

# Lake Charles Partnership Grant Program, FY2024-2025

## ATTACHMENT A – Project Changes

*Attachment A only needs to be returned if there are any changes to the project from the original application.*

***This form is due via email to Erica Barrios at [ericab@artscouncilswla.org](mailto:ericab@artscouncilswla.org) on March 22, 2024 by 5 p.m. along with your Grant Agreement Documents, if needed.***

Please Return Appropriate Attachments to:

**Arts Council of SWLA  
809 Kirby Street  
Lake Charles, LA 70601**

Grant #:        LCP-24/25-XXX

Grantee (Organization):        \_\_\_\_\_

Title of Project:        \_\_\_\_\_

Grant Award:        \$ \_\_\_\_\_

Provide a brief description of the changes to the project from the original narrative given in the grant application. For example, any changes to the personnel or artists involved, as well as any changes to the actual services to be provided.

Provide a list of all project activity dates, times, and locations if they have changed from the original application. This information is required in order to facilitate site visits by the Arts & Humanities Council.

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## ATTACHMENT B – Amended Budget

Attachment B only needs to be returned if there are any changes to the project from the original application.

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Please Return Appropriate Attachments to:

Arts Council of SWLA  
809 Kirby Street  
Lake Charles, LA 70601

Grant #: LCP-24/25-XXX

Grantee (Organization): \_\_\_\_\_

Title of Project: \_\_\_\_\_

Grant Award: \$ \_\_\_\_\_

Provide a revised budget for the exact grant amount awarded. Unless an amendment is approved, categories in the Final Report budget will not be allowed to exceed those in this budget.

<b>REVENUE</b>				<b>CASH</b>
1. Admissions, Memberships, Subscriptions				\$ _____
2. Contracted Services (workshops, packaged presentations, etc.)				\$ _____
3. Other Applicant Cash: <i>List Source</i>				\$ _____
4. Corporate Support: <i>List Source</i>				\$ _____
5. Foundation Support: <i>List Source</i>				\$ _____
6. Fundraising				\$ _____
7. Federal: <i>List Source</i>				\$ _____
8. State: <i>List Source</i>				\$ _____
9. Regional: <i>List Source</i>				\$ _____
10. Local: <i>List Source</i>				\$ _____
<b>11. Sub-Total</b>				\$ _____
<b>12. Lake Charles Partnership Grant Request</b>				\$ _____
<b>13. Total Revenue</b>				\$ _____
<b>EXPENSES</b>	<b>GRANT</b>	<b>CASH</b>	<b>TOTAL</b>	
14. Personnel – Administrative	_____	_____	\$ _____	
15. Personnel – Artistic	_____	_____	\$ _____	
16. Personnel – Tech/Production	_____	_____	\$ _____	
17. Fiscal Agent Fees	_____	_____	\$ _____	
18. Outside Professional Services – Artistic	_____	_____	\$ _____	
19. Outside Professional Services – Other	_____	_____	\$ _____	
20. Utilities	_____	_____	\$ _____	
21. Space Rental	_____	_____	\$ _____	

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22. Travel	_____	_____	_____
23. Marketing (promotion, print)	_____	_____	_____
24. Equipment Rental	_____	_____	_____
25. Supplies and Materials	_____	_____	_____
26. Postage/Shipping Costs	_____	_____	_____
27. Insurance	_____	_____	_____
28. Other: List	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

## Lake Charles Partnership Grant Program, FY2024-2025

*Attachment C **MUST** be returned with the Grant Agreement to the Arts Council.*

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Title of Project:      \_\_\_\_\_

Grant Award:      \$ \_\_\_\_\_

Please provide a description of how the organization would handle a mid-year budget cut to this grant if the Arts & Humanities Council and its grant funders faced necessary budget reduction. You may base this explanation on a possible cut of twenty percent of the grant award.