

Project Start-up Date

Project Completion Date

Final Report Due Date

The Medina County Arts Council, Inc., is a non-profit, 501(c)(3) organization dedicated to the support and promotion of the arts, individual artists, art organizations, and arts education in Medina County. As a channel for funds contributed by individuals, businesses, corporations, foundations, and organizations, it is our responsibility to see that these funds are allocated wisely. Therefore, the Board of Trustees asks that all requests for funds from the Medina County Arts Council be accompanied by information about the purpose for which the grant is requested, the annual budget of the group or the cost of the particular project, other participants in the project(s) and their contributions.

Grant recipients must give printed credit, including using the Arts Council logo, in all print materials used in the project. A follow-up report form sent at the completion of the project is required. The report is due 60 days after the end of the project. **Please Note: If you received an MCAC grant in a previous grant year and have not filed a follow-up report form, this new grant application WILL NOT BE CONSIDERED FOR APPROVAL. Grant recipients are required to send a representative to the Arts Council's Annual Meeting, February 2018, to briefly present a report on how their grant was used to support the Arts in Medina County. Details on this requirement will accompany your grant letter.**

You must use this form, not a computer generated report of your own. If you have any questions, please call 330-242-4452, leave your message and your return phone number and an Arts Council representative will reply to your inquiry as soon as possible.

Mail completed form to: **The Medina County Arts Council, P.O. Box 532, Medina, OH 44258.**

ORGANIZATION REQUESTING GRANT

ORGANIZATION MISSION STATEMENT

Organization Address

City

Zipcode

Organization Email

Phone

Website

Contact Person

Phone

Email

Contact Person Address

City

Zipcode

DOES YOUR ORGANIZATION HAVE 501(C) STATUS? YES* NO

*ATTACH SUPPORTING DOCUMENTS

AMOUNT REQUESTED \$ _____

CHECK ONE: IS THIS REQUEST FOR: _____ GENERAL OPERATING EXPENSES, OR _____ A SPECIAL PROJECT?

DESCRIPTION OF PROJECT OR LIST OF BUDGET PERIOD ACTIVITIES (use back of sheet if needed):

2017/18 GRANT APPLICATION FORM

continued

WHO IS DIRECTING THE PROJECT/ACTIVITIES? _____

WHAT ARE HIS/HER QUALIFICATIONS: _____

SIGNATURE OF PRINCIPAL: _____

(For approval of school project applications)

DATE OF PROJECT(S) OR BUDGET PERIOD _____

PLACE(S) OF PROJECT/ACTIVITIES _____

ADMISSION CHARGES(S), IF ANY _____

EXPECTED RECEIPTS, IF ANY _____

HOW WILL ANY PROFIT BE USED TO FURTHER THE ARTS?

LIST OTHER PERSONS, ORGANIZATIONS, OR BUSINESSES INVOLVED IN AND/OR CONTRIBUTING TO THE PROJECT?

PLEASE PROVIDE A BRIEF BUDGET STATEMENT: *Use space below signature line.*

Signature of Authorized Official

Date

PROJECT BUDGET

\$ INCOME/SOURCE(S)

\$ ITEMS/EXPENDITURES (LIST BELOW)

TOTAL ESTIMATED INCOME \$ _____

TOTAL ESTIMATED EXPENDITURES \$ _____

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