

NEA Application
Consortium Partner Information
(For official Consortium Applications only)

Read the
instructions for
this form before
you start.

OMB No. 3135-0112
Expires 11/30/2013

To be completed only by the one primary consortium partner and included in the application package.

Lead Applicant for Consortium
(official IRS name):

Primary Consortium Partner's IRS name:

Popular name (if different):

Primary Consortium Partner's Authorizing Official Mr. Ms. First: _____ Last: _____

Email Address:

Address:

City/State/Zip Code (9-digit number):

Consortium Partner's Taxpayer ID Number (9-digit number): --

Web Address: **http://**

Contact: Mr. Ms. First: _____ Last: _____

Title:

E-mail:

Telephone: () ext. Fax: ()

Organization's Total Operating Expenses for the most recently completed fiscal year (unaudited figures are acceptable): \$ _____

Mission/purpose of your organization:

Briefly describe your organization's involvement in planning and executing the consortium project including programming, management, finances, and any responsibilities for matching the Arts Endowment's grant. Be specific; do not provide a general statement of support for the project. Use this space only.