



For Arts Council Use:

Grant #

Date Received:

Date Approved/Denied:

**WORCESTER COUNTY ARTS COUNCIL COMMUNITY
ARTS DEVELOPMENT GRANT APPLICATION FORM**

NOTE: All requested information must be completed. If the requested information does not apply to your project, please indicate by writing N/A.

Organization:

Address:

(Street)

(City)

(State)

(Zip)

Contact Person:

Title:

Telephone:

(H/W)

(Cell)

Email Address:

Website Address:

Facebook:

Name of Event or Project:

Date and Time of Project:

Location Address (Must be handicapped accessible):

Amount of Grant Requested:

Grant to be used for (be specific): SEE RESTRICTION PORTION OF GRANT GUIDELINES

Describe the impact of this project on the audience/community that you serve:

Is this a new project? (Yes) (No)

Has your organization ever received a WCAC Grant before? (Yes) (No)

If yes: What was the amount of the most recent grant received? \$

What is the projected attendance?

1. For project (such as a fair, performance, concert, exhibit)

2. For activity (such as camp or classes)

NOTE: All requested information must be completed. If the requested information does not apply to your project, please indicate by writing N/A.

PROJECT BUDGET

A. PROJECT INCOME: Lines 2 (a - f) must equal or exceed grant request Line 1

1. Grant Amount requested (<i>must be same as on page 1</i>)	\$	<input type="text"/>
* Requested amount must be matched by organization funds.		
2. Organization Funds:		
a. Total Project Admission: (Based on projected attendance of ()	\$	<input type="text"/>
b. Membership/Cash contributions	\$	<input type="text"/>
c. Other Grants (specify sources and expected amount)		
	\$	<input type="text"/>
	\$	<input type="text"/>
d. Total Activity Fees: (Based on projected attendance of ()	\$	<input type="text"/>
e. Advertising Income:	\$	<input type="text"/>
f. Other Income (Itemize)	\$	<input type="text"/>
SUB-TOTAL Lines 2 (a - f) must equal or exceed grant request Line 1	\$	<input type="text"/>
TOTAL PROJECT INCOME: Line 1 + SUB-TOTAL	\$	<input type="text"/>

***TOTAL PROJECT INCOME must equal TOTAL PROJECT EXPENDITURES**

B. PROJECT EXPENDITURES

1. Fees:		
a. Artistic fees, licensing	\$	<input type="text"/>
b. Technical	\$	<input type="text"/>
c. Administrative: *	\$	<input type="text"/>
* Such as: permits, clerical and financial assistance		
2. Supplies & Materials	\$	<input type="text"/>
3. Equipment	\$	<input type="text"/>
4. Promotion & Advertising	\$	<input type="text"/>
5. Travel	\$	<input type="text"/>
6. Rentals	\$	<input type="text"/>
1. Other Expenses (Itemize):	\$	<input type="text"/>
TOTAL PROJECT EXPENDITURES	\$	<input type="text"/>

Please provide a detailed description of your project. Include the specific purpose for which this grant is requested and how this project fits into your organization's mission.

Project Budget Narrative: Please provide a further description of your project itemized expenses and income outlined on this application.

ARTISTIC EXPENSES MUST EQUAL OR BE GREATER THAN AMOUNT OF THE GRANT REQUESTED.

C. ADDITIONAL REQUIRED INFORMATION

- 1. Is your organization a branch of any government?
- 2. If no, is it incorporated in the State of Maryland?
- 3. Has organization been granted tax-exempt status by the IRS?
 - a. If **yes**:
 - (1) Is a copy of the Letter of Exemption from IRS on file with the WCAC?
 - (2) A copy of the Letter of Exemption from the IRS must accompany this grant form unless a copy is on file with the WCAC
 - b. If **no**,
 - (1) Is tax-exempt status pending?
 - (2) Please include the letter from the IRS indicating the pending status.
- 4. The following additional information must be attached: (Not required of Worcester County public schools or other government agencies)
 - a. Detailed financial statement including income and expenditures for organization's last completed year.
 - b. Detailed projected budget including income and expenditures for present year.
 - c. Current list of Officers and Board of Directors.

I certify that the information and financial figures contained in this grant application and attachments are true and accurate.

Signature of Organization's Authorized Official:

Title of signer:

Print or Type Name of Signer:

Date signed:

APPLICATION CHECKLIST
MUST BE SENT IN WITH APPLICATION
PLEASE ATTACH TO TOP SHEET OF APPLICATION

Name of Organization:

Name of Project:

1. Application must be submitted via:
Email: application and all required documentation need to be combined into **one pdf file** and submitted via email to:
curator@worcestercountyartscouncil.org
Please include: **CAD GRANT APPLICATION** in the subject line of your email.
One printed copy of application and all required documentation need to be mailed to:
Worcester County Arts Council, 6 Jefferson Street, Berlin MD 21811
2. Detailed financial statement including income and expenditures for organization's last completed year. *
3. Detailed projected budget including income and expenditures for present year. *
4. Current list of officers and Board of Directors, if applicable. *
5. First time applicants must submit a copy of exemption from the IRS.

* **Public schools and government agencies are exempt.**

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, ALL REQUIREMENTS MUST BE MET FULLY AND ACCURATELY!

OLDER VERSIONS OF APPLICATION FORM WILL NOT BE CONSIDERED