Egyptian Theatre
Community Grant Application

**Mission Statement:** To share and protect the historical integrity of the theatre as a regional arts center for entertainment and community involvement.

**Goal:** To make the Egyptian Theatre accessible to as many community groups as possible through the help of community grants to assist with the rental cost of the theatre.

**Guidelines:**
1) Organizations applying for grant must be a non-profit organization based in DeKalb County, Illinois.
2) Organizations must provide proof of their non-profit status.
3) Organizations must complete the Egyptian Theatre Community Grant Application.
4) Organizations must submit a grant application prior to a rental contract being issued for the event.
5) Recipients of grants must recognize that they are a “recipient of an Egyptian Theatre Community Grant” in all marketing materials, press releases, and event program.
6) Awarded grants will be given as a credit on the rental invoice for the event awarded a grant. In no instance will a check be written to an organization for the grant amount.
7) Organizations may apply for more than one grant in a year but priority will be given to organizations that have not yet received a grant in that year. Additional priority will be given to organizations that have not hosted an event at the Theatre in recent years.
8) Awarded grant amounts will not exceed more than 50% of the estimated event rental cost.
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Name of Organization: _____________________________________________________________

Contact Name: ________________________ Title: ____________________________

Address: ________________________________________________________________________

City/State/Zip: ____________________________________________________________________

Phone Number: _________________________________

Email Address: ___________________________________________________________________

Organization Website: _____________________________________________________________

Information on event you are applying for grant funding

Name of Event: ___________________________________________________________________

Date(s): _________________________________________________________________________

Brief Description of Event: ___________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Grant amount you are requesting: $________________

Have you done this specific event before?     YES       NO

If Yes, then where? ______________________________

On a separate sheet of paper you must provide the budget for your event. Budget must include all anticipated expenses and income with event. Expenses and income must be itemized by type.

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing - $1,000</td>
<td>Ticket Sales - $2,500</td>
</tr>
<tr>
<td>Theatre Rental - $1,500</td>
<td>Sponsors - $1,000</td>
</tr>
<tr>
<td>Personnel - $500</td>
<td>Merchandise - $500</td>
</tr>
<tr>
<td>Lighting - $250</td>
<td>Program Ads - $500</td>
</tr>
<tr>
<td>Sound - $250</td>
<td>Participant Fees - $500</td>
</tr>
<tr>
<td>Catering - $150</td>
<td>Total - $5,000</td>
</tr>
<tr>
<td>Total - $3,650</td>
<td></td>
</tr>
</tbody>
</table>
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What are the projected ticket prices for your event?

____ This event will be free and open to the public

_____ Adult

_____ Student

_____ Senior

_____ Children 12 & under

_____ Other ________________________________

_____ Other ________________________________

Is this event a benefit/fundraiser for a charity or cause? If so explain: ______________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Anticipated number of participants: ____________

Anticipated number of attendees: _____________

First time applicants must include one (1) copy of the current Federal IRS determination letter indicating your non-profit status.

____________________________  ____________
Signature, Board President     Date

____________________________  ____________
Signature, Event Contact Person     Date