

# Chamber America

<b>CORE</b>	<b>NEW JAZZ WORKS PAYMENT REQUEST</b>
-------------	---------------------------------------

1. Please complete

Grantee Name:		Date:
Ensemble Name:		Year of Award:
Address:		
Phone:	Email:	
SS/EIN:	CMA Member #:	

2. Please check the grant expenditure that you will have within the next 60 days (Select one)

	Core Activity	Amount Requested
<input type="checkbox"/>	Ensemble Compensation (#musicians x \$1000/each, not including Composer/Grantee)	
<input type="checkbox"/>	Composer Honorarium (2 <sup>nd</sup> half, fixed \$3,000)	
	<b>Core Request Total</b>	
Explanation:		

3. Please summarize

1. Total grant amount for Core	
2. Amount previously received for Core	
3. Subtotal (1 minus 2)	
4. Amount of this request	
5. Remaining balance in Core (3 minus 4)	

4. Please check the box below

Yes, I've included the required documentation for each expense listed above (i.e. a copy of an invoice, cost estimate, cost confirmation or letter of intent)

5. Please sign: *To the best of my knowledge, the data reported above are correct and all outlays will be made in accordance with grant conditions. Payment is due and has not been previously requested.*

Signature:	Date:
------------	-------

6. Send by regular mail, fax, or email to: *Chamber Music America, Jeanette Vuocolo, program director, CMA Jazz, 305 Seventh Avenue, NY, NY 10001, [juocolo@chamber-music.org](mailto:juocolo@chamber-music.org), (212) 242-7955 F*

7. CMA Approval

Signature:	Date:
------------	-------

*Grantee must receive CMA approval before engaging in any Grant expenditure that requires a Payment Request Form. CMA approval will be sent via email.*

# Chamber Music America

## CONTINUED LIFE NEW JAZZ WORKS PAYMENT REQUEST

### 1. Please complete

Grantee Name:		Date:
Ensemble Name:		Year of Award:
Address:		
Phone:	Email:	
SS/EIN:	CMA Member #:	

### 2. Please check the type of grant expenditures that you will have within the next 60 days

	Continued Life Activity	Amount Requested
<input type="checkbox"/>	Concerts and touring	
<input type="checkbox"/>	Rehearsals	
<input type="checkbox"/>	Master classes	
<input type="checkbox"/>	Clinics	
<input type="checkbox"/>	School and community visits	
<input type="checkbox"/>	Residencies	
<input type="checkbox"/>	Promotion	
<input type="checkbox"/>	Self presenting	
<input type="checkbox"/>	Recording	
<input type="checkbox"/>	Other	
	Continued Life Request Total	
Explanation:		

### 3. Please summarize

1. Total grant amount for Continued Life	
2. Amount previously received for Continued Life	
3. Subtotal (1 minus 2)	
4. Amount of this request	
5. Remaining balance in Continued Life (3 minus 4)	

### 4. Please check the box below

Yes, I've included the required documentation for each expense listed above (i.e. a copy of an invoice, cost estimate, cost confirmation or letter of intent)

5. Please sign: *To the best of my knowledge, the data reported above are correct and all outlays will be made in accordance with grant conditions. Payment is due and has not been previously requested.*

Signature:	Date:
------------	-------

6. Send by regular mail, fax, or email to: Chamber Music America, Jeanette Vuocolo, program director, CMA Jazz, 305 Seventh Avenue, NY, NY 10001, [jvuocolo@chamber-music.org](mailto:jvuocolo@chamber-music.org), (212) 242-7955 F

### 7. CMA Approval

Signature:	Date:
------------	-------

*Grantee must receive CMA approval before engaging in any Grant expenditure that requires a Payment Request Form. CMA approval will be sent via email.*

# Chamber *Music* America

<b>BETTER BUSINESS</b>	<b>NEW JAZZ WORKS PAYMENT REQUEST</b>
------------------------	---------------------------------------

1. Please complete

Grantee Name:	Date:
Ensemble Name:	Year of Award:
Address:	
Phone:	Email:
SS/EIN:	CMA Member #:

2. Please check the type of grant expenditures that you will have within the next 60 days:

	Better Business Activity	Amount Requested
<input type="checkbox"/>	Booking conference registration, exhibiting, showcase	
<input type="checkbox"/>	Meeting with prospective presenters	
<input type="checkbox"/>	Other conference attendance (academic, service organization, educational)	
<input type="checkbox"/>	Class or course	
<input type="checkbox"/>	Mentor	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	
Better Business Request Total		
Explanation:		

3. Please summarize

1. Total grant amount for Better Business	
2. Amount previously received for Better Business	
3. Subtotal (1 minus 2)	
4. Amount of this request	
5. Remaining balance in Better Business (3 minus 4)	

4. Please check the box below

Yes, I've included the required documentation for each expense listed above (i.e. a copy of an invoice, cost estimate, cost confirmation or letter of intent)

5. Please sign: *To the best of my knowledge, the data reported above are correct and all outlays will be made in accordance with grant conditions. Payment is due and has not been previously requested.*

Signature:	Date:
------------	-------

6. Send by regular mail, fax, or email to: Chamber Music America, Jeanette Vuocolo, program director, CMA Jazz, 305 Seventh Avenue, NY, NY 10001, [jvuocolo@chamber-music.org](mailto:jvuocolo@chamber-music.org), (212) 242-7955 F

7. CMA Approval

Signature:	Date:
------------	-------

*Grantee must receive CMA approval before engaging in any Grant expenditure that requires a Payment Request Form. CMA approval will be sent via email.*