

1501 Broadway, Ste. 600 New York, NY 10036 Tel 212.391.3950 ¦ fax 212.221.2604

Project #:	
<u>Area</u> :	Local #:

SINGLE PERFORMANCE

REQUEST FOR PROJECT FUNDING

LIST ONLY ONE (1) SINGLE PERFORMANCE OR ONE (1) PROGRAM SERIES

Name of Sponsor/Presenter						Contact Name							
Address					City			State/Pro	State/Province				
Telephone					Fax				Email	Email			
Federal Tax Identification Number: Is t				Is th	the Sponsor/Presenter a 501 (c) (3) Organization?								
Enclose a completed W-9 form with this submission													
Program Goal:													
Side musician per Contractor And/Or					Cor			Additional ontributions		\$			
Performance \$ Leader Performance					Amour of M				ount Request	int Requested			
Side Musician per Contractor And/O Rehearsal \$				Grand					F <u>\$</u> of Costs mances <u>\$</u>				
Perf. No.	No. Of Musicians				nployee Transportation of Oracle Cartage Request			n or iest	or Total MPTF Cost st For each performance				
1													
2													
3													
Per. No.	Date of Perf.	Starting & Ending Time			Performance Location And <u>Full</u> Address			Leader/Group For MPTF Us Name			For MPTF Use		
1													
2													
3													

TYPE OF MUSIC (INDICATE PERFORMANCE NUMBER):