



FY19 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 FY19 grant application. Make adjustments to the budget to reflect the organization’s actual DAF award.
- Round all dollar amounts to the nearest \$1.
- Total Income should 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: _____