



FY19 Decentralized Arts Funding Amended Budget and Scope Form

Organization Name: _____

Amended Budget Summary – Organizational Support

- This budget corresponds with the budget submitted in your DAF FY19 grant application. Please revise the 2019 budget to reflect the organization’s actual DAF award.
- Round all dollar amounts to the nearest \$1.
- Total Income should match Total Expenses. If not, explain on page 2 how a surplus or deficit will be handled.
- Email cseastman@stpgov.org if you have any questions.

INCOME		CASH	IN-KIND	TOTAL
	Admissions/Ticket Sales			
	Memberships/Subscriptions			
	Concessions			
	(type label)			
	(type label)			
	TOTAL EARNED INCOME			
	Foundations			
	Corporate			
	Individuals			
	(type label)			
	(type label)			
	TOTAL CONTRIBUTED SUPPORT			
	Federal			
	City/Parish			
	State (other than LDOA)			
	LDOA Grant			
	DAF Grant Award			
	(type label)			
	(type label)			
	TOTAL GOVERNMENT SUPPORT			
	TOTAL INCOME			
EXPENSES				
	Administrative			
	Artistic			
	Technical/Production			
	Education			
	(type label)			
	(type label)			
	TOTAL PERSONNEL			
	Office/Space Rental			
	Utilities			
	Telephone			
	Insurance			
	Equipment Rental			
	Supplies and materials			
	Marketing and Promotion			
	Production/Exhibit Costs			
	Travel			
	(type label)			
	(type label)			
	TOTAL OTHER OPERATING COSTS			
	TOTAL EXPENSES			
	SURPLUS/DEFICIT			
	ACCUMULATED SURPLUS/DEFICIT			
	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: _____