

FACULTY/STAFF
CONTEMPORARY MUSIC RECORDING GRANT
A REQUEST FOR IN-KIND SERVICES

MIDAMERICAN CENTER FOR CONTEMPORARY MUSIC
COLLEGE OF MUSICAL ARTS • BOWLING GREEN STATE UNIVERSITY

1. Name _____

2. Department _____

3. Project Title _____

Please consult with the MACCM Director and Recording Engineer to acquire the following information before submitting this application for approval.

4. Number of engineer hours from MACCM _____

Number of engineer hours contributed by others _____

TOTAL PROJECT NUMBER OF HOURS _____

5. Checklist of required materials

_____ Four copies of completed application

_____ Supportive materials (resumes, tapes, letters of invitation, brochures, etc.)

_____ Project Timeline

6. Applicant's signature _____

Date _____

PLEASE SUBMIT FOUR COMPLETE COPIES OF THE APPLICATION AND ALL ATTACHMENTS TO THE
 MIDAMERICAN CENTER FOR CONTEMPORARY MUSIC OFFICE, ROOM 3004.

**You may complete page 2 on a word processor.
 However, please use pages 1 and 4 of **this form** for your final grant copy.*

REQUIRED MATERIALS (attach additional pages if necessary)

1. Describe the project for which funding is requested. Indicate sources for the funding and distribution of the recording, if any.

3. Describe the objectives of the project and its benefits to yourself, students, colleagues and the University.

4. Outline the procedures for completing this project, including persons involved, materials needed, etc. **Include also a timetable with specific dates.**

5. Attach any supportive materials related to your request (letters of invitation, programs, etc.).

6. BUDGET

PROJECT EXPENSES (Do not show in-kind contributions)

a. Outside professional services

Administrative _____

Artistic _____

Technical _____

Other _____

b. Rental

Equipment _____

Space _____

Other _____

c. Marketing, promotion, advertising (itemize)

_____	_____
_____	_____
_____	_____
_____	_____

d. Production expenses (itemize)

_____	_____
_____	_____
_____	_____
_____	_____

e. Remaining operating expenses (itemize)

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL PROJECT EXPENSES:

PROJECT INCOME

a. BGSU	Amount	Confirmed	Anticipated
MACCM (this request)	_____	<input type="checkbox"/>	<input type="checkbox"/>
University _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
College _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Department _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
 b. External			
Grants _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Contributions _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL PROJECT INCOME: _____

N.B. PROJECT INCOME SHOULD EQUAL PROJECT EXPENSES.
 APPLICANTS MUST SUBMIT ALL ORIGINAL RECEIPTS
 TO SECURE REIMBURSEMENT.