

# 2017 - 2018 Community Arts Grant Program Support Application

Applicants must type and complete this form in its entirety for consideration. WARNING! Fillable PDF files such as this do not allow you to save your information without Adobe Acrobat Pro. Do not close the application before printing your information or your information will disappear. If you have any questions, call the LexArts staff at (859) 255-2951. APPLICATIONS MUST BE DELIVERED NOT POST- MARKED BY FRIDAY, March 31, 2017 by 5:00 P.M.

## GRANT INFORMATION

1. Program Title

Brief Program Description

program start month

day

2. Community Arts Grant Request \$

program end month

day

3. Program Category

1a. This request is for a

## APPLICANT INFORMATION

4.

Organization Name

Chief Executive Officer Name

Title

Organization Website

Contact E-mail

Contact Telephone

Organization Street Address

City, State, Zip

Organization Mailing Address (if different from above)

City, State, Zip

5.

Primary Contact

6.

Federal/Employer Identification Number

Please check all that apply to your organization or fiscal agent:

Non-Profit Arts

Incorporated

Tax-Exempt

Other non-profit

Public School System/Government

LEXARTS STAFF USE ONLY

Date Rec'd:

Time:

Rec'd by:

App #:



## PROGRAM DESCRIPTION

9. Explain how this Program fulfills the criteria for Community Arts Grants.

Do not exceed space allowed in box. Do not attach additional pages.

## PROGRAM DESCRIPTION (continued)

9. Explain how this Program fulfills the criteria for Community Arts Grants.

Do not exceed space allowed in box. Do not attach additional pages.

## ARTIST/GROUP INVOLVEMENT

10. Apart from your organization, please list all artists and other arts groups involved in the program. Do not exceed space allowed in box.

Total Number of Participating Artists

## AUDIENCE

11. Indicate the number of individuals benefitting from proposed program and last year's program if applicable.

### Audience/ participants

2017-2018 (projected)

2016-2017 (actual if applicable)

# who will benefit directly (e.g. live performance or exhibit)

Will admission be charged?

# who will benefit indirectly (e.g. TV. or Radio broadcast)

if yes, how much? \$

# of people with disabilities benefitting

Will you offer discounts to seniors, students, and/or others?

# of seniors benefitting

if yes, how much? \$

# of other Specific Populations benefitting (as listed in #8 above)

## PROGRAM PROMOTION AND MARKETING

12. Discuss the strategies your organization will use to promote this program.

Do not exceed space allowed in box.

## COMMUNITY INVOLVEMENT and PARTICIPATION

**13.** Discuss the ways in which this program responds to the community, or target audience & the role the community plays in planning and program design.

Do not exceed space allowed in box.

## PROGRAM PLANNING and EVALUATION

**14.** Describe the methods (qualitative and quantitative) your organization will use to evaluate the program. Based on your program goals, how will you measure success?

Do not exceed space allowed in box.

# 15. PROGRAM BUDGET

## REVENUE

Contributed Income		Projected	Confirmed	Comments	
Corporate					
Foundation					
Individual Contributions					
Government: Federal					
State					
City					
Other Support (itemize): <input type="text"/>					
Inkind					
<b>Total Contributed Income</b>					
Earned Income		Projected	Confirmed		Comments
Admissions					
Fee For Service (contracted)					
Membership					
Workshop Fees/Tuition, etc.					
Concessions/Sales/Rentals, etc.					
Other Revenue <input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<b>Total Earned Income</b>					
<b>LEXARTS GRANT REQUEST</b>		<input type="text"/>			
<b>TOTAL REVENUE</b>		<input type="text"/>			

**PROGRAM BUDGET (continued)**

**EXPENSE**

Expenses	A Cash	B + In-Kind	C = Total	Comments
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**Program Management**

Administrative				
Support				
<b>Total Project Management</b>				

**Program Artistic Fees**

Artistic				
Educational				
Technical/Production				
<b>Total Project Artistic Fees</b>				

**Travel**

Outside Professionals				
Other	<input type="text"/>			
Other	<input type="text"/>			
<b>Total Travel</b>				

**Marketing and Publicity**

Advertising				
Design/Printing				
Mailing/Postage				
Other	<input type="text"/>			
Other	<input type="text"/>			
<b>Total Marketing and Publicity</b>				

**PROGRAM BUDGET (continued)**

**EXPENSE**

Expenses	A Cash	B + In-Kind	C = Total	Comments
<b>Production/Exhibition</b>				
Transportation/Shipping				
Programs/Brochures				
Catalogs /Publications				
Technical/Production				
Other <input data-bbox="58 632 324 684" type="text"/>				
<b>Total Production/ Exhibition</b>				
<b>Facilities Rental</b>				
Rehearsal/ Space Rental				
Theatre/Hall/Gallery etc.				
Other <input data-bbox="58 995 324 1047" type="text"/>				
<b>Total Facilities Rental</b>				
<b>Accessibility</b>				
Signing Interpreter				
Other <input data-bbox="58 1289 324 1341" type="text"/>				
<b>Total Accessibility</b>				
<b>Remaining Expenses</b>				
Other <input data-bbox="58 1524 324 1577" type="text"/>				
<b>TOTAL EXPENSES</b>				
<b>TOTAL REVENUE</b>				
<b>SURPLUS (DEFECIT)</b>				

# GRANT APPLICATION CHECKLIST

**Please include this application checklist as the first page of your application package.** Contact LexArts staff for any questions on the application and support materials. Include **two (2) complete copies** of your application package and support materials. Include an additional four (4) copies of the application form and budget *only*. Use paper clips, slip sheets or envelopes, but **DO NOT STAPLE OR SEND FOLDERS.** See guidelines for further instructions.

*Each applicant is responsible for submitting the following materials in packets:*

- (6) Six copies of **Application form and Budget** (1 original and 5 copies).
- (6) Six copies of **Budget Break-Out** (created by applicant) see pages 8 - 11 of program guidelines.
- (6) Six copies of your organization's **current year Annual Budget.**
- (2) Two copies of your organization's **most recent board approved audited financial statements.**
- (2) Two copies of current **list of Board of Directors or Advisory Board Members.**
- (2) Two copies of the **letter of agreement with partnering fiscal agent** (if applicable).
- (2) Two copies of the **IRS501(c)3 letter of determination** for your Organization or your fiscal agent (if not on file with LexArts).
- (2) Two copies of **letters of commitment** or contracts signed by proposed artist(s).
- (2) Two copies of (2) two recent **printed materials** (press clippings, brochures, etc.) about your organization and/or the program. If this applications seeks support for a repeat program, include materials from the previous year.
- (2) Two copies of no more than (2) two recent **letters of support** that address the proposed program.
- (2) Two copies of a **resume or biographical information** on key program personnel (artists, consultants, program coordinators)
- (2) Two copies of the appropriate **Artistic Documentation** (see page 7 of the guidelines)
- (2) Two copies of the Artistic Documentation Synopsis sheet (created by applicant as applicable, see guidelines page 7)

## SIGNATURES

Please initial in the spaces provided:

I have reviewed this application with the appropriate authorities within my organization and have obtained their approval of its contents.

\_\_\_\_\_

Completion date of this project is  . If this project receives a LEXARTS grant, our Organization will submit a Final Grant Report to LEXARTS and supporting materials within 30 days of this date.

\_\_\_\_\_

All artists, presenters, consultants, etc. mentioned in this proposal are aware of this application.

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant, Director or Authorized Official

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Chief Volunteer (Required)

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Fiscal Agent Authorized Official

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Phone

LEXARTS prohibits unlawful discriminatory practices based on race, color, religion, sex, national origin, ancestry, place of birth, age, marital status or disability.