



## FY17 Decentralized Arts Funding Amended Budget and Scope Form

**Organization Name:** \_\_\_\_\_

### Amended Budget Summary – Project Assistance

- This budget corresponds with the budget submitted in your DAF FY17 grant application. Make adjustments to the budget to reflect the organization’s actual DAF award.
- Round all dollar amounts to the nearest \$1.
- Line 68, “State, Louisiana Division of the Arts (includes DAF)”, must equal the amount awarded by the Commission on Cultural Affairs.
- Line 69, Total Income, should match line 88, Total Expenses. If not, explain on page 2 how a surplus or deficit will be handled.
- Email [bbachemin@stpgov.org](mailto:bbachemin@stpgov.org) if you have any questions.

<b>INCOME</b>			
53	Admissions, Memberships, Subscriptions		
54	Contracted Services Revenues		
55	<b>TOTAL EARNED REVENUE</b>		
56	Corporate Support		
57	Foundation Support		
58	Other Private Support, Fundraising		
59	<b>TOTAL CONTRIBUTED REVENUE</b>		
60	Federal Government Support		
61	Regional/Multi-State Support		
62	State, not LDOA		
63	Local/Parish Government Support		
64	Local Arts Agency Support		
65	<b>TOTAL GOVERNMENT SUPPORT</b>		
66	Other Applicant Cash		
67	<b>SUBTOTAL</b>		
68	State, Louisiana Division of the Arts (includes DAF)		
69	<b>TOTAL INCOME</b>		
<b>EXPENSE</b>			
70	Salaries/Wages/Benefits – Administrative		
71	Salaries/Wages/Benefits – Artistic		
72	Salaries/Wages/Benefits – Technical/Production		
73	Payroll Taxes		
74	Professional Services – Artistic		
75	Professional Fees and Services		
76	Production		
77	Occupancy/Utilities Rent Own		
78	Equipment Rental and Maintenance		
79	Technology and Communications		
80	Insurance		
81	Supplies		
82	Postage and Shipping		
83	Marketing		
84	Development		
85	Travel/Mileage		
86	Professional Development		
87	Other Expenses		
88	<b>TOTAL EXPENSES</b>		
89	In-kind Donations (attach itemized list)		
90	Detailed Budget Notes Attached? <input type="checkbox"/> Yes		



**Revised Scope**

If your organization DID NOT receive 100% funding, provide a short description of the CHANGES to the project from the narrative given in the grant application. If your organization plans to keep the project the same, please state that there will be no changes and note how the deficit will be funded (which should also be indicated in the income section of the amended budget on page 1).

I, the Authorizing Official (President or Chairperson) of the applicant organization, hereby certify that the above REVISED SCOPE and attached AMENDED BUDGET includes all figures, statements and representations that are true and correct to the best of my knowledge.

**Signature of Authorizing Official:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_