*Please provide appropriate details, for example: which artists are paid, status of other contributions listed, etc. You may also add any footnotes that will help the committee evaluate your project budget.*

**Contact Name:**

**Contact Email Email:**

**Organization Name:**

**Expenses (itemize as necessary)**

|  |  |
| --- | --- |
| Artist Fees |  |
| Travel |  |
| Supplies |  |
| Administration |  |
| In Kind |  |
| Other |  |
| **Total Expenses:** |  |

**Revenue**

|  |  |
| --- | --- |
| Ticket Sales |  |
| Other Earned Revenue (please specify) |  |
| Contributed Revenue |  |
| CTFA Request (maximum 50% Total Revenue for Theatre and Collaboration Applicants) |  |
|  Other Contributions (list and indicate status of request) |  |
|  In Kind (must equal In Kind Expenses) |  |
| **Total Revenue**: |  |

Additional Budget Explanations (if necessary):