

**MERIDIAN COUNCIL FOR THE ARTS
COMMUNITY ARTS GRANT
ORGANIZATION APPLICATION FORM**

1. Name and Address of Organization:

Phone Number: _____

County District: _____ City Ward: _____

2. Name of Project: _____

3. Grant Category: _____

4. Annual income for last completed fiscal year: \$ _____

5. Total amount of estimated project expenses: \$ _____

6. Amount of funds requested: \$ _____

7. Year organized: _____

8. IRS letter attached: ~ Yes ~ No

9. Date of proposed program: _____

10. Grant Data. Complete the following projected attendance data

	FY 2007-2008 Projected	FY 2006-2007 Actual
Total Artists:		
• American Indian		
• White		
• Asian		
• Black		
• Hispanic		

Total Attendance:		
• Children/Youth (under 18)		
• Senior Citizens (over 65)		
• People with disabilities		
• American Indians		
• White		
• Asian		
• Black		
• Hispanic		
Total volunteers:		

We certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of our knowledge and the board of directors has authorized this application.

Authorizing Official Signature

Typed Name and Title

Date

Business Phone

Home Phone

NOTE: Applicants for collaboration projects must attach a copy of this form, completed by each organization named in the proposal, and submit a written statement verifying participation in the project.





GRANT BUDGET FORM

Expenses

Personnel

Salaries, Wages _____
FICA (Social Security) _____
Other (Itemize on separate sheet) _____

Contractual Services

Artistic Fees _____
Technical Fees _____
Other _____

SUBTOTAL \$ _____

Remaining Operating Expenses (Itemize on separate sheet) _____

Marketing

(Itemize on separate sheet) _____

Supplies & Materials

Office supplies _____
Printing/Copying _____
Artists' Materials _____
Postage _____
Other (Itemize on separate sheet) _____

SUBTOTAL \$ _____

Other (Itemize on separate sheet) _____

TOTAL PROJECT EXPENSES

(Total of above) \$ _____

Income: *Match income for awarded MCA grant only.

Arts Council (Community Arts Grant) grant requested _____

Other Income

Organization funds (existing cash)	_____
Contributions (if unknown, please estimate)	
Corporate	_____
Foundation	_____
Private	_____
Government	
Federal	_____
State/Regional	_____
City/County	_____
Admissions (please estimate)	_____

TOTAL OTHER INCOME \$ _____
(Must be at least equal to grant request)

TOTAL PROJECT INCOME _____ **\$** _____
(Must be equal to project expenses)

Project Itemized In-Kind Contribution (Do not include as match)

_____	_____
_____	_____
_____	_____
_____	_____
Total In-Kind:	\$ _____