

ARTS IN EDUCATION

GRANT APPLICATION

Complete this form in its entirety. Please type.

APPLICANT INFORMATION

Date: _____ Amount Requested: _____

School Name: _____

School Address: _____ City: _____ Zip: _____

School Phone Number: _____ Principal: _____

Bookkeeper: _____ Phone: _____

Fed. Id. No. _____ Classified As: _____

Contact Name (Person making request): _____

Phone: _____ Cell: _____ Email: _____

Project Coordinator's Name: _____

Cell _____ Email: _____

REQUEST PROFILE:

Activity Title: _____

Project (Beginning and Ending Dates): _____

Total Students Served: _____ Teachers Served: _____ Others Served _____

Location Where Activities Will Take Place: _____

Amount Requested: _____ Financial match by Applicant: _____ In Kind: _____

Total Budget for this Activity: _____

ACTIVITY NARRATIVE

Project Description

Provide a concise description below (or in an attachment) of the project or activity for which funds are requested. Your narrative should address the specific needs of the project, significance of the project to students, the school and the community, project goals and objectives, the extent to which educational benefits will be generated, the potential for long-term impact within the school, school system and/or community and the extent to which professional artists are utilized.

Project Need

Provide a line item expense budget for this project including any in-kind expenses.

Expense Items	Cash Expenses	In-Kind Expenses
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Cash Expenses	\$ _____	
Total In-Kind Expenses		\$ _____
Total Expenses		\$ _____
Total Grant Request		\$ _____

ACTIVITY PERSONNEL

Name(s) of personnel and/or artists who will be involved in the project. Describe their role(s) and qualifications.

ASSURANCES

The Applicant assures The Arts Council and The Community Foundation of West Alabama 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.
3. The applicant will expend funds received as a result of this application solely for the described project, program or activity.
4. If funded, the applicant agrees to include the following statement on all materials pertaining to this program. "This program was funded in part by the Arts in Education Grant Fund."

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 and Title IX of the Education Amendments and signifies applicant to be a non-profit organization to which donations are allowable as a charitable contribution under Section 170(c) of the Internal Revenue code.

This application will not be accepted without original signatures.

School Principal Name: _____ Date: _____

Signature: _____

Teacher Name: _____ Date: _____

Signature: _____