

**MERIDIAN COUNCIL FOR THE ARTS
COMMUNITY ARTS GRANT
INDIVIDUAL ARTISTS APPLICATION FORM**

1. Name and Address of Organization:

Phone Number: _____

County District: _____ City Ward: _____

2. Name of Project: _____

3. Grant Category: _____

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

5. Amount of funds requested: \$ _____

6. Date of proposed program: _____

7. Grant Data. Complete the following projected attendance data

	FY 2005-2006 Projected	FY 2004-2005 Actual
Total Attendance:		
<ul style="list-style-type: none"> • Children/Youth (under 18) • Senior Citizens (over 65) • People with disabilities • American Indians • White • Asian • Black • Hispanic 		
Total volunteers:		

I 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.

Signature

Typed Name and Title

Date

Business Phone

Home Phone

Proposal No. _____

Date Received: _____

GRANT BUDGET FORM

Expenses

Personnel

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

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: \$ _____