

## FY 2014 RENTAL REQUEST FORM FOR THE **HISTORIC LINCOLN THEATRE**

Date:	
Contact Name:	
Organization:	
Address:	
Email:	
Phone:	
Applicant Type (Select all that apply):	Non-profit Arts Organization Community Organization: ANC, Civic Association, etc Educational Institution DC/State/Federal Government Agency Other
Event Title:	
Event Type (Select one):	Arts Education Program Non-Arts Education Program
Event Date:	Event Time:
Projected Attendance:	
Event Description:	

E	ivent Marketing Plan:					
Event Goals - Include objectives and communities served:						
E	Event Budget:					
	Total Project Budget					
	Amount Requested from DCCAH					
	Other Funding Sources TOTAL		,	,		
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Total Project Budget		
Amount Requested from	DCCAH	
Other Funding Sources	TOTAL	
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	2	Source Name Amount
	3	\(\tilde{n}^2\)
Itemized Budget Narrativ	⁄e	

Partner(s) (Select all that apply)

Community 501 (c) 3, ANC, Civic Association

Government: DC Agency or Federal

Educational Institution Arts Organization

Corporate Entity, Private Industry

corporate Entity, invate industry

Regional, National, International Organization or Government Direct Select/Special Initiatives (Public Art Master Plan)

Other None



Partner Name:
Partnership Description:
If additional partners are applicable, please add attachments.
Work Sample:

Provide an artistic work sample that clearly demonstrates the program's artistic content. Use the space below to list the work sample and description of the artistic content.

Return this completed form and work sample VIA EMAIL with the subject line of "Rental Request Form for the Historic Lincoln Theatre" and the Organization's Name. Applicants will be notified of the status of their application no later than two (2) weeks after receipt.

Send to:

Darlene Brown, Facilities Liason

Darlene.Brown2@dc.gov or click the SUBMIT button below.

DC COMMISSION ON THE ARTS AND HUMANITIES

For more information call **202-724-5613** 

