

# SMALL GRANT PROGRAM APPLICATION

Five Wings Arts Council – 200 First St. NE - Staples, MN 56479  
 Ph: 218-894-5485 E-Mail: [mturner@ncscmn.org](mailto:mturner@ncscmn.org) URL: [www.fwac.org](http://www.fwac.org)

This program is designed for first time organizational applicants **or** those organizations wishing to take advantage of a new or late breaking opportunity which does not allow time to apply within our regular Production/Sponsorship grant cycle.

**Deadline:** Ongoing until funding is disbursed for fiscal year. Applications received by the 10<sup>th</sup> day of the month will be reviewed that month. Applications received after the 10<sup>th</sup> day of the month will be reviewed the following month. Only one successful grant application per fiscal year.

**Check the Appropriate Box:**       First Time Applicant       Late Breaking or New Opportunity

<b>1. Applicant Organization</b> (Name, Address, Phone)	<b>2. Project Director</b> (Name, Address, <u>Day &amp; Eve Phone</u> )
<b>3. Date of IRS Tax-Exempt Letter</b> (First time applicants must include a copy of the letter).	<b>4. Estimated Audience</b> _____ <b>Estimated Artists/Performers</b> _____
<b>5. Fiscal Agent</b> (If Applicable. A Fiscal Agent Agreement must be enclosed.)	<b>6. Project Budget Summary</b> <b>Total Project Cost</b> \$ _____ <b>Amount Requested</b> \$ _____ Cannot exceed \$500
<b>7. Brief Project Description</b>	<b>8. Location of Activities</b>
	<b>9. Project Starting Date</b> _____  <b>Project Ending Date</b> _____

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

**Project Director**

Typed Name	Title	Signature	Date
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**Fiscal Agent**

Typed Name	Title	Signature	Date
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**DETAILED PROJECT DESCRIPTION:** Please describe the project for which you are requesting funds. Include activities involved in completing the project, dates, number of performances, names of artists or companies (attach supporting documents or promotional items for artists/companies, for which you are requesting funds). Also describe any other information that will help the Arts Council understand your project. What in particular will the requested grant monies provide?

**PROJECT NEED:** Describe the need for this project

# BUDGET

## Project Expenses:

Please list out of pocket expenses only.  
Round all figures to the nearest \$10.

## Explanatory Budget Notes



**Artist Fees, Contracts, Honorarium** \$ \_\_\_\_\_  
(Remember to attach resumes)

\$ \_\_\_\_\_

**Artist(s) Travel Expenses** \$ \_\_\_\_\_  
(mileage, meals, lodging, etc.)

\$ \_\_\_\_\_

**Other Salaries/Wages** \$ \_\_\_\_\_  
(explain at right)

**Publicity Expenses** \$ \_\_\_\_\_

**Rental Fees** \$ \_\_\_\_\_

**Expendable Supplies/Materials/Misc.** \$ \_\_\_\_\_  
(please list at right)

\$ \_\_\_\_\_

**TOTAL CASH COST OF PROJECT**  \$ \_\_\_\_\_

## Project Income

**Cash on Hand** \$ \_\_\_\_\_  
(funds set aside for this project)

**Earned Income** \$ \_\_\_\_\_  
(ticket sales, gate fees, etc.)

**Individual Contributions** \$ \_\_\_\_\_

**Local Service Organizations  
or Businesses** \$ \_\_\_\_\_

**Other Income** (explain at right) \$ \_\_\_\_\_

**TOTAL CASH INCOME FOR PROJECT**  \$ \_\_\_\_\_

**FIVE WINGS GRANT REQUEST** (\$500 maximum)

\$ \_\_\_\_\_

**TOTAL SUPPORT FOR PROJECT** \$ \_\_\_\_\_  
(This must equal total cash cost of project above)

## **Small Grant Application Guidelines:**

Use the same guidelines from our regular Production Assistance & Sponsorship grants with the following exceptions:

- 1) Maximum grant request is \$500.
- 2) Project may occur as soon as 30 days after the application date.
- 3) No Match Required.
- 4) All in-kind expenses/revenues are removed from the budget.
- 5) Ongoing deadline for applications. The first day of each month and will be reviewed that month.
- 6) Limit of one successful Small Grant Award per organization per fiscal year.