

MARSHALL REGIONAL ARTS COUNCIL
GRANTS PROGRAMS APPLICATION FORM

Please type or print clearly in black ink.

Organization Name _____

Mailing Address _____

Phone Number _____ Fax Number _____

Person Completing this Application _____ Phone Number(if different) _____

Person Authorized to Sign Contract _____ Title _____

Project Name _____ Start Date _____ End Date _____
(9/01/10 or later) (5/31/11)

Estimated number of persons who will be served by the project _____

Proposed locations and facilities to be used _____

- Are these accessible to the handicapped? fully partially(explain below) not accessible

Please describe the project in the space below. (up to 400 words)

Please relate the activities for which funding is requested to the following TCA review criteria as listed on separate sheet.

SERVICE (up to 50 words)

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INVOLVEMENT (up to 50 words)

CAPABILITY (up to 50 words)

ARTISTIC MERIT (up to 50 words)

PROJECT BUDGET

INCOME	
A Arts Council Grant Amount Requested	\$
B Earned Income & Cash Contributions	
1. Admissions/Fees	
2. Organizational Funds (cash on hand)	
3. Business	
4. Foundations	
5. Local Government	
6. State Government	
7. Individuals	
8. Other: _____	
SUBTOTAL – SECTION B	\$
C In-Kind Support	
TOTAL INCOME (A+B+C)	\$

EXPENSES	Arts Council Grant Funds	Earned Income & Cash Contributions	In-Kind Support	TOTAL
A Personnel				
1. Artistic				
2. Technical				
3. Administrative				
4. Other _____				
B Facilities				
C Equipment Rental				
D Supplies & Materials				
E Promotion & Printing				
F Travel, Lodging, Food & Beverage				
G Other: _____				
Other: _____				
Other: _____				
TOTAL	\$	\$	\$	\$

- Grant Program funds may not be used for facility maintenance or repair, or for equipment purchase.

Attachment Checklist

Required Attachments

- _____ Documentation of nonprofit status
- ___ ___ Organization's budget for current fiscal year
- ___ ___ Resume of project director and other key personnel
- ___ ___ Current list of board of directors
- _____ Copy of checks showing expenditures
- _____ Pictures of event (s) on a CD
- _____ *E-Mail address of person filling out grant*

Optional Attachments

- _____ Letters of support
- _____ Publicity material and/or resumes of artists who will be engaged for the project
- _____ Sample promotional materials or press coverage that relates to the proposed project
- _____ Other: _____

Signature of Applicant: _____

Date: _____