

Project Grant Application

Summary Page

Name of Applicant Organization: _____

Permanent Address: _____ City _____ State _____ Zip _____

Name of Contact Person: _____

Business Phone: _____ Home Phone: _____

Email: _____

Name of Project: _____

Is this a new project: _____ An ongoing project: _____

Total budget for project: _____ Grant amount requested: _____

Inclusive dates for proposal: _____

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? _____

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.
- Federal 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, DVD, audiotape or CD (that can be returned to you) for the panel's review you may do so.*

FOR OFFICE USE:

Grant #:

Date Received:

Funding Decision:

Grant Application Narrative

Describe the project for which this application is being made and how you developed this programming. Include the location, logistics (what, where, when etc.), and how you will evaluate your project when it is completed. You may add one (1) page in addition to this space.

Organizational Information

1. Please describe your organization's mission, vision and history.

2. What year did you begin active work presenting, exhibiting or working with the arts? _____

3. In what year was your organization incorporated? _____

-OR-

Are you a branch of city, county or state government? _____

Publicity Plan

1. What size audience do you expect for your project? _____
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 program. All paid personnel must be named.

Paid Personnel:

Volunteer Personnel:

Project Budget

This budget is similar to Maryland State Arts Council’s format.

- In-kind services are **not allowed** as part of your budget.
- Anticipated total income **must equal** the anticipated total expenditures.

1. Complete this form so it reflects your project budget.
2. Attach your organization’s latest operating financial statement.

Cash Expenditures		Cash Income	
Artistic Fees		Grant Amount Requested	\$
Technical Fees		Admissions Income	
Administrative Fees		Membership Income	
Facility Costs		Advertising Sales	
Fund-Raising Costs		Fund-Raising Projects	
Promotion		Contributions	
Merchandise Costs		Merchandise Sales	
Printing		Interest Income	
Insurance		Other Grants:	
Supplies/Materials			
Miscellaneous			
Other Expenses:			
		Other Income Sources:	
Total Expenditures:		= Total Income	

Budget Narrative

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 above.
(You may attach one sheet)