



**For Arts Council Use:**

**Grant #**

**Date Received:**

**Date Approved/Denied:**

**WORCESTER COUNTY ARTS COUNCIL COMMUNITY  
ARTS DEVELOPMENT GRANT APPLICATION FORM**

**NOTE: All requested information must be completed. If the requested information does not apply to your project, please indicate by writing N/A.**

Organization:

Address:

(Street)

(City)

(State)

(Zip)

Contact Person:

Title:

Telephone:

(H/W)

(Cell)

Email Address:

Name of Project or Event Planned:

Date & Time of Project:

(Date)

(Time)

Amount of Grant Requested:

Grant to be used for **(be specific): SEE RESTRICTION PORTION OF GRANT GUIDELINES**

Handicapped accessible location where event/project will be held:

Is this a new project? (Yes) (No)

Has your organization ever received a WCAC Grant before? (Yes) (No)

**What is the projected attendance?**

**1. For project (such as a fair, performance, concert, exhibit)**

**2. For activity (such as camp or classes)**

**NOTE: All requested information must be completed. If the requested information does not apply to your project, please indicate by writing N/A.**

**PROJECT BUDGET**

**A. PROJECT INCOME: Lines 2 (a - f) must equal or exceed grant request Line 1**

- 1. Grant Amount requested (*must be same as on page 1*) ..... \$
- 2. Organization Funds:
  - a. Total Project Admission: (Based on projected attendance of (    ) ) ..... \$
  - b. Membership/Cash contributions: ..... \$
  - c. Other Grants (specify sources and expected amount)
    - ..... \$
    - ..... \$
  - d. Total Activity Fees: (Based on projected attendance of (    ) ) ..... \$
  - e. Advertising Income: ..... \$
  - f. Other Income (Itemize) ..... \$
    - ..... \$

**SUB-TOTAL Lines 2 (a - f) must equal or exceed grant request Line 1 ..... \$**

**TOTAL PROJECT INCOME: (Line 1 + sub-total for lines 2 (a-f)) ..... \$** \*

**\*TOTAL PROJECT INCOME must equal TOTAL PROJECT EXPENDITURES below**

**B. PROJECT EXPENDITURES**

- 1. Fees:
  - a. Artistic: ..... \$
  - b. Technical: ..... \$
  - c. Administrative: \* ..... \$
    - \* Such as: Permits, licenses, clerical and financial assistance
- 2. Supplies & Materials: ..... \$
- 3. Equipment: ..... \$
- 4. Promotion & Advertising: ..... \$
- 5. Travel: ..... \$
- 6. Rentals: ..... \$
- 7. Other Expenses (Itemize): ..... \$
  - ..... \$

**TOTAL PROJECT EXPENDITURES: ..... \$** \*

**\* TOTAL PROJECT EXPENDITURES must equal TOTAL PROJECT INCOME above**

**Please provide a detailed description of your project. Include the specific purpose for which this grant is requested and what grant funds will be used for.**

**Project Budget Narrative: Please provide a further description of your project itemized expenses and income outlined on this application.**

**ARTISTIC EXPENSES MUST EQUAL OR BE GREATER THAN AMOUNT OF THE GRANT REQUESTED.**

**C. ADDITIONAL REQUIRED INFORMATION**

1. Is your organization a branch of any government?
2. If no, is it incorporated in the State of Maryland?
3. Has organization been granted tax-exempt status by the IRS?
  - a. If **yes**:
    - (1) Is a copy of the Letter of Exemption from IRS on file with the WCAC?
    - (2) A copy of the Letter of Exemption from the IRS must accompany this grant form unless a copy is on file with the WCAC
  - b. If **no**,
    - (1) Is tax-exempt status pending?
    - (2) Please include the letter from the IRS indicating the pending status.
4. The following additional information must be attached: (Not required of Worcester County public schools or other government agencies)
  - a. Detailed financial statement including income and expenditures for organization's last completed year.
  - b. Detailed projected budget including income and expenditures for present year.
  - c. Current list of Officers and Board of Directors.

I certify that the information and financial figures contained in this grant application and attachments are true and accurate.

Signature of Organization's Authorized Official:

Title of signer:

Print or Type Name of Signer:

Date signed:

**APPLICATION CHECKLIST**  
**MUST BE SENT IN WITH APPLICATION**  
**PLEASE ATTACH TO TOP SHEET OF APPLICATION**

Name of Organization:

Name of Project:

1. Original, plus seven (7) copies of application, including any additional information attached to each, must be received at the Worcester County Arts Council at 6 Jefferson Street, Berlin MD 21811 no later than the application deadlines specified in the Council's Grant Program Guidelines.
2. Detailed financial statement including income and expenditures for organization's last completed year. \*
3. Detailed projected budget including income and expenditures for present year. \*
4. Current list of officers and Board of Directors, if applicable. \*
5. First time applicants must submit a copy of exemption from the IRS.

**\* Public schools and government agencies are exempt.**

**IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, ALL  
REQUIREMENTS MUST BE MET FULLY AND ACCURATELY!**

**OLDER VERSIONS OF APPLICATION FORM WILL NOT BE CONSIDERED**