

## **Grant Application Form - Organizations**

Tuscaloosa County Non-Profits Only

Arts and Humanities Council of Tuscaloosa County P.O. Box 1117 Tuscaloosa, AL 35403 Questions - director@tuscarts.org or education@tuscarts.org

Section A Applicant Info	ormation				
Applicant's Name:					
Mailing Address:					
City:	State:	Zip:	County:		
Telephone:	Cell:		Email:		
Chief Executive Officer:					
Home Phone:		Office Phone:			
Project Director or Contact Pers	son:				
Home Phone:		Office Phone:			
Applicant's Fiscal Officer:					
Home Phone:		Office Phone:			
Section B Request Prof	ile				
Activity/Project/Program Title:					
Dates of Activity: Beginning: Ending:					
Number of Individuals to Benefit:					
Number of Artists Participating:					
Name of City Where Activities Will Actually Take Place:					
Amount Requested this Application Only:					
Amount of Match by Applicant for this Request:					
Total Budget for Activity in this Application:					

Section C Activity Narrative		
Is the Activity to be:	One-time	Continuing
Does the Request for Funds Represent:	Continuing Support	One-time Support

In the following space, provide a concise description of the activity for which funds are being requested. It is important for the applicant to refer to the evaluation criteria in the Small Grants Program guidelines. Each evaluation criteria point needs to be addressed to the extent applicable in this narrative.

	on D Activity Budget			
	e the following information for your proposed ac use Items nel	tivity. <b>Cash Expenses</b>		In-Kind Expenses
1 61 3011	Administrative	\$	\$	
	Artistic	\$	\$	
	Technical/Production	\$	\$	
Other	e Fees & Services Artistic	\$	\$	
	Other	\$	\$	
	Space Rental	\$		
	Travel	\$		
	Marketing & Promotion	\$		
	Other Operating Expenses	\$		
Total (	Cash Expenses	\$		
	In-Kind Expenses			
	eted Income Source	Incom		mount
Reveni	ue Admissions		\$	
	Contracted Services			
	Other Revenue			
Suppor			,	
υμροι	Corporate Support		\$	
	Foundation Support		\$	
	Other Private Support		\$	
Government Support			\$	
Federal			\$	
State/Regional			\$	
County/Municipal			\$	
Applicant Cash			\$	
Total Cash Income (sum of Projected Income Sources)			\$	
In-Kind Income (same amount as Total In-Kind Expenses)		es)	\$	
This G	<b>Frant Request</b> (amount you are requesting for you	r program)	\$	
Total Income (sum of the above three figures)			\$	
	-		p	age 3 of 6, Organization Grant

## **Other Budget Information**

Applicant's Prior Year Actual Total Income	\$
Applicant's Prior Year Actual Total Expenses	\$
Applicant's Current Year Estimated Total Income	\$
Applicant's Current Year Estimated Total Expenses	\$
Applicant's Projected Year Total Income	\$
Applicant's Projected Year Total Expenses	\$

## Section E Activity Personnel

Provide a resume summary of the primary persons involved in the implementation of the activities in question.

Artistic Personnel:

Administrative Personnel:

Section F Organization Profile					
Year Founded:		_ Date of IRS	Tax Exempt D	esignation: _	
Federal Tax ID # (501c3)		_ Fiscal Year:	Beginning _		_ Ending
Most Recent Independent Financial Audit A	Available?	:	yes	no Spec	cify year:
Number of Board Members:					
Name of President and/or Chairman:					
Number of full-time paid	and pa	art time paid _		profess	sional staff
Number of working volunteers:					
What is/are the primary goal(s) or mission	statement o	f the organizat	ion?		
Performance Indicators	Last Y Actua		Current Estimate		Next Year Projected
No. of Public Programs/Services					
No. of Educational Programs					
No. of Individuals Benefitting					
No. of Artists Participating					
Amt. Paid in Artist Fees					
Other (Specify)	_				
Other					
<b>Grant History</b> List individual grants received from all soui	rces during y	your last and c	urrent fiscal y	ears.	
Grantor	Purpo	se/Program		Year	Amount

## Section G Assurances

The applicant assures The Arts 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.
- 3. The applicant will expend funds received as a result of this application solely for the described project or program.

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 the 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.

Chief Authorizing Official	Signature	Date
	Name	
	Title	
Chief Fiscal Officer	Signature	
	Name	
	Title	
Project Director	Signature	Date
	Name	
	Title	