

# OVI MATCHING GRANTS GUIDELINES FOR APPLICATIONS 2019

The purpose of Opera Volunteer International's Matching Grants program is to encourage the expansion and development of programs that recruit, develop or train volunteers for participation in all phases of opera company support.

Awards up to \$2,000 are available to opera support groups and organizations and opera companies which create and/or support such programs. Recipients must match each grant award with funds which may be held currently in the organization's treasury or raised as new money.

Grant requests up to \$2,000 may be made for more than one project. Recipients of awards may not receive subsequent awards for similar projects. Matching Grants will be made only to Opera Volunteers International members.

The wide range of programs that have been awarded OVI grants have used many different

techniques to train docents and volunteers in assisting their opera companies in areas such as promotion, education, public relations, audience development, production, fundraising and training. Special consideration is given to programs directed toward and involving disadvantaged or under-served groups, multi-cultural communities and/or those who have not been traditionally associated with opera.

#### **SUPPORTING DOCUMENTS** (MUST accompany application)

#### **BUDGET**

Include explanation of matching funds Include projected costs for all aspects of the project Do NOT include refreshment or transportation costs

#### **CONTACTS**

Group officers' names, addresses, telephones, faxes and e-mail addresses Publicity information: Contact person, email, telephone. Publication name and email

#### FINANCIAL STATEMENTS

Applicant's most recent audited financial statement or IRS Form 990

DEADLINE: February 1, 2019

OPERA VOLUNTEERS INTERNATIONAL



# **MATCHING GRANT APPLICATION 2019**

A DDI LCIA NIT		
APPLICANT		
Name of organization		<u> </u>
Opera company supported	<u> </u>	
Opera company address		7' 7 1 2 1
City	State/Province	Zip/Postal Code
<u>Telephone</u>	Fax	
Email		
CONT. OT DEDCOM		
CONTACT PERSON Name		
Position		
Address		
City	State/Province	Zin/Dostal Codo
Telephone	Fa	Zip/Postal Code
E-mail	ra	IX.
L-man		
recruitment, development and t	<b>ON:</b> (Include title, projected dates raining of volunteers to accomplish in project and company involvement	

Please attach any additional pages if needed.

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# **MATCHING GRANT APPLICATION 2019**

<b>PROJECT PURPOSE:</b> (Explain the need for such a project and how it relates to the organization's goals and mission)
LEGAL ASSURANCES:
In the event that a grant is awarded as a result of this application, the recipient agrees to the following terms and conditions as signified by the applicants' signatures. This application shall become part of the legally binding contract between the applicant and Opera Volunteers International.
<ul> <li>The grant cannot be assigned to any other project.</li> <li>The recipient shall submit a complete report to Opera Volunteers International summarizing the project within thirty (30) days of project's completion.</li> <li>Credit must be given to Opera Volunteers International in brochures, news releases, programs, publications and other printed materials and publicity, including websites. When no printed information is used, verbal credit shall be given prior to each training session, performance or presentation.</li> </ul>
President/Primary Contact's signature
President/Primary Contact's typed or printed name
Additional officer's signature
Additional officer's printed name
Position
Date
Completed, signed, original hardcopy application must be received by February 1 by:

MARY EARL, GRANTS DIRECTOR

6768 Big Ridge Road Hixson, Tn. 37343

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# **MATCHING GRANT APPLICATION 2019**

# PROJECT BUDGET

Name of Applicant	
Title of Project	
PROJECTED EXPENSES (Include all line item desc	riptions and expense amounts)
TOTAL	\$
TOTAL	<u></u>
DONATIONS (Include sources and explanations)	
TOTAL	<u>\$</u>
OPERA VOLUNTEERS INTERNATIONAL GRANT (Can be ½ of the project expenses up to \$2000)	
TOTAL	\$

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# PUBLICITY INFORMATION FOR OVI MATCHING GRANTS APPLICATION

NAME OF PUBLICATION
EMAIL ADDRESS OF PUBLICATION
NAME OF CONTACT PERSON AT PUBLICATION
EMAIL ADDRESS OF CONTACT PERSON AT PUBLICATION
TELEPHONE NUMBER OF CONTACT PERSON AT PUBLICATION

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