

**MIAMI-DADE COUNTY DEPARTMENT OF CULTURAL AFFAIRS
 YOUTH ARTS MIAMI 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 \$ _____
 Taxi/Auto Rental \$ _____
 Hotel/Lodging \$ _____
 Per Diem (max \$60/day; \$20 max for first and last day of travel) \$ _____
 Registrations/Fees \$ _____
 Other \$ _____
 TOTAL: \$ _____

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
YOUTH ARTS MIAMI 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: \$ _____
Taxi/Auto Rental: \$ _____
Hotel/Lodging: \$ _____
Per Diem (max \$60/day; \$20 max for first and last day of travel): \$ _____
Registrations/Fees: \$ _____
Other (specify): \$ _____
\$ _____
TOTAL: \$ _____

Fees: \$ _____
Other (specify): \$ _____
\$ _____
\$ _____
\$ _____
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: _____