



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 Information

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____ Cell: _____ Email: _____

Chief Executive Officer: _____

Home Phone: _____ Office Phone: _____

Project Director or Contact Person: _____

Home Phone: _____ Office Phone: _____

Applicant's Fiscal Officer: _____

Home Phone: _____ Office Phone: _____

Section B Request Profile

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.

Section D Activity Budget

Provide the following information for your proposed activity.

Expense Items*Personnel*

Administrative \$ _____ \$ _____

Artistic \$ _____ \$ _____

Technical/Production \$ _____ \$ _____

Outside Fees & Services

Artistic \$ _____ \$ _____

Other \$ _____ \$ _____

Other

Space Rental \$ _____ \$ _____

Travel \$ _____ \$ _____

Marketing & Promotion \$ _____ \$ _____

Other Operating Expenses \$ _____ \$ _____

Total Cash Expenses \$ _____**Total In-Kind Expenses** \$ _____**Projected Income Source****Income Amount***Revenue*

Admissions \$ _____

Contracted Services \$ _____

Other Revenue \$ _____

Support

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) \$ _____**This Grant Request** (amount you are requesting for your program) \$ _____**Total Income** (sum of the above three figures) \$ _____

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 Designation: _____

Federal Tax ID # (501c3) _____ Fiscal Year: Beginning _____ Ending _____

Most Recent Independent Financial Audit Available? yes no Specify year: _____

Number of Board Members: _____

Name of President and/or Chairman: _____

Number of full-time paid _____ and part time paid _____ professional staff

Number of working volunteers: _____

What is/are the primary goal(s) or mission statement of the organization? _____

Performance Indicators	Last Year Actual	Current Year Estimated	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 _____	_____	_____	_____

Grant History

List individual grants received from all sources during your last and current fiscal years.

Grantor	Purpose/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 _____ Date _____

Name _____

Title _____

Project Director Signature _____ Date _____

Name _____

Title _____