



NORTH DAKOTA COUNCIL ON THE ARTS

# Institutional Support Grant Program FY17 Budget Form

**Return signed original - Postmark Deadline: July 15, 2016**

Organization Name: \_\_\_\_\_ FY17 Grant Number: \_\_\_\_\_  
(from your award letter)

### INCOME: NDCA GRANT and 1:1 MATCHING CASH

Please Note: 1) **The budget information should only show the income and expenses of your NDCA FY17 grant award and your 1:1 matching funds, NOT your complete FY17 budget.**

2) Because your NDCA award contains federal (NEA) funds, you may not use other federal grants (NEA or other) as part of your matching income.

Itemized Source(s) of Income You Intend to Use to Match Your NDCA Grant 1:1	Amount
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____
5 _____	\$ _____
6 _____	\$ _____
7 _____	\$ _____
8 _____	Subtotal Matching Income: \$ _____
9 _____	FY17 NDCA Award Amount: \$ _____
10 _____	<b>Total Income (8 + 9): \$ _____</b>

### PROJECT EXPENSES

Please Note: Restrictions are applicable regarding expenditures of IS grant funds. For instance, you may not fund capital expenses, debt reduction, or interest payments with your NDCA grant award. For a detailed listing of ineligible expenses, please review the **General Guidelines** found at <http://www.nd.gov/arts/grants>

Itemized Expense(s) You Plan to Pay with Your NDCA Grant <u>and</u> 1:1 Matching Funds	Amount
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____
5 _____	\$ _____
6 _____	\$ _____
7 _____	\$ _____
8 _____	\$ _____
9 _____	\$ _____
10 _____	<b>Total Expenses (Must equal line 10 of Income): \$ _____</b>

\_\_\_\_\_  
Signature of Organization's Administrator of Funds (Original Signature)      Date

\_\_\_\_\_  
Typed Name and Title

Beth Klingenstein, NDCA Executive Director      Date