FY2026-2027 NON-PROFIT FUNDING APPLICATION
Performing Arts Organizations Category

ORGANIZATION

Name of Organization: _____ Tax ID Number: _____

Executive Director Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Website: _____

Grant Contact Name: _____ Title: _____

Email: _____ Telephone: _____

Number of paid staff: _____ Number of volunteers: _____

Tax Exempt: ☐ Yes ☐ No

Required to file form 990: ☐ Yes ☐ No If yes, please attach a copy or provide a link to the most recently filed 990: _____

ORGANIZATION DESCRIPTION: Provide a brief description of your organization, including a summary of mission statement.

VISION AND STRATEGIC GOALS: Provide a brief description of your organization's vision and strategic goals.

FUNDING REQUEST

Program Title: _____ **Date(s):** _____

Request Type* (select one):

- ☐ Main Stage Resident Company
- ☐ Studio Resident Company
- ☐ General Assistance

**Please see the Non-Profit Funding Program Guidelines for additional information on these Performing Arts Organizations funding request types and requirements.*

Funding Request for FY 2026-2027: $_____

How will the funds be used by this organization? Please provide a budget with narrative.

Town of Addison Funding History (if applicable):

	FY 2025-26	FY 2024-25	FY 2023-24
Previous Funding Requests			
Previous Funding Received			

Provide an explanation if an increase in funding is requested from the prior year.

Has your organization received or is now receiving any in-kind support from the Town of Addison? ***(e.g. Marketing support (digital, print or social); Use of Space (rehearsal, performance or office, etc.)***

☐ **Yes** ☐ **No**

If yes, please list with amount(s):

Has your organization received or is now receiving any other revenue or payments from the Town of Addison? ***(e.g. revenue share of concessions, sponsorships, etc.)***

☐ **Yes** ☐ **No**

If yes, please list with amount(s):

Organization Budget:

	FY 2025 Actuals	FY 2026 Budgeted	FY 2027 Projected
Total Operating Revenues			
Total Operating Expenses			

What percentage of the organization's annual revenues does this funding request represent?

PROGRAM

PROGRAM DESCRIPTION: Provide a brief description of the program you are requesting funds for.

AUDIENCE:

Please describe your target audience.

How does your organization market performances and events to attract an audience from within and outside of Addison? How do you evaluate and increase the effectiveness of your marketing efforts?

PROGRAM MEASURES:

Provide the number of dates proposed for a public performance or event at The Addison Performing Arts Centre.

Projected for the current year (FY25-26, if current user of the Centre): _____

Proposed for next year (FY26-27): _____

Provide the number of proposed productions, the number of public performances or events for each production, the proposed stage at The Addison (Main Stage, Studio, and/or Stone Cottage), and the projected average level of attendance for each production event

	Production Title	Total Number of Performances	Total Number of Dates	Stage	Projected Average Attendance per Event
1					
2					
3					
4					
5					
6					

Please provide any measures or data to support the projected attendance levels.

Please provide any other relevant measures or data.

PROGRAM IMPACT:

Were the performances that you hosted at The Performing Arts Centre successful? How can your efforts be evaluated?

Please describe the community impact and/or economic benefit to the Addison community from the proposed program and/or project. (e.g. could include impact to Addison residents, employees working in Addison, visitors, or businesses)

Describe the impact of services if only partial funding is made available:

REQUIRED DOCUMENTATION

In addition to a completed application, the following attachments must be submitted with this application:

1. A cover letter on the organization's letterhead.
2. A current list of business and foundation donors with their contribution level.
3. Operating budget from the current year and proposed for next year.
4. A copy of the organization's most current audited financial statements from an independent accounting firm.
    a. **For organizations with annual gross receipts less than $500,000: Must provide a Compilation report or most current annual financials prepared by an accountant or financial officer of the organization.*
5. A copy of the organization's nonprofit 501(c) status.
6. A list of the members of your board of directors, including names, titles, and affiliations.

7. If required to file, a copy of the most recently filed form 990, unless a website link to the most recently filed 990 is provided on the application form.
8. Any additional documentation that would provide additional information about the organization.

CERTIFICATION:

I certify that the above information is correct and true to the best of my knowledge.

Name and Title (please print) Date

Signature

APPLICANT QUESTIONS

For questions, please contact:
Ismael Villalta
Accounting Manager
ivillalta@addisontx.gov
(972) 450-7071

SUBMISSION

Completed applications must be sent by mail or e-mail and must be received by Friday, May 22, 2026:

Mail
Town of Addison
Finance Department
Attn: Ismael Villalta
5300 Belt Line Road
Dallas, TX 75254

Email
Ismael Villalta, Accounting Manager, at ivillalta@addisontx.gov