

COLUMBUS ARTS COUNCIL, INC.
P.O. Box 869
Columbus, MS 39703
Phone/Fax: 662-328-2787
Email: colarts@ebicom.net

**GRANT APPLICATION
For Community Arts Grant**

- Copy as needed.
- Please type.

1. **Organization** _____
2. **Mailing Address** _____
3. **Project Coordinator** _____
4. **Day Phone** _____ **Evening Phone** _____
5. **Year Organization Founded** _____ **Date of Project** _____
6. **Total Amount of Project Expenses** _____ **Amount of Funds Requested** _____

7. Narrative Description

Please let us know about your project, using the following questions as a guide. Explain in 1-3 pages.

- A) Briefly describe your organization in terms of mission, structure, major sources of funding and the community you serve.
- B) Please state the goals of this project. What measurable results do you want to see happen because of this project? How will you know if you achieved these results?
- C) Please describe the strategies you have in place to achieve your goals. How do you plan your activities? How will you promote or publicize your auditions or events?
- D) How does your group reflect the community they serve? How do you make your activities accessible to all people in the community? What steps have you taken to include the economic and racial diversity of your community in your project?
- E) What are the qualifications of the artists involved? What measures are taken to insure high artistic standards from all participants?
- F) Do you have the support from the community that you serve? How has this support been made known to you? Can you show that your organization is a safe investment of public dollars?

PROJECT BUDGET: Your fiscal year begins (month/day) ___/___ and ends (month/day) ___/___

8. Fill out budget according to anticipated income and expenses related to proposed budget.

CASH EXPENSES

	Cash Match	CAC Grant	Total
Personnel:			
1. Administrative			
2. Artistic			
3. Technical/ Production			
Outside Fees:			
4. Artistic			
5. Other			
Other:			
6. Space Rental			
7. Travel			
8. Marketing			
Remaining Expense:			
9. Phone/Postage			
10. Rentals			
11. Supplies			
12. Insurance			
13. Other			
14. Capital Expenditures			
15. Total Expenses:			

CASH INCOME

	Cash	In-Kind**	Total
Revenue			
1. Admissions			
2. Contracted Services			
3. Other Revenue			
Support			
4. Corporate			
5. Foundation			
6. Other Private			
Government Support			
7. Federal			
8. State/Regional (other than this grant)			
9. County/ Municipal			
10. Applicant cash			
11. Subtotal Cash Income			
12. CAC Grant			
13. Total Income:			

INKIND CONTRIBUTIONS (Do not add to the Cash Income or Cash Expenses of your budget.)	TOTAL
Services Rendered/Materials Contributed	
Total In-Kind Contributions	

9. Briefly describe the intended audience and participants.

	Actual Number	% White	% Native American	% African American	% Asian	% Hispanic	Total
Staff	%	%	%	%	%	%	=100%
Artists Taking Part in Activities	%	%	%	%	%	%	=100%
Audience	%	%	%	%	%	%	=100%
Population of Community	%	%	%	%	%	%	=100%

Checklist

Before you submit your final report, double-check to make sure that you:

- used the correct Grant Form
- filled in all the appropriate blanks
- completed your budget page
- answered all narrative questions
- attached any appropriate supplementary materials such as one copy of a letter to your legislator, sample promotional materials, and other items like programs and surveys. Please be selective. We welcome photographs but they will not be returned.
- obtained original signatures (in ink) from the authorizing official and project director
- attached your IRS letter granting tax exemption

The Authorizing Official and Project Director hereby certify that the information contained in this final report, including all attachments, is true and correct to the best of our knowledge.

***Authorizing Official signature (in ink) _____ Date _____**

Name & Title _____ Day phone _____

Project Director signature (in ink) _____ Date _____

Name _____ Day phone _____