

## FORM 1: GRANT REQUEST IDENTIFICATION PROGRAM AREA, CATEGORY OF SUPPORT AND DISCIPLINE

**All Grant Applicants** Include this form with each application. Attach the additional application forms indicated under Category of Support. Please note that some forms require additional attachments. Do not staple or permanently attach the parts of your application.

### Program Area

From the following list, select the Program Area which is most closely associated with the activities/project described in this application. Select one and enter the letter in the box.

E - Arts in Education

C - Community Arts

F - Folklife

L - Literary Arts

P - Performing Arts

V - Visual Arts

### Category of Support

From the following list, select the category of support which is most closely associated with the activities/project described in this application. Select one and enter the number in the box.

#### Organizations

0 - Artist Residency

Forms 1 & 2

1 - Collaborative Ventures/partnerships

Forms 1 & 2

2 - Operating Support

Forms 1 & 2

3 - Presenting

Forms 1 & 2

4 - Programming Development

Forms 1 & 2

5 - Projects

Forms 1 & 2

6 - Technical Assistance

Forms 1 & 4

#### Individuals

7 - Folk Arts Apprenticeships

Forms 1 & 6

8 - Fellowships, Administrative

Forms 1 & 3

9 - Fellowships, Artists

Forms 1 & 3

6 - Technical Assistance

Forms 1 & 4

0 - School Artist Roster

Forms 1 & 5

#### Additional Organizational Projects

10 - Projects Administrative

Forms 1 & 2

11 - Projects Consolidated

Forms 1 & 2

### Discipline

From the following list, select the Arts Discipline which is most closely associated with the activities/project described in this application. Select one and enter the number in the box.

0 - Crafts

1 - Dance

2 - Design Arts

3 - Folk Arts

4 - Literature

5 - Media/Photography

6 - Multi-disciplines

7 - Music

8 - Theatre

9 - Visual Arts

**Note: If shipping overnight by private vendor (other than U.S. Postal Service), please use the following address: 201 Monroe Street • Suite 110 • Montgomery, AL 36104**

## GRANT APPLICATION CHECKLIST - ORGANIZATIONS

The following is a list of items applicants are required to provide to ensure the eligibility and completeness of grant applications. Failure to meet the requirements listed may result in having the application returned without processing or review.

### ALL APPLICANTS:

\_\_\_ Copy of IRS Determination letter verifying 501(c)(3) status, or recent letter of authorization from fiscal agent and a copy of that organization's determination letter

\_\_\_ Section A must have Legislative District information. To obtain this information visit the following websites:

For State Senate District

<http://www.legislature.state.al.us/house/house.html>

For State Representative District

<http://www.legislature.state.al.us/senate/senate.html>

For U.S. Congressional District

[http://www.senate.gov/general/contact\\_information/senators\\_cfm.cfm?State=AL](http://www.senate.gov/general/contact_information/senators_cfm.cfm?State=AL)

If you do not have personal internet access, internet access is available at all public libraries.

\_\_\_ Budgets and financial information are consistent throughout the application

\_\_\_ Section C, D, and F are completed and in the space provided on the form. Additional pages and attachments will not be copied for Council review.

\_\_\_ Section E, Performance Indicators and Fiscal Year Summary must be complete.

If the applicant is applying under the Arts in Education Program:

\_\_\_ Section K must be completed and included with your application

If the applicant is applying under the Presenter component in any program:

\_\_\_ A contract or letter of intent verifying the date and the artistic fee must be included in the application package.

The following is also required in preparing application packages:

\_\_\_ An original and two (2) clear copies of the application (preferably typed) must be submitted. Make copies front to back (2-sided) as the application is designed. Do not insert detailed budgets, resumes or any additional sheets into the application form. Do not use type smaller than 12 points in your application. One (1) copy of supporting materials, e.g. brochures, resumes, etc., is sufficient. Applications that are sloppy, hard to read or generally unclear will be penalized in the review process.

### Notes:

Use paper and binder clips only. Do not use staples, binders, notebooks or special presentation materials

When submitting two applications in the same mailing package, make sure it's very clear that there are **two separate requests**

Please be sure to keep a copy of the application you submit for your files.

**APPLICATIONS MAY NOT BE SENT BY FAX.**

**FORM 2: ORGANIZATIONAL GRANT APPLICATION**  
**FOR USE BY ORGANIZATIONS, EDUCATIONAL INSTITUTIONS AND GOVERNMENTAL UNITS**

STAFF USE	APPLICATION NUMBER	PROGRAM CODE	DATE RECEIVED
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**SECTION A APPLICANT INFORMATION**

- Applicant Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Web address: \_\_\_\_\_  
Legislative Districts: U.S. Congress: \_\_\_\_\_ State Senate: \_\_\_\_\_ State House: \_\_\_\_\_  
Applicant's federal (IRS) identification number: \_\_\_\_\_  
Applicant is classified as:  501 (c) 3  Other: \_\_\_\_\_  
 Public Educational Institution  Government Agency  
 Federal  State  County  Municipal
- Applicant organization will implement the project/activities identified in Section A3 and Section C.  
 Applicant organization will serve as a fiscal agent for:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
The above named subgrantee will implement \_\_\_\_\_% of the project/activities described in Section A3 and Section C and will receive \_\_\_\_\_% of any grant funds.
- Provide a short title that describes the proposed project or activity in this application.
- Project director or contact person for this project/activity: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_
- What are the total number of applications submitted in all program areas for this deadline? \_\_\_\_\_  
What is the total amount being requested in all program areas for this deadline? \$ \_\_\_\_\_  
Do you plan to submit additional requests this fiscal year?  Yes  No
- What is the total amount that is being requested in this application? \$ \_\_\_\_\_ (same as G13)

Applicant Name: \_\_\_\_\_

## SECTION B REQUEST PROFILE

1. Provide a brief paragraph narrative (use only the space below) that summarizes your proposed project.

2. Project/activity dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

3. What are the actual dates and locations of the proposed activity(ies)?

Dates of Activity	Description of Activity	Location of Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. List all counties, cities, and schools that will participate or be affected by this project.

What is the proposed number of schools that will participate or be affected by this project? \_\_\_\_\_

5. What is the proposed number of educational services or components included in this project? Include all master classes, in-school workshops, lectures, tours, pre-post performance discussions, artist's visits, and fieldtrips included in this project? \_\_\_\_\_

6. What is the total number of people expected to benefit from this project/activity? \_\_\_\_\_

Proposed number of K-12 teachers \_\_\_\_\_  
Proposed number of Youth (including students) \_\_\_\_\_  
Proposed number of artists \_\_\_\_\_  
Proposed number of volunteers \_\_\_\_\_

7. What is the anticipated attendance? \_\_\_\_\_

8. What is the proposed number of performances, exhibitions and activities used in computing the total anticipated attendance? \_\_\_\_\_

9. What is the capacity of the facilities? \_\_\_\_\_

10. Are the facilities, programs, performances and exhibitions accessible to persons with disabilities as defined in the Americans with Disabilities Act? \_\_\_yes \_\_\_no. If answering no, describe your ADA plans for becoming accessible as part of the evaluation criteria.

11. What will be the charge for admission? \_\_\_\_\_ If nothing, please explain.

12. Request Summary

a. Total Project Cost \$ \_\_\_\_\_  
b. Amount of matching funds \$ \_\_\_\_\_  
c. Amount requested in this application \$ \_\_\_\_\_

You are encouraged to consult arts council staff prior to submitting this application. Who have you consulted? \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**SECTION C**

**PROJECT DESCRIPTION**

Use only the space provided to summarize the project or activity for which funds are being requested. If this project in which you are requesting funding for in this application is an ongoing project that was previously funded, please describe what has been accomplished.

**SECTION D**

**PERSONNEL**

Use the space provided to list the primary artists, persons, and/or groups involved in the implementation of this project or activity and the qualifications of each person and/or group.

What is the proposed number of full time paid persons (including staff and guest artists) involved in this project?

\_\_\_\_\_

What is the proposed number of Part time persons (including staff and guest artists) involved in this project?

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

## SECTION E ORGANIZATIONAL PROFILE

Provide the following information for the Applicant Organization identified in A1 (note: colleges, universities, school systems and other larger institutions should provide information for the subdivision, department or school implementing the project)

1. Year incorporated: \_\_\_\_\_
2. Number of board members: \_\_\_\_\_
3. Number of active volunteers: \_\_\_\_\_
4. Total membership: \_\_\_\_\_
5. Board Chair or President: \_\_\_\_\_
6. Number of professional staff: \_\_\_\_\_ full time \_\_\_\_\_ part time
7. What is the mission of your organization?

8. Grantee Race/Ethnicity:  
Which of the codes below best describes the race/ethnicity of your organization?

Code Characteristics	N - American Indian/Alaska Native
A - Asian/Pacific Islander	P- Native Hawaiian/Pacific Islander
B - Black/African American	W - White
H - Hispanic/Latino	99 - No single group

This information is collected at the request of our federal funding sources and will be reported for statistical purposes as part of our reports on expenditures of federal funds. If you have questions or wish additional information, please call your program manager. Please use these codes to answer the following question. An organization should be racially classified according to the characteristics of its staff or its board of directors or its membership. That is, if at least half of its staff or its board or half of its membership belong to one of the listed racial groups, then the organization is to be coded with that race/ethnicity classification.

9. Performance Indicators	Last Year	Present Year	Next Year
Number of Schools Benefiting	_____	_____	_____
Number of Youth Benefiting	_____	_____	_____
Number of Teachers Benefiting	_____	_____	_____
Number of Artists Benefiting	_____	_____	_____
Total Individuals Benefiting	_____	_____	_____
Number of K-12 Artistic Programs	_____	_____	_____
Number of all Arts Programs and Services	_____	_____	_____
Total Cash Income	_____	_____	_____
Total Cash Expenses	_____	_____	_____
Total Artist Fees	_____	_____	_____
Total Salaries	_____	_____	_____

Organization's fiscal year begins \_\_\_\_\_ and ends \_\_\_\_\_

Is an independent fiscal audit available \_\_\_\_yes \_\_\_\_no Specify Year \_\_\_\_\_

Where deficits are reflected in either "last year" and/or "present year" totals, indicate how these have been or will be eliminated.

Applicant Name: \_\_\_\_\_

**SECTION F**

**PROJECT EVALUATION**

Using the space below, describe how the proposed project/activity fits the general evaluation criteria specified in the guidelines on page 8. Please be specific to the project.



Applicant Name: \_\_\_\_\_

## SECTION H ACTIVITY BUDGET – EXPENSES

Provide a budget expense summary for your proposed activity. A more detailed budget may be attached. Advanced institutions and state wide service applicants requesting general operation and program support should provide an annual expense summary unless making application for project specific activities in which case those organizations should provide a project budget summary.

Note: The following project budget summary provides blank expense categories so that applicants can more easily transfer information from their working budget to this form. Examples of expense categories might include salary for director, fee for artistic personnel, performance fees, music, facility rental, costumes, office supplies, telephone, insurance, utilities, volunteer labor, donated materials or other such expense items.

EXPENSE CATEGORY	ASCA GRANT	CASH MATCH	IN-KIND
1. \$ _____	\$ _____	\$ _____	\$ _____
2. \$ _____	\$ _____	\$ _____	\$ _____
3. \$ _____	\$ _____	\$ _____	\$ _____
4. \$ _____	\$ _____	\$ _____	\$ _____
5. \$ _____	\$ _____	\$ _____	\$ _____
6. \$ _____	\$ _____	\$ _____	\$ _____
7. \$ _____	\$ _____	\$ _____	\$ _____
8. \$ _____	\$ _____	\$ _____	\$ _____
9. \$ _____	\$ _____	\$ _____	\$ _____
10. \$ _____	\$ _____	\$ _____	\$ _____

### EXPENSE SUMMARY

11.	TOTAL ASCA GRANT		
EXPENDITURES			
(same as G13)	\$ _____		
12. TOTAL OTHER CASH			
EXPENDITURES		\$ _____	
13. TOTAL IN-KIND (same as G11)			\$ _____
14. TOTAL PROJECT EXPENDITURES			
(add 11+12+13)			\$ _____

Applicant Name: \_\_\_\_\_

## SECTION I GRANT HISTORY

List individual grants received from all sources during your last and current fiscal years. List sources and amounts of all state funding.

GRANT OR SOURCE	PURPOSE/PROGRAM	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## SECTION J ASSURANCES

The Applicant Organization assures The Council that:

1. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant.
2. The filing of this application has been duly authorized by the governing body of the applicant organization.
3. The applicant will expend funds received as a result of this application solely for the described project or program.
4. Submission of this application signifies intention of compliance with Title VI of the Civil Rights Act of 1964, Labor Standards under Section 5(1) of the National Foundation of the Arts and Humanities Act of 1965, the Rehabilitation Act of 1973, Title III of the Age Discrimination Act of 1975, Title IX of the Education Amendments, the Americans with Disabilities Act and the Civil Rights Act of 1991 and signifies applicant to be a non-profit organization or an agency of a city, county, state or federal government to which donations are allowable as a charitable contribution under Section 170(c) of the Internal Revenue code.

Applicant Organization's Chief Authorizing Official

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Applicant Organization's Chief Fiscal Officer

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Director for this Project/Activity

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

### Please Note:

**Submit the original and two copies of this application** to the office of the Alabama State Council on the Arts before 5 P.M. on the deadline date or by 5 P.M. on the first business day following the application deadline if that deadline falls on a weekend or state holiday. **The Alabama State Council on the Arts does not accept applications received after the deadline date.**

If this application is being submitted by an organization acting as a fiscal agent for another organization, the Chief Authorizing Official and Chief Fiscal Officer of the Organization acting as fiscal agent and holding the non-profit status must sign the application in the designated spaces.

**An original and two (2) clear copies of the application (preferably typed) must be submitted. Make copies front to back (2-sided) as the application is designed. Do not insert detailed budgets, resumes or any additional sheets into the application form. Do not use type smaller than 12 points in your application. One (1) copy of supporting materials, e.g. brochures, resumes, etc., is sufficient.**

Applicant Name: \_\_\_\_\_

## **SECTION K**

## **ARTS IN EDUCATION SUPPLEMENTAL INFORMATION**

Address each of the following. You may use one additional page as needed.

1. Discuss how the proposed activity complements existing curriculum and/or relates to the *Alabama Course of Study: Arts Education?* (available at <http://www.alsde.edu/html/sections>) Please enclose copies of proposed curriculum materials and study guides.
2. Describe the school/school system. Include number of schools, students, socioeconomic composition of the school population to be served by this grant.
3. Describe the school/school system's background or interest in arts education programming. Is there an existing arts curriculum or program? How many arts specialists are employed, which arts disciplines are taught, and what is the frequency and length of arts instruction in your school/school system?
4. What other kinds of activities or support would be valuable in assisting your school/school system to advance arts education?

Applicant Name: \_\_\_\_\_

**SECTION L**

**INVENTORY OF WORKS SUBMITTED FOR REVIEW**

Artist's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Please list all attachments/samples that you are including with your application. (A self-addressed, stamped, sturdy shipping envelope must be included if you wish these samples returned.)

Resume

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applications for Fellowships can now be submitted electronically via eGRANT. Access to eGRANT is available from the Alabama State Council on the Arts website at [www.arts.alabama.gov](http://www.arts.alabama.gov). eGRANT is first part of the two-part application process. The second part is the submission of the signature page and samples and/or supplemental materials. This information must be received in the Council's office within 3 days past the application deadline date.

For non-eGRANT submissions, please submit an original and two (2) clear copies of the application (preferably typed) must be submitted. Make copies front to back (2-sided) as the application is designed. Do not use type smaller than 12 points in your application. One (1) copy of supporting materials, e.g. brochures, resumes, etc., is sufficient.