _____	Amount \$ _____

PROJECT FUNDING

Total Project Funding Secured to Date \$ _____

Other sources of funding for this event, not including this grant, are: *(complete below or attach budget)*

Source A _____	Amount \$ _____
Source B _____	Amount \$ _____
Source C _____	Amount \$ _____

Individual authorized to submit grant application:

_____ Title _____
Print Name

_____ Date _____
Signature

- 1) Please attach a copy of your organization's Federal 501 (c) (3) or 501 (c) (4) certificate.
- 2) Mail or email signed application to:

Laurie Reed, Downtown Syracuse Foundation
115 West Fayette Street
Syracuse, NY 13202
Email: LReed@DowntownSyracuse.com
Telephone: (315) 422-8284