



SMALL GRANT APPLICATION

Application Overview

Name of Individual or Organization: _____
Name of Project: _____
Art Form: _____
Project Date(s) _____
Amount Requested: _____
Total Cost of Project: _____
Date Application Submitted: _____

About the Applicant

1. Organization or Individual Applicant's Name: _____
2. Address: _____
City, State, Zip: _____
3. Primary Contact Person: _____
4. Title of Primary Contact: _____
5. Telephone: _____
6. E-Mail: _____
7. Federal Employer ID#: _____
8. Fiscal unit/agent for this grant, if applicable. (Include name & address.) We may request a letter of agreement signed both organizations. _____
9. Required Attachments:
Organizations: Board of Directors (indicate officers) & and Project Budget
Individuals: Resume & and Project Budget

Please help the grant review panel to understand how your project addresses and corresponds to the corresponding criteria in the next sections. **Attach resume(s) of artistic personnel involved, if applicable.** Attach additional pages, if necessary.

Grant Application – Overall Score 100

Grant Proposal Narrative	Maximum Score	50
<p>Please provide a description of the project. Give the panelists enough information to understand if the project is feasible and will be well-planned, the need for the project, how it impacts your mission or enhances/broadens skills of an individual artist, the target audience (constituency served), and partnerships with other organizations and/or artists. Attach additional pages if necessary.</p>		

Will the activity be accessible to the below audiences? Please check all that apply.	Maximum Score	5
<input type="checkbox"/> Persons with disabilities <input type="checkbox"/> Underserved populations <input type="checkbox"/> Senior populations <input type="checkbox"/> Economically disadvantaged <input type="checkbox"/> Children/teens and/or college students		
<p>If you checked any of the above categories, please briefly explain how you plan to engage these audiences, get them involved with your project and/or help them attend the event/festival, etc. Attach additional pages if necessary.</p>	Maximum Score	5

Please describe how you will address cultural diversity in content, constituency served, audience, programming and board/volunteer participation.

Maximum Score

5

Please describe your marketing efforts?

Maximum Score

5

How will you document and evaluate the success of the project?

Maximum Score

5

Budget: Applicants are required to provide a one-to-one cash match for grant funds. The Commission reimburses for expenses at the end of the grant period. Any changes from this budget must be approved in advance. Attach additional pages, if necessary.

Maximum Score 25

Funding for Project

Source	Amount
Sumter County Cultural Commission Small Grant	\$ _____
Applicant Match	\$ _____
Other sources of other income for this Project	_____

Total Project Budget:	\$ _____

Projected Expenses

Anticipated expenses in connection with this project. The total expenses must match the total income.

Description	Amount Budgeted
1 _____	
2 _____	
3 _____	
4 _____	
5 _____	
6 _____	
7 _____	
8 _____	
9 _____	
10 _____	
Total	\$ _____

I certify to the Sumter County Cultural Commission that:

1. The applicant is in compliance with the stated eligibility requirements and that all information contained in this application is true and correct to the best of my knowledge;
2. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant solely for the described projects and programs;
3. I will comply with all applicable Federal and State laws when conducted any program activity for which the applicant receives financial assistance from the Commission.

Applicant Signature

Date