

# OPERA VOLUNTEERS INTERNATIONAL

## **OVI MATCHING GRANTS GUIDELINES FOR APPLICATIONS 2020**

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, 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, 2020**

*[www.OperaVolunteers.org](http://www.OperaVolunteers.org)*

# OPERA VOLUNTEERS INTERNATIONAL

## MATCHING GRANT APPLICATION 2020

### APPLICANT

Name of member organization \_\_\_\_\_

Opera company supported \_\_\_\_\_

Opera company address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### MEMBER ORGANIZATION CONTACT PERSON

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

AMOUNT REQUESTED \$ \_\_\_\_\_

**DEADLINE: February 1, 2020**

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## MATCHING GRANT APPLICATION 2020

### 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.*

- The grant cannot be assigned to any other project.
- The recipient shall submit a complete report to Opera Volunteers International summarizing the project within thirty (30) days of project's completion.
- 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.

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  
591 Ohio Avenue  
Signal Mtn, TN 37377**

*[www.OperaVolunteers.org](http://www.OperaVolunteers.org)*



# OPERA VOLUNTEERS

I N T E R N A T I O N A L

## 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 \_\_\_\_\_