

COLUMBUS ARTS COUNCIL, INC.  
P.O. Box 869  
Columbus, MS 39703  
Phone: 662-328-2787, Email: columbus.ms.arts@gmail.com

**GRANT APPLICATION  
For Community Arts Grant  
Please submit this application no later than October 28, 2016**

- **Copy as needed. Please type.**

1. **Organization** \_\_\_\_\_

2. **Mailing Address (where you want the check sent)** \_\_\_\_\_  
\_\_\_\_\_

3. **Project Coordinator** \_\_\_\_\_

4. **E-mail address** \_\_\_\_\_

5. **Day Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_

6. **Year Organization Founded** \_\_\_\_\_ **Date of Project** \_\_\_\_\_

7. **Total Amount of Project Expenses** \_\_\_\_\_ **Amount of Funds Requested** \_\_\_\_\_

**8. 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) \_\_\_/\_\_\_

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

**CASH EXPENSES**

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

**CASH INCOME**

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

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

10. 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 application, 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
- 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 \_\_\_\_\_