

**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. Do not complete this form if you are applying for a *Challenge America Fast-Track Review Grant*.

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**Lead Applicant for Consortium**

(official IRS name):

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**Primary Consortium Partner's IRS name:**

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Popular name (if different):

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**Primary Consortium Partner's Authorizing Official**       Mr.  Ms.      First: \_\_\_\_\_ Last: \_\_\_\_\_

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**Address:**

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

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**Taxpayer ID Number** (9-digit number):      --

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**Web Address:**      **http://**

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**Contact:**       Mr.  Ms.      First: \_\_\_\_\_ Last: \_\_\_\_\_

Title:

E-mail:

Telephone:      (      )      ext.      Fax:      (      )

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

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**Mission/purpose of your organization:**

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**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.**