**MIAMI-DADE COUNTY DEPARTMENT OF CULTURAL AFFAIRS**

**CULTURAL** **ADVANCEMENT** **Grant Program**

**TRAVEL/CONSULTANT MINI-GRANT**

**REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GRANT PROGRAM YEAR:** | | | **20** |  | | **to** | | **20** | |  | |  | | | | | | | | | | |
| organization AND contact information | | | | | | | | | | | | | | | | | | | | | | |
| **ORGANIZATION:** | |  | | | | | | | | | | | | | | | | | | | | |
| **NAME & TITLE:** | |  | | | | | | | | | | | | | | | | | | | | |
| **ADDRESS:** | |  | | | | | | | | | | | | | | | | | | | | |
| **CITY:** | |  | | | | | | | | | **STATE:** | | | | | | **FL** | | | **ZIP:** |  | |
| **PHONE:** | |  | | |  | | **EMAIL:** | |  | | | | | | | | | | | | |
|  | |  | | |  | |  | | | | | | |  | | | | |  | | | |
| PROJECT information | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF TRAVELLER OR CONSULTANT:** | |  | | | | | | | | | | | | | **TITLE:** | | |  | | | | |
| **DESTINATION:** | |  | | | | | | | | | | | | | | | | | | | | |
| **DATES OF TRIP:** | |  | | | | | | | | | | | **to** | | |  | | | | | | |
| **DESCRIPTION:** | Briefly describe your request. Explain how this travel/consultancy will directly benefit the organization, its management and/or its artists in accomplishing the mission, goals and objectives. Attach at least one support material for this request (see guidelines for list of attachments): | | | | | | | | | | | | | | | | | | | | | |
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| ESTIMATED COSTS (*FOR TRAVEL SUBSIDIES)* | | | ESTIMATED COSTS (*FOR CONSULTANT SUBSIDIES)* | | | | | |
| Transportation | | $ |  | Fees: | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| Taxi/Auto Rental | | $ |  | Other: | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| Hotel/Lodging | | $ |  | TOTAL: | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| Per Diem (max $60/day; $20 max for first and last day of travel) | | $ |  | |  | |
| Registrations/Fees | | $ |  | |  | |
| Other | | $ |  | |  | |
|  | |  |  | |  | |
| TOTAL: | | $ |
| **SIGNATURE:** |  | | | | **DATE:** | |  | | |

|  |  |  |  |  |  |  |  |  |
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| **FOR DEPARTMENT USE ONLY:** | | |  | | | | | |
|  | **GRANT AMOUNT:** | **$** | | | **REMAINING BALANCE:** | | **$** | |
|  | **ADMINISTRATOR APPROVAL** | | |  | | **DATE** | |  |
|  | **DIRECTOR APPROVAL** | | |  | | **DATE** | |  |

**MIAMI-DADE COUNTY DEPARTMENT OF CULTURAL AFFAIRS**

**CULTURAL** **ADVANCEMENT Grant Program**

**TRAVEL/CONSULTANT MINI-GRANT**

**FINAL REPORT FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GRANT PROGRAM YEAR:** | | | | | | | **20** |  | | **to** | | | **20** |  | | |  | | | | | | | | | | | | | | |
| ORGANIZATION AND CONTACT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ORGANIZATION:** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME & TITLE:** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDRESS:** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CITY:** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | **STATE:** | | | | | | | **FL** | | | | **ZIP:** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **PHONE:** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |  | |  | | | | | | | | **EMAIL:** | | | | |  | | | | | | | |
| PROJECT information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF TRAVELLER OR CONSULTANT:** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | **TITLE:** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **DESTINATION:** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATES OF TRIP/WORK:** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | **to** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ACTUAL EXPENSES (*FOR TRAVEL SUBSIDIES)* | | | | | | | | | | | | ACTUAL EXPENSES (*FOR CONSULTANT SUBSIDIES)* | | | | | | | | | | | | | | | | | | | |
| Transportation: | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | | Fees: | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| Taxi/Auto Rental: | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | | Other (specify): | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| Hotel/Lodging: | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| Per Diem (max $60/day; $20 max for first and last day of travel): | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Registrations/Fees: | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Other (specify): | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | | | | | | | | |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | TOTAL: | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| TOTAL: | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **SIGNATURE:** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | **DATE:** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I hereby certify that funds have not been expended for meals other than through the allowable per diem and that the above budget is a true and correct statement of travel or consultant expenses incurred in the conduct of the business of the organization.**  **I have attached the following as indicated by check marks:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | I have attached a copy of my boarding pass, copies of airline ticket(s), receipts for hotel, taxi and other applicable expenses (not required for per diem) amounting to the total indicated above. (*REQUIRED FOR TRAVEL GRANTS ONLY*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | I have attached copies of canceled checks and invoices amounting to the total indicated above. *(REQUIRED FOR CONSULTANT GRANTS ONLY)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | I have attached a one page written report indicating how the travel OR consultant has benefited the organization. (REQUIRED) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | I am returning unused grant funds and have attached a check in the amount of $ made payable to Fantasy Theatre Factory, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNATURE:** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

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| **DEPARTMENT USE ONLY:** | | |  | | |
|  | **RECEIVED BY:** |  | | **DATE:** |  |