

SPRING GREEN AREA ARTS COALITION GRANT APPLICATION FORM (F06)



All residents over 12 years of age and organized groups residing in the Spring Green area, as defined in the Coalition's Bylaws, are eligible to apply for arts related grants from the Coalition. Residents under 18 must have sponsoring person over 18 responsible for the grant. Coalition members are eligible if they recuse themselves from any grant decision making meetings. If completing this form in writing, please print.

APPLICANT SUMMARY

Name of Applicant (Organization or Individual) _____

Contact Person _____ Age _____

Address of Contact Person _____

Phone _____ Fax _____ Email _____

PROJECT SUMMARY

Title of Project _____

Purpose of project in no more than three sentences (successful requests will focus on arts and cultural activities in the Spring Green area):

Amount of Requested Grant _____ (SGAAC provides grants up to \$1,000)

ATTACHMENTS

Narrative

Please address the following questions in a total of no more than three pages:

1. Methodology: Explain how requested funds will be used.
2. What are three of the project's measurable outcomes?
3. Explain how the evaluation of the project will be done.
4. Explain how the results of the project will be shared in the Spring Green area.
5. Explain how you will publicly acknowledge the Arts Coalition's contribution to your project?

Budget

Attach detailed budget in spreadsheet format. Include projected expenses and state exactly how funds will be spent. Include in-kind contributions of goods, services, and donated labor as income.

SIGNATURES

By signing below, applicant agrees that funds accepted from the arts coalition will be used only for the purposes specified. All applicants must agree that the use of funds will meet all terms and conditions specified in SGAAC Bylaws and Section 501(c)(3) of the U.S. Internal Revenue Code, especially those relevant to non-discrimination as to age, race, religion, gender, sexual preference, or national origin and to non-involvement in political campaigns. Applicant certifies that all information provided is true to the best of his/her knowledge.

Signature _____ Date _____

If applicant is an organization, president of the board or other officer of governing body must also sign the application.

Signature of Authorizing Official _____ Date _____

Title _____

Send completed form and attachments to: Spring Green Area Arts Coalition, c/o Kay Lynn Taylor, 34099 Old Mill Drive, Lone Rock, WI 53556