

Twilight Concerts

June 18, 2025

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To Whom it may concert

Attached is a copy of out grant application for Twilight Concerts. Should you have any questions please contact our Treasurer, John Yates 512-695-9781. Thank you for considering our application.

Sincerely,

The Twilight Concerts Board
www.twilightconcerts.org



**City of Lago Vista
Charitable Contribution and Non-Profit
Funding Application**

Name of Agency/Organization: Twilight Concerts

Address: PO Box 4731

City, State & Zip: Lago Vista, TX 78645

Contact Person: John Yates Title: Treasurer

E-Mail Address: twilightconcerts@hotmail.com

Phone: 512-695-9781 Cell: _____

Project Title: Music Performances

Amount of Funds Requested: \$1,000 but we would be grateful for any level of support!

Project Status: (check one) ☐ Existing ☐ Expansion ☒ New

Briefly describe the program:

Twilight Concerts provides a wide variety of music performances for the citizens of Lago Vista and others of the surrounding communities.

Describe the services the program provides:

Attendees of a full season of Twilight Concerts are exposed to a variety of musicians and genres:

- **Local musicians** performing original and favorite selections from others. Attendees build their sense of our local Lago Vista community through these performances.
- **Regional musicians** performing a broad spectrum of genres. Attendees tend to gain a deeper appreciation for music genres for which they are typically not exposed to in their daily lives.

Twilight Concerts holds an artists' reception after the concert that provides attendees with an opportunity to meet the musicians and discuss the performance.

If organization received support from the City of Lago Vista previously, provide the following information:

Year Received: _____ Dollar Amount _____

Project Supported _____

Charitable Contributions and Nonprofit Funding Request Application Questionnaire

The City strongly requests that all answers be typed.

Submission of a completed questionnaire is required for application consideration.

1. What is the agency's mission?

The mission of Twilight Concerts is to support the development of the arts by exposing the community to local performing artists and a variety of musical genres.

2. What are the goals of the program for which you are requesting funding?

At its formation in 2005, Twilight Concerts focused on classical / chamber music. Over the years, Twilight has morphed into an organization that introduces a variety of musical styles and genres to its patrons.

Continuing the themes of exposing patrons to local musicians and a variety of genres, Twilight Concerts has these goals for the coming year:

1. **Audience Growth:** Increase the overall attendance numbers while focusing on repeat visits by all patrons so as to expose them to a variety of genres.
2. **Financial Sustainability:** Create a budget surplus that will be reinvested into outreach activities to engage potential patrons who don't yet know about Twilight Concerts.

3. How will you know you met these goals by the end of the funding year?

We will measure our success by actively tracking our attendance and financials and analyzing them after each concert.

4. Describe the impact of services on the community

- Twilight Concerts exposes the community to a variety of musical genres.
- Twilight Concerts exposes local performing artists to the community.
- Twilight Concerts provides a cost effective entertainment opportunity to the community that does not require driving into Austin and paying Austin prices.

Charitable Contributions and Nonprofit Funding Request Application Questionnaire

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5. If the request for funding for the proposed fiscal year is an increase from the previous fiscal year, please justify such increase:
6. Provide information on the overall financial position of the organization.
Include: annual budget, sources of funding (e.g., fund raisers, charitable donations)

City of Lago Vista Charitable Contribution and Non-Profit Funding Application

Submitted By: |

Josh Yates

For Office Use Only

Date Received: _____ By: _____

Date Reviewed: _____ Reviewed By: _____

Submit for Board Review: Yes _____ Council Meeting Date: _____

Ineligible? Yes _____ Reason: _____

Council Decision: Approve \$ _____ Date: _____

Council Comments: _____



Charitable Contributions and Nonprofit Funding Request Application Questionnaire

Finance Officer Reviewer: _____ Fund Distribution Date: _____