**NEA Application**

# Our Town Partner Information

**(For Our Town Applications only)**

**Read the instructions for this form before you start.**

OMB No. 3135-0112
Expires 11/30/2016

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

**Lead Applicant for Partnership**
(official IRS name):

**Primary Partner's IRS name**:

Popular name (if different):

**Primary Partner's Authorizing Official** ☐ Mr. ☐ Ms. First: Last:

**Email Address:**

**Address**:

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

**Primary 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 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.**