

# SMALL GRANT APPLICATION

arts  council of york county

Submit the original plus **SEVEN** copies of the signed application and attached support materials to:

**MAIL** | PO Box 2797, Rock Hill, SC 29732 **OR DELIVER** | Center for the Arts, 121 E. Main St., Rock Hill, SC 29730

**Do not place application and support materials in binders or folders. Secure with staples or binder clips.**

<p><b>I. APPLICANT/ORGANIZATION</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>City, State, Zip: _____</p> <p>Contact Person/Title: _____</p> <p>_____</p> <p>Phone: _____</p> <p>County: _____</p> <p>Email: _____</p> <p>(If applicant is Fiscal Agent, entering Benefiting Organization Name, Address, Zip, and Contact Phone Number below.)</p> <p>_____</p> <p>_____</p>	<p><b>II. ORGANIZATIONS - FEDERAL I.D. NUMBER:</b> (Please include a board list with application)</p> <p>_____</p> <p><b>INDIVIDUALS:</b> Individuals will submit a W9 if awarded a grant.</p>										
<p><b>III. CATEGORY</b> under which support is requested:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>INDIVIDUAL</u></td> <td style="text-align: center;"><u>ORGANIZATION</u></td> </tr> <tr> <td><input type="checkbox"/> Performance</td> <td><input type="checkbox"/> Arts Producing</td> </tr> <tr> <td><input type="checkbox"/> Visual</td> <td><input type="checkbox"/> Presenting</td> </tr> <tr> <td><input type="checkbox"/> Media</td> <td><input type="checkbox"/> Arts Discipline Service</td> </tr> <tr> <td><input type="checkbox"/> Literary</td> <td><input type="checkbox"/> Non-Arts Organization</td> </tr> </table>		<u>INDIVIDUAL</u>	<u>ORGANIZATION</u>	<input type="checkbox"/> Performance	<input type="checkbox"/> Arts Producing	<input type="checkbox"/> Visual	<input type="checkbox"/> Presenting	<input type="checkbox"/> Media	<input type="checkbox"/> Arts Discipline Service	<input type="checkbox"/> Literary	<input type="checkbox"/> Non-Arts Organization
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<p><b>IV. PERIOD OF SUPPORT REQUESTED:</b></p> <p>Starting (mm/dd/yy): _____</p> <p>Ending (mm/dd/yy): _____</p>											
<p><b>V. GRANT REQUEST:</b>      <b>APPLICATION MATCH:</b></p> <p>\$_____      \$_____</p>											
<p><b>VI. ORGANIZATION OPERATING BUDGET</b> (not applicable for individuals):</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 40%;">Most recently completed fiscal year</th> <th style="width: 40%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>Expenses</td> <td>\$_____</td> <td>\$_____</td> </tr> <tr> <td>Income</td> <td>\$_____</td> <td>\$_____</td> </tr> </tbody> </table>			Most recently completed fiscal year	Current Year	Expenses	\$_____	\$_____	Income	\$_____	\$_____	
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<p><b>VII. SUMMARY OF PROPOSAL</b> (<u>Required</u>. If more space is needed for the Summary of Proposal, please submit remainder in a separate, one-page document.):</p>           <p>VIII. Applicant was advised by: _____ (Arts Council Staff)</p>											

**[NEXT >>]**

**IX. SUMMARY OF DETAILED PROJECT BUDGET** (of individual or organization):

Round expenses and income to nearest dollar.

EXPENSES	TOTAL	INCOME	TOTAL
Personnel		Applicant Cash	_____
Administrative	_____	Admission/Sales	_____
Artistic*	_____	Contracted Services Revenue	_____
Technical/Production	_____	Private Support:	
Other* _____	_____	Corporate _____	_____
Outside Fees & Services	_____	Foundation _____	_____
		Other _____	_____
Space Rental	_____	Government Support/Grants	
Travel	_____	(do not include ACYC grant here. See below.)	
Marketing	_____	Federal _____	_____
Other Operating Expenses (list below)	_____	State/Regional _____	_____
_____	_____	County _____	_____
_____	_____	City _____	_____
_____	_____	Capital Expenditures (Grant funds may NOT	
_____	_____	be used for capital expenditures, but may be used as	
_____	_____	part of the cash match.)	_____
_____	_____	Other Revenue (i.e., in-kind/artist time)	_____
		_____	_____
		INCOME SUBTOTAL	_____
		<b>ARTS COUNCIL GRANT REQUEST</b>	_____
<b>TOTAL EXPENSES</b>		<b>TOTAL INCOME</b>	

*\*Individual Artists - Up to one half of the cash match may be accounted for by the cash value of applicant artist's creative time or technical/production. How the value of this time has been calculated must be included in the detailed project budget.*

**X. STATEMENT OF ASSURANCES:**

The applicant represents and warrants to the Arts Council that:

1. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant.
2. The applicant and any organization that it assists will comply with the applicable Federal and State laws when conducting any program activity for which the applicant receives financial assistance from the Arts Council.
3. The filing of this application and signature have been authorized by the governing body of the applicant.
4. The applicant will expend funds received as a result of this application solely for the described projects and programs.
5. The required enclosures listed on the cover page accompany this submission.
6. This applicant is in compliance with stated eligibility requirements.

The applicant certifies that the information herein and any attachments are true and correct.

By: \_\_\_\_\_

Authorized Official Signature of Applicant/Fiscal Agent

\_\_\_\_\_  
Typed name and title

Note: If an organization is applying for a grant through a fiscal agent organization, the authorized official of the fiscal agent organization must sign the application as "Applicant" above. Benefiting Organization's Authorized Official should sign below.

By: \_\_\_\_\_

Benefiting Organization/Authorized Official Signature (if applicable)