

2017 - 2018 Community Arts Grant Project 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, July 14, 2017 by 5:00 P.M.

GRANT INFORMATION

1. Project Title	<input type="text"/>		
Brief Project Description	<input type="text"/>		
program start month	<input type="text"/>	day	<input type="text"/>
2. Community Arts Grant Request	\$ <input type="text"/>		
program end month	<input type="text"/>	day	<input type="text"/>
3. Project Category	<input type="text"/>		
1a. This request is for a	<input type="text"/>		

APPLICANT INFORMATION

4.	<input type="text"/>	5.	<input type="text"/>
Organization Name		Primary Contact	
<input type="text"/>	<input type="text"/>	5a.	<input type="text"/>
Chief Executive Officer Name	Title	Fiscal Agent Organization (if applicable)	
<input type="text"/>		Fiscal Agent Contact	<input type="text"/>
Organization Website		Fiscal Agent Address	<input type="text"/>
<input type="text"/>		City, State, Zip	<input type="text"/>
Contact E-mail		Fiscal Agent Telephone	<input type="text"/>
<input type="text"/>		6.	<input type="text"/>
Contact Telephone		Federal/Employer Identification Number	
<input type="text"/>		Please check all that apply to your organization or fiscal agent:	
Organization Street Address		<input type="checkbox"/> Non-Profit Arts	<input type="checkbox"/> Incorporated <input type="checkbox"/> Tax-Exempt
<input type="text"/>		<input type="checkbox"/> Other non-profit	<input type="checkbox"/> Public School System/Government
City, State, Zip			
Organization Mailing Address (if different from above)			
<input type="text"/>			
City, State, Zip			

LEXARTS STAFF USE ONLY

Date Rec'd:

Time:

Rec'd by:

App #:

PROJECT DESCRIPTION

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

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

PROJECT DESCRIPTION (continued)

9. Explain how this Project 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 project. Do not exceed space allowed in box.

Total Number of Participating Artists

AUDIENCE

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

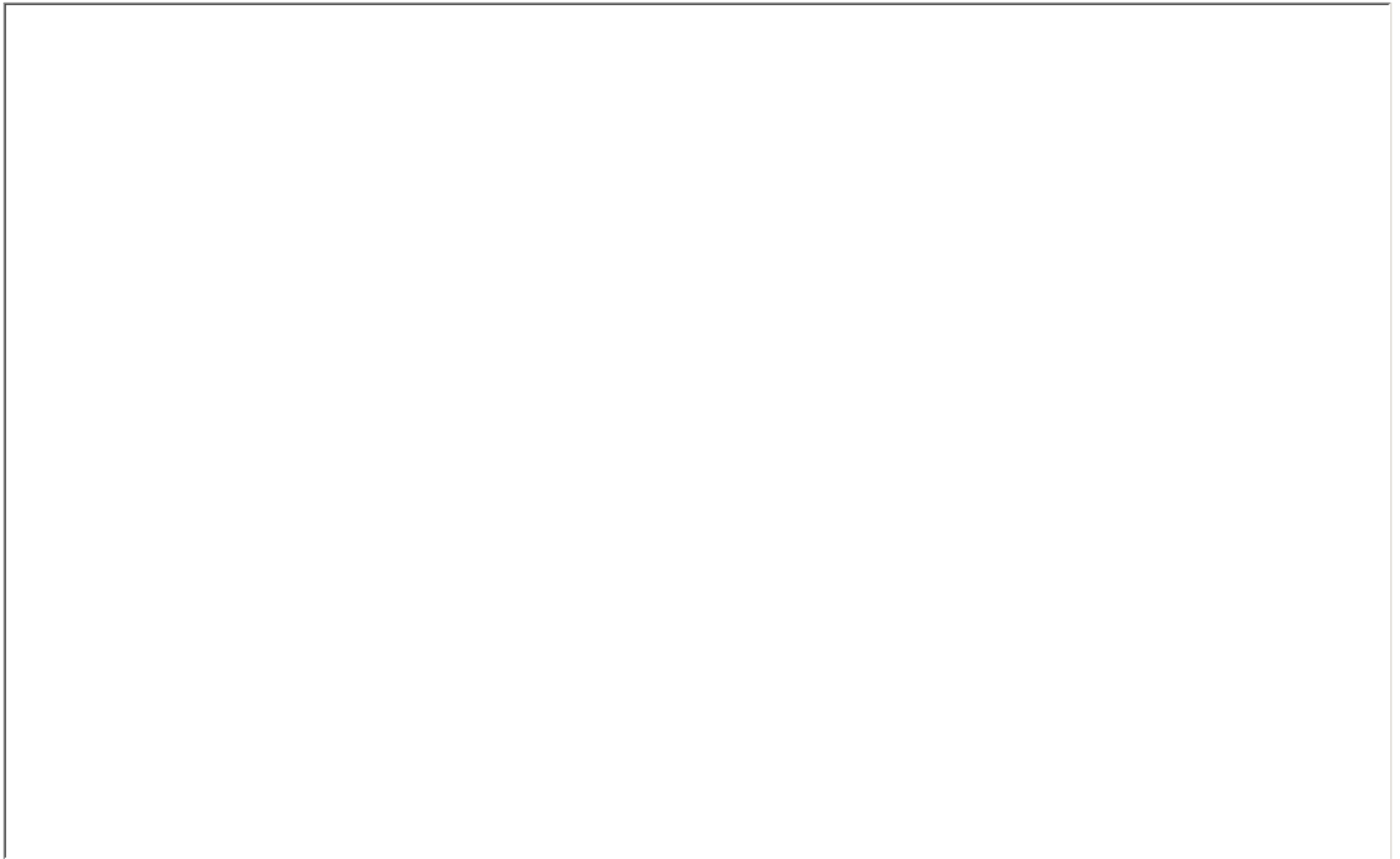
Audience/ participants

2016-2017 (projected)	<input type="text"/>	2015-2016 (actual if applicable)	<input type="text"/>
# who will benefit directly (e.g. live performance or exhibit)	<input type="text"/>	<input type="text"/>	Will admission be charged? <input type="text"/>
# who will benefit indirectly (e.g. TV. or Radio broadcast)	<input type="text"/>	<input type="text"/>	if yes, how much? \$ <input type="text"/>
# of people with disabilities benefitting	<input type="text"/>	<input type="text"/>	Will you offer discounts to seniors, students, and/ or others? <input type="text"/>
# of seniors benefitting	<input type="text"/>	<input type="text"/>	if yes, how much? \$ <input type="text"/>
# of other Specific Populations benefitting (as listed in #8 above)	<input type="text"/>	<input type="text"/>	

PROJECT PROMOTION AND MARKETING

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

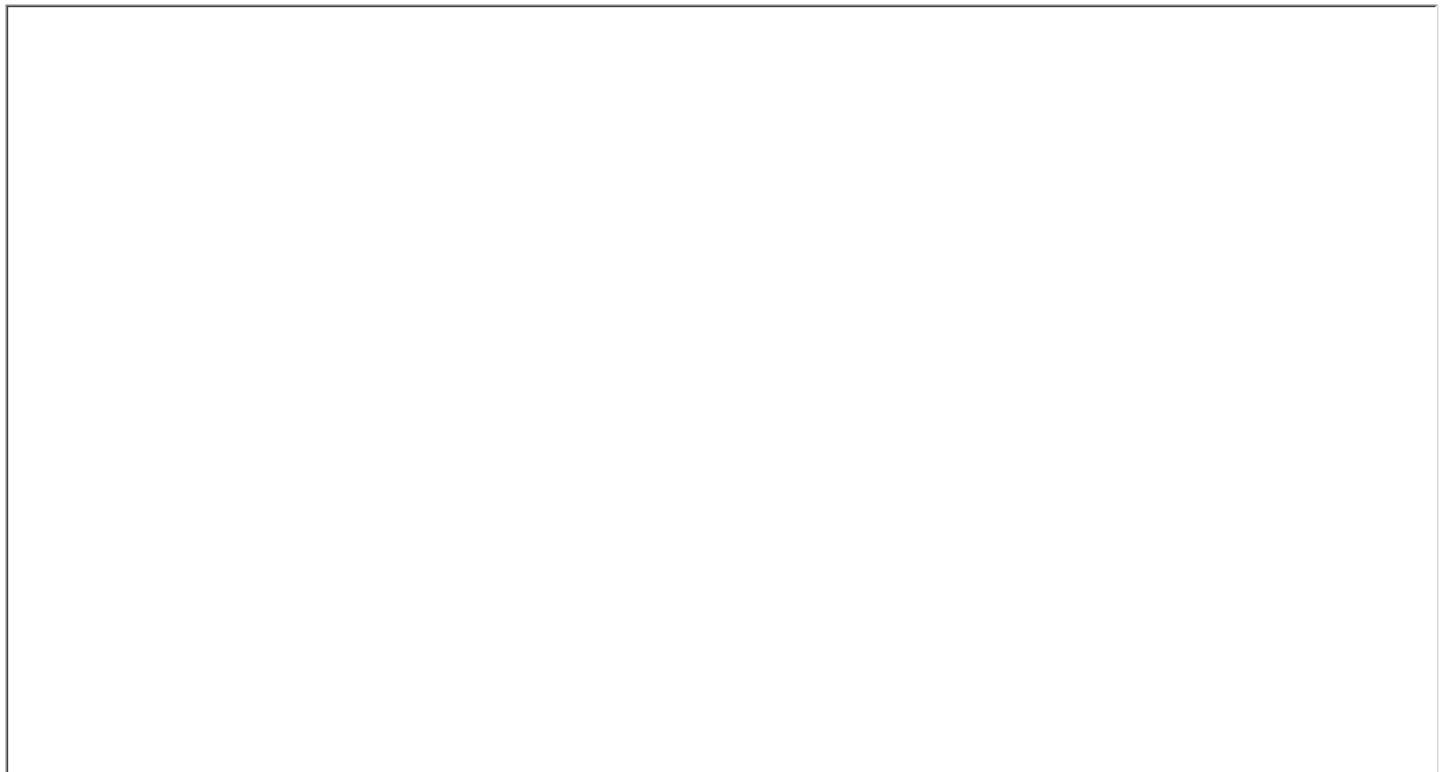
Do not exceed space allowed in box.



COMMUNITY INVOLVEMENT and PARTICIPATION

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

Do not exceed space allowed in box.



PROJECT PLANNING and EVALUATION

14. Describe the methods (qualitative and quantitative) your organization will use to evaluate the project. Based on your project goals, how will you measure success? Do not exceed space allowed in box.

ORGANIZATIONAL BUDGET

15. Organizational Budget

Last Year Actual

Current Year

From

To

To

Revenue

Contributed

Foundation and Government Grants

Earned

Other

Total

Expenses

Administrative

Fundraising

Program/mission fulfillment

Total

16. PROJECT BUDGET

REVENUE

Contributed Income	Projected	Confirmed	Comments
Corporate			
Foundation			
Individual Contributions			
Government: Federal			
State			
City			
Other Support			
<input style="width: 100%; height: 20px;" type="text"/>			
Inkind			
Total Contributed Income			

Earned Income	Projected	Confirmed	Comments
Admissions			
Fee For Service (contracted)			
Membership			
Workshop Fees/Tuition, etc.			
Concessions/Sales/Rentals, etc.			
Other Revenue			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
Total Earned Income			

LEXARTS GRANT REQUEST	<input style="width: 95%; height: 20px;" type="text"/>
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TOTAL REVENUE	<input style="width: 95%; height: 20px;" type="text"/>
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PROJECT BUDGET (continued)

EXPENSE

Expenses	A Cash	B + In-Kind	C = Total	Comments
Project Management				
Administrative				
Support				
Total Project Management				
Project Artistic Fees				
Artistic				
Educational				
Technical/Production				
Total Project Artistic Fees				
Travel				
Outside Professionals				
Other <input data-bbox="55 1108 326 1163" type="text"/>				
Other <input data-bbox="55 1203 326 1257" type="text"/>				
Total Travel				
Marketing and Publicity				
Advertising				
Design/Printing				
Mailing/Postage				
Other <input data-bbox="55 1631 326 1686" type="text"/>				
Other <input data-bbox="55 1726 326 1780" type="text"/>				
Total Marketing and Publicity				

PROJECT BUDGET (continued)

EXPENSE

Expenses	A Cash	B + In-Kind	C = Total	Comments
Production/Exhibition				
Transportation/Shipping				
Programs/Brochures				
Catalogs /Publications				
Technical/Production				
Other <input data-bbox="58 632 326 688" type="text"/>				
Total Production/ Exhibition				
Facilities Rental				
Rehearsal/ Space Rental				
Theatre/Hall/Gallery etc.				
Other <input data-bbox="58 997 326 1054" type="text"/>				
Total Facilities Rental				
Accessibility				
Signing Interpreter				
Other <input data-bbox="58 1285 326 1341" type="text"/>				
Total Accessibility				
Remaining Expenses				
Other <input data-bbox="58 1530 326 1577" type="text"/>				
TOTAL EXPENSES				
TOTAL REVENUE				
SURPLUS (DEFICIT)				

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) Five copies of **Application form and Budget** (1 original and 5 copies).
- (2) Two copies of current **list of Board of Directors or Advisory Board Members with business or civic affiliations.**
- (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 applicable).
- (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. Failure to submit a final report within 30 days of project completion will result in forfeiture of the second half of the grant.

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

Signature of Applicant, Director or Authorized Official

Name and Title (please type)

Phone

Signature of Board President (Required)

Name and Title (please type)

Phone

Signature of Fiscal Agent Authorized Official

Name and Title (please type)

Phone

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