

ARTS COUNCIL OF CALVERT COUNTY GRANT

Under the Maryland State Arts Council Community Arts Development Program

SPECIAL PROJECT GRANT REQUIREMENTS

- The Arts Council of Calvert County (ACCC) has Special Project Grant funds available to support projects taking place between July 1, 2008 and June 30, 2009. These grants will be available as described by the following criteria.
- Applications must be submitted on the official Arts Council of Calvert County application form, available from the Arts Council office, 410.257.7005, and at the Arts Council website, www.calvertarts.org
- **Completed applications (original and three copies) must be received in the Arts Council offices by Wednesday, April 30, 2008. Applications will not be accepted after April 30, 2008.**
- Applications are reviewed by the three-member Grants Review Committee. The Committee's recommendations are presented to the Arts Council of Calvert County's Board of Directors for a final decision. Applicants will be notified of results by mail no later than June 30th, 2008
- Grant requests may not exceed 10% of applicant's operating budget or \$4,000, whichever is the lesser amount. The applicant is required to provide a one-to-one (1:1) dollar match to the amount requested.
- A Final Report must be completed and filed with the Arts Council by June 30. Failure to file a Final Report may jeopardize approval of future requests.
- Grantees must give credit to the Arts Council of Calvert County, the Maryland State Arts Council, and the National Endowment for the Arts in brochures, programs, news releases, publications, and other publicity materials. When no printed information is used, verbal credit must be given. Failure to acknowledge the above organizations as sources of funding will jeopardize the approval of future requests.

Arts Council of Calvert County

P.O. Box 2569
PRINCE FREDERICK, MD 20678
410.257.7005
FAX: 410.535.0302
WWW.CALVERTARTS.ORG

DATE RECEIVED:
AMT. REQUESTED: \$
AMT. RECEIVED: \$

**SPECIAL PROJECT GRANT APPLICATION
FY 2009
(JULY 1, 2008 THRU JUNE 30, 2009)**

ORGANIZATION IDENTIFICATION

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ County: _____

Contact Person: _____

Mailing Address: _____

Home Telephone: _____ Business Telephone: _____

E-Mail: _____

Has your Organization been granted tax-exempt status by the Internal Revenue Service? _____

If Yes, Designation/Type: _____

If No, have you applied for tax-exempt status? _____

Is a copy of your letter of exemption from the Internal Revenue Service on file with the ACCC? Yes/ No

If no, please attach or explain.

NOTE: "No" answers may still qualify your organization for grant funding.

FINANCIAL STATEMENTS

The following additional information must be attached to this application. (Note: If you are a new organization, please provide as complete information as possible.)

1. A detailed financial statement of your organization's last completed fiscal year, including income and expenditures.
2. Identify fiscal year.
3. A detailed budget of your organization's current fiscal year, including income and expenditures.

I CERTIFY THAT THE INFORMATION AND FINANCIAL FIGURES CONTAINED IN THIS APPLICATION AND ATTACHMENTS ARE TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.

Signature: _____

(Organization's Authorized Official)

Printed Name: _____

Title: _____

Telephone: _____

Date: _____

ORGANIZATION DESCRIPTION

Date your organization was founded and a brief history of your organization.

Please provide your Mission Statement.

Are you a membership organization? ____ Yes No ____ If yes, how many members? _____

What are your organization's sources of funding?

Source/Contributor name:

Amount:

_____	_____
_____	_____
_____	_____

Describe your organizational structure. (Example: Does a Board of Directors govern your organization)?

Please identify the key people who will be involved in the administrative, artistic, and technical aspects of this organization. Please attach any available background information (i.e., professional experience, highlights).

Name:	Role & Project:	Salary:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you received an ACCC Grant in the past? _____

If Yes please list name of project, date of project and amount awarded.

PROJECT DESCRIPTION

Name of Artist/Project: _____

Dates of project: _____

Location of project: _____

Description of project (please attach Artist Profile and/or Project Brochure - If additional space is needed, attach separate sheet): _____

No. of participating artists: _____

Projected attendance: _____

Describe target audience: _____

What is the contribution to the community?

What are the long-term benefits?

What is the economic impact?

PROJECT BUDGET

Cash Income:

Applicant's Cash Contribution: _____

Project Admissions: _____

Fund-raising: _____

Grant funding (list) _____

(Not ACCC request): _____

County funds: _____

Corporate Support (list): _____

Private Contributions: _____

Project Contracted Services: _____

Project Workshop Fees: _____

Other : _____

ACCC grant request: _____

Cash Expenditures:

Salaries: _____

Administrative: _____

Artistic: _____

Technical: _____

Supplies and Materials: _____

Equipment: _____

Marketing and Publicity: _____

Travel: _____

Rent and Utilities: _____

Other (Itemize): _____

TOTAL CASH INCOME: _____ = **TOTAL CASH EXPENDITURES:** _____

IN-KIND SERVICES: In-kind services, normally not matched by funds from the Arts Council of Calvert County, are services which ordinarily would be paid for by your organization but are being voluntarily contributed to help carry out this project. Volunteer services by a professional person may be claimed at his/her regular rate so long as the services rendered are of a professional nature and are within the professional's field.

SALARIES: \$ _____

MARKETING/PUBLICITY: \$ _____

EQUIPMENT: \$ _____

FEES: \$ _____

SUPPLIES/MATERIALS: \$ _____

TRAVEL: \$ _____

RENTAL: \$ _____

OTHER (itemize): \$ _____

TOTAL - IN KIND \$ _____

Submit by **WEDNESDAY, APRIL 30, 2008**