



Community Arts Access Project Grant Application

Five Wings Arts Council - PO Box 118 - Staples, MN 56479
218-895-5660 www.fwac.org mark.turner@njpacoop.org

<p>1. Applicant Organization (Name, Address, Phone)</p> <p>Telephone: _____</p> <p>E-Mail Address: _____</p>	<p>2. Project Director (Name, Address, Phone)</p> <p>Telephone: _____</p> <p>E-Mail Address: _____</p>
<p>3. Date of IRS Tax-Exempt Letter _____</p> <p>If you are not a 501©3 organization, school, or local unit of government you must use a fiscal agent</p> <p>4. Fiscal Agent</p> <p>(If applicable. A Fiscal Agent Agreement must be attached)</p>	<p>5. Estimated Audience _____</p> <p>Estimated Artists _____</p> <p>6. Location of Activities</p>
<p>7. Project Starting Date* _____</p> <p>*Cannot be before the review of your grant – see website for review dates)</p> <p>Project Ending Date _____</p>	<p>8. Project Budget Summary</p> <p>\$ _____ Total Project Cost</p> <p>\$ _____ Total Match</p> <p>\$ _____ Amount Requested</p> <p>(Request cannot exceed 75% of the total cost or \$5,000)</p>

9. Brief Project Description

10. Certification: We certify the information in this application is true and correct to the best of our knowledge. **Two separate signatures are required**

Authorizing Official	Typed Name, Title	Signature	Date
Project Director	Typed Name, Title	Signature	Date

Proposed Project

11. Give a complete description of the project, including dates and times of activities.

12. Ticket and Audience Information

A. Number of Performances or days of exhibition _____

B. Anticipated Audience _____

C. List the ticket prices for this project _____

D. List ticket prices you have charged for similar events in the past two years _____

E. How were ticket prices determined?

F. If you are not charging for this event, list the reasons why.

G. What efforts have been made to seek financial support from the community for this project?

Ability of the Applicant

17. Give a brief description of all arts related projects undertaken by your organization in the past two years, including dates.
18. Describe the publicity and/or marketing efforts, including how the participants and public will learn of the project, a description of the methods (news releases, posters, brochures, etc.) that will be used, and the range of distribution of the publicity.
19. List support received from the Minnesota State Arts Board and/or The Five Wings Arts Council over the past two years. Include name of project, year of project and amount of grant.
20. Total Organizational Budget.

	Year Prior to Project	Year of Project
INCOME	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____

BUDGET

PROJECT EXPENSES

Artist Fees, Contracts, Honorarium

Artist(s) Travel/Expenses

Publicity Expenses

Rental Fees

Other Salaries/Wages (list hours – attach addendum if necessary)

Expendable Supplies/Materials

Miscellaneous (list)

TOTAL COST OF THE PROJECT

\$ _____

Budget Notes

PROJECT INCOME (25% Minimum Match)

Cash

A. Budgeted for the Project

_____ \$ _____

B. Other Grants (Do not include this one)

_____ \$ _____

C. Earned Income (ticket sales, fundraisers
Concessions, etc.).

_____ \$ _____

Total Budgeted \$ _____

Total Grants \$ _____

Total Earned \$ _____

TOTAL INCOME (Match) FOR THE PROJECT

\$ _____

AMOUNT REQUESTED FROM FIVE WINGS ARTS

(Not to exceed 75% of Total Project Cost or \$5,000).

\$ _____

TOTAL SUPPORT (Grant + Match)

(Must equal total project cost)

\$ _____