

2017 - 2018 Community Arts Grant Individual Artist Project Application

Applicants must type and complete this form in its entirety for consideration. WARNING! Fillable PDF files such as this do not allow you to save your information without Adobe Acrobat Pro. Do not close the application before printing your information or your information will disappear. If you have any questions, call the LexArts staff at (859) 255-2951. APPLICATIONS MUST BE DELIVERED NOT POST- MARKED BY FRIDAY, March 31, 2017 by 5:00 P.M.

GRANT INFORMATION

1. Project Title

Brief Project
Description

project start month

day

2. Grant Request \$

project end month

day

3. Project Category

APPLICANT INFORMATION

4.

Artist Name

Website

E-mail

Telephone

Street Address

City, State, Zip

PROJECT DESCRIPTION

5.

Do not exceed space allowed in box.

LEXARTS STAFF USE ONLY

Date Rec'd:

Time:

Rec'd by:

App #:

PROJECT DESCRIPTION (Cont.)

6. How does the project advance your work as an artist?

COMMUNITY IMPACT

7. If Applicable, How does the community benefit from this project? Who is the audience?

Do not exceed space allowed in box. Do not attach additional pages.

ARTIST/GROUP INVOLVEMENT

8. If applicable, please list all artists and other arts groups involved in the project. Do not exceed space allowed in box.

Total Number of Participating Artists

AUDIENCE

9. Audience/ participants

2017-2018 (projected)

who will benefit directly (e.g. live performance or exhibit)

of people with disabilities benefitting

of seniors benefitting

Will admission be charged?

if yes, how much?

\$

Will you offer discounts to seniors, students, and/or others?

if yes, how much?

\$

PROJECT PROMOTION AND MARKETING

10. How will the project be promoted? How will your target audience know about this project?

Do not exceed space allowed in box.

COMMUNITY INVOLVEMENT and PARTICIPATION

11. Discuss the ways in which this project responds to the community, or target audience & the role the community plays in planning and project design. Do not exceed space allowed in box.

PROJECT PLANNING and EVALUATION

12. Describe the tools or methods you will use to evaluate the project. Based on your project goals, how will you measure success?

13. Please indicate other fundraising Strategies

Power2Give.org

Kickstarter

Etsy

Other

If other please explain:

14. PROJECT BUDGET

REVENUE

Contributed Income	Projected	Confirmed	Comments
Corporate			
Foundation			
Individual Contributions			
Government: Federal			
State			
City			
Other Support			
<input type="text"/>			
Inkind			
Total Contributed Income			

Earned Income	Projected	Confirmed	Comments
Admissions			
Fee For Service (contracted)			
Sale of Artwork			
Workshop Fees/Tuition, etc.			
Concessions/Sales/Rentals, etc.			
Other Revenue			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Total Earned Income			

LEXARTS GRANT REQUEST	<input type="text"/>
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TOTAL REVENUE	<input type="text"/>
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PROJECT BUDGET (continued)

EXPENSE

Expenses	A Cash	B + In-Kind	C = Total	Comments
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Project Management

Project Manager				
Other Support				
Total Project Management				

Project Artistic Fees (Personnel)

Artistic				
Educational				
Technical/Production				
Total Project Artistic Fees				

Travel

Outside Professionals				
Other	<input type="text"/>			
Other	<input type="text"/>			
Total Travel				

Marketing and Publicity

Advertising				
Design/Printing				
Mailing/Postage				
Other	<input type="text"/>			
Other	<input type="text"/>			
Total Marketing and Publicity				

PROJECT BUDGET (continued)

EXPENSE

Expenses	A Cash	B + In-Kind	C = Total	Comments
Production/Exhibition				
Transportation/Shipping				
Programs/Brochures				
Catalogs /Publications				
Technical/Production				
Other <input data-bbox="56 625 324 684" type="text"/>				
Total Production/ Exhibition				
Facilities Rental				
Rehearsal/ Space Rental				
Theatre/Hall/Gallery etc.				
Other <input data-bbox="56 991 324 1050" type="text"/>				
Total Facilities Rental				
Accessibility				
Signing Interpreter				
Other <input data-bbox="56 1274 324 1333" type="text"/>				
Total Accessibility				
Remaining Expenses				
Other <input data-bbox="56 1516 324 1575" type="text"/>				
TOTAL EXPENSES				
TOTAL REVENUE				
SURPLUS (DEFECIT)				

GRANT APPLICATION CHECKLIST

Please include this application checklist as the first page of your application package. Contact LexArts staff for any questions on the application and support materials. Include **two (2) complete copies** of your application package and support materials. Include an additional four (4) copies of the application form and budget *only*. Use paper clips, slip sheets or envelopes, but **DO NOT STAPLE OR SEND FOLDERS.** See guidelines for further instructions.

Each applicant is responsible for submitting the following materials in packets:

- (6) Six copies of **Application form and Budget** (1 original and 5 copies).
- (2) Two copies of **letters of commitment** or contracts signed by proposed artist(s) or sites. (if applicable)
- (2) Two copies of (2) two recent **printed materials** (press clippings, brochures, etc.) about your organization and/or the program. If this applications seeks support for a repeat program, include materials from the previous year.
- (2) Two copies of no more than (2) two recent **letters of support** that address the proposed program.
- (2) Two copies of a **resume or biographical information** on key program personnel (artists, consultants, program coordinators)
- (2) Two copies of the appropriate **Artistic Documentation** (see page 7 of the guidelines)
- (2) Two copies of the Artistic Documentation Synopsis sheet (created by applicant as applicable, see guidelines page 7)

SIGNATURES

Please initial in the spaces provided:

I have reviewed this application and all information is accurate to the best of my knowledge.

Completion date of this project is . If this project receives a LEXARTS grant, our Organization will submit a Final Grant Report to LEXARTS and supporting materials within 30 days of this date. Failure to submit a final report within 30 days of project completion will result in forfeiture of the second half of the grant.

All artists, presenters, consultants, etc. mentioned in this proposal are aware of this application.

Signature of Applicant

Name (please type)

Phone