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

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

**TRAVEL/CONSULTANT MINI-GRANT**

**REQUEST FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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): |
|  |

|  |  |
| --- | --- |
| 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:** |  |

|  |  |
| --- | --- |
| **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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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