

Operating Grant Application  
Summary Page

Name of Applicant Organization: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Total Budget for organization: \_\_\_\_\_ Grant requested for one year period: \_\_\_\_\_

Where will the activities be held? \_\_\_\_\_

What will be the admission charge? \_\_\_\_\_ What is the anticipated audience? \_\_\_\_\_

How many artists will be involved? \_\_\_\_\_ Will any be paid? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who and how much? \_\_\_\_\_

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I, the undersigned, certify that all the information contained in this application is true, complete and accurate. I have been authorized by my Board of Directors to submit this application to the Salisbury Wicomico Arts Council on its behalf.  
*Authorizing Official must be someone other than the project director.*

Project Director

Authorizing Official

Signature: \_\_\_\_\_

\_\_\_\_\_

Print name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Items that must be attached to the application (if not already on file):

- Original document plus eight copies
- Tax-exemption letter from the IRS (or if a government agency, a letter of support)
- Most recent financial statement
- List of your current Board of Directors
- Optional Items: *You may attach materials to each copy of this application that demonstrate your artistic accomplishments such as programs, brochures or flyers. If you would like to provide a single copy of a videotape, audiotape or CD (that can be returned to you) for the panel's review purposes you may do so.*

FOR OFFICE USE:

Grant #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Funding Decision: \_\_\_\_\_

## **Operating Grant Narrative**

*Describe your organization and the full range of its activities. Tell us about the artistic quality of your programs and describe how your organization impacts our local community. Explain your financial need and managerial soundness. Include: how you develop your programming, your long-range plans, and information on your upcoming season(s). You may add one (1) page in addition to this space.*

**Organizational Information**

1. Please describe your organization’s mission, vision and history. Please note any major changes in your programming or operations in the past year.

- 2. What are the dates of your fiscal year? *(from month and day to month and day)* \_\_\_\_\_
- 3. In what year did you begin active work presenting, exhibiting or working with the arts? \_\_\_\_\_
- 4. (a) In what year were you incorporated? \_\_\_\_\_
- OR-
- (b) Are you a branch of city, county or state government? \_\_\_\_\_

### Publicity Plan

1. What size audiences do you normally see? \_\_\_\_\_
2. Describe your publicity campaign. Include: *what types of media you use, timeline of your plan, and any additional publicity information that would help the committee to understand how your organization communicates its activities to the community.*

### Evaluation Process

1. Who will perform your evaluation(s)? \_\_\_\_\_
2. How will you compile post-event data (*ie. # tickets sold, # attendees, amount of money collected, or # of groups attending, etc.*) \_\_\_\_\_  
\_\_\_\_\_
3. How do you evaluate the effectiveness of: (A) your *artistic* work? (B) your *organizational* work?  
(A) \_\_\_\_\_  
\_\_\_\_\_  
(B) \_\_\_\_\_  
\_\_\_\_\_
4. How will the evaluation impact your future programming? \_\_\_\_\_  
\_\_\_\_\_
5. Do key personnel leave written evaluations on record? Yes \_\_\_\_\_ No \_\_\_\_\_

### Personnel Credentials

Please list all key principal participants in your organization and all teachers, soloists, or ensembles involved with your organization. All paid personnel must be named.

*Paid Personnel:*

*Volunteer Personnel:*

<b>Two-year Budget Projections</b>		<b>Budget Narrative</b>	
<p>This budget is similar to Maryland State Arts Council format.</p> <ul style="list-style-type: none"> <li>➤ In-kind services are not allowed as part of your budget.</li> <li>➤ Anticipated total income <b>must</b> equal the anticipated total expenditures.</li> </ul> <p>1. Complete this form for the two fiscal years of funding requests. 2. Attach your organization's latest operating financial statement.</p>		<p>Please use this space to explain any line items that need further explanation. Try to anticipate any questions a person unfamiliar with your organization would have after studying your budget. <i>(You may attach one sheet)</i></p>	
	Estimated current year	Estimated next year	
<b>Cash Expenditures</b>			
Artistic Fees			
Technical Fees			
Administrative Fees			
Facility Costs			
Fund-Raising Costs			
Promotion			
Merchandise Costs			
Printing			
Insurance			
Supplies/Materials			
Miscellaneous			
Other Expenses:			
<b>Total Expenditures:</b>			
<b>Cash Income</b>			
Grant Amount Requested			
Admissions Income			
Membership Income			
Advertising Sales			
Fund-Raising Projects			
Contributions			
Merchandise Sales			
Interest Income			
Other Grants:			
Other Income Sources:			
<b>Total Income:</b>			