

MINI GRANT APPLICATION

DEADLINES:

MONDAY, JULY 28, 2014

MONDAY, OCTOBER 27, 2014

MONDAY, JANUARY 26, 2015

MONDAY, APRIL 27, 2015

APPLICATION CHECKLIST

- ☐ Submit TWO copies of the application:
 - a) Send one electronic PDF copy (not a scanned image) via email to kelsey.ellis@slcgov.com
 - The electronic submission includes the application only. Supplementary materials do not need to be emailed and are only required in hard copy.
 - b) Mail or deliver one hard copy with no staples, folders or binders to
54 Finch Lane, Salt Lake City, UT 84102
- ☐ Submit a current list of Board of Directors/Trustees, including the members' community or business affiliations
- ☐ Submit a copy of IRS letter granting federal tax-exempt status

APPLICANT INFORMATION

Funding amount requested:
Generally, grant awards will be \$500

Applicant / Organization:
Address:
City, ST Zip:
Website (if applicable):

Contact Person:
Phone:
Email Address:

Alternate Contact:
Phone:
Email Address:

Project Title:
Project Location:

Project beginning date:
Project ending date:

Note: Program must take place between September 2014 and August 2015

Federal Identification Number:
Date of Incorporation:
DUNS Number (if applicable):

Identify the City Council District(s) where your programming takes place:

District 1

District 2

District 3

District 4

District 5

District 6

District 7

For City Council District information visit <http://council.slcgov.com/>.

- Identify the discipline(s) used during this project: (check all that apply)

Dance	Theatre	Music	Opera
Media Arts	Design/Architecture	Literary Arts	
Visual Arts	Folk Arts/Folklore	Multidisciplinary	
- Please provide the mission statement for your organization and describe your organization and the programs and services you provide. **Please be clear and succinct.**
- Describe the project for which the Mini Grant is requested. Include a description of participating artists, where and when the project will take place, what types of arts activities will take place, and how the grant funds will be used. **Please be specific.**

4. Estimate the number of individuals to benefit directly from your programming. If programs are also presented outside of Salt Lake City, include only individuals served in the City limits.
Total participants. A specific number is required. Do not say "hundreds" or a range such as "100-200"
5. Estimate the number of artists who will participate.
6. What value does the community receive from your activities and why does it merit public funding from the Salt Lake City Arts Council? Your answer to this question should give a compelling argument as to why the Salt Lake City Arts Council should fund this project.
7. How will the programming be promoted to the general public? Describe your publicity / marketing strategy.
8. Describe the demographic profile of your audience. Are your programs/services open to the public? If you target specific audiences/populations, please explain how your organization reaches out to each group.

9. Identify partnerships you may have with other community entities such as nonprofit organizations, arts organizations, schools, etc. And please describe the nature of the commitment from that partner.

PROGRAM BUDGET

List in-kind contributions (donated services and materials); do not add this total to your budget. *Be sure to include rate information showing how you calculated dollar value for in-kind contributions. For example, if you show a dollar value of \$100 for volunteer services, how many volunteers are anticipated, for how many hours, at what rate per hour?*

Services Rendered / Materials Contributed	Source	Rate	Dollar Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total In-Kind Contributions:	\$

TOTAL INCOME: BUDGET

Do not include in-kind contributions in this table. Please note the budget information is for the proposed Mini Grant project only.

Earned Income

Tuition/Class Fees	\$
Admission/ Ticket Sales	\$
Contracted Services	\$
Concessions	\$
Merchandise Sales	\$
Rental Income	\$
Other Earned Income	\$

Private Support (Itemize below. Indicate if pending or confirmed)

Corporate	\$
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Foundation	\$
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Individuals	\$
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Public Support (Itemize below. Indicate if pending or confirmed)

Federal	\$
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State	\$
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County	\$
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City	\$
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Other Income	\$
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Subtotal	\$
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GRANT AMOUNT REQUESTED	\$
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TOTAL INCOME	\$
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Total income must equal total expenses

TOTAL EXPENSES: PROJECTED BUDGET

Do not include in-kind contributions in this table.

Salaries & Benefits	\$
Independent Contractor Fees	\$
Payment to Artists	\$
Rent and Facility-Related Expenses	\$
Publicity and Marketing	\$
General Administration	\$
Supplies	
Office	\$
Art / Program Related	\$
Postage	\$
Other	\$
Insurance	\$
Other Expenses	\$

TOTAL EXPENSES \$*Total income must equal total expenses***SIGNATURE**

Submitting this application indicates authorization to do so by the governing body of the applicant and the undersigned representatives are authorized to act on behalf of the applicant in connection with this application.

Grant awards are contingent upon the availability of funds.

AUTHORIZED REPRESENTATIVE

Signature_____
Date