

Greater Hartford Chapter American Guild of Organists

JOLIDON FUND ♦ Application for Funding for 2020-2021

APPLICANT INFORMATION

Name of person or organization requesting funding:

Chapter membership: [] Hartford [] Other [] None
Contact name _____ E-mail _____
Address _____ Phone(s) _____

EVENT/PROJECT INFORMATION

Title of event/project _____
Date(s) of event _____
Venue/Location _____

Check all that apply:

- [] Concert/Recital [] Master Class [] Educational Program
[] Outreach Program [] Other
[] One-time event [] Ongoing or series of events

Our task is to "...solicit and consider all ideas and proposals that advance the mission of the AGO in the Connecticut area." Funded events/projects must involve organ. Please use the reverse of this form or an attached sheet to provide a brief description of the event/project for which you are requesting funding.

BUDGET INFORMATION

Please provide information concerning your anticipated income and expenses for this event. Complete those portions which apply to your project. Estimates are acceptable.

Amount you are requesting from the Jolidon Fund: \$ _____

Table with 2 columns: Income and Expense. Rows include Ticket/admission, Grants, Indiv. Donations, Other, Total INCOME, Artist fees, Venue costs, Publicity, Other, Total EXPENSE.

For committee use: Date received, Date reviewed, Approved/Denied, Check for \$, Date, Initial. Notes:

EVENT DESCRIPTION

Please use this space to briefly describe the event. Include performers' names, organs used, etc.

We are particularly interested in events which seek to introduce the organ to audiences who were not previously familiar with the instrument. How do you hope to accomplish this goal with this event?

Completed form must be received no later than **March 1, 2020.**

Decisions will be announced by May 1, 2020.

Submit this form to: gabilof@yahoo.com

or to:

Gabriel Löfvall
285 Church Street,
Hartford, CT 06103