

**The Medina County Arts Council, Inc.
Grant Application Form**

Approved October 20, 2008

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, and a statement that the Board of the requesting organization has approved submitting the application. Application forms and materials will not be returned.

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 included) at the completion of the project is required.

YOU MUST USE THIS FORM, NOT A COMPUTER GENERATED REPORT OF YOUR OWN.

Please contact Nancy Sprowls, Executive Director, at 330-725-6443 with any questions.

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

ORGANIZATION REQUESTING GRANT _____

ORGANIZATION MISSION STATEMENT _____

Address: _____ City: _____ OH Zip code: _____

Contact Person: _____ Phone: _____ Email _____

Address: _____ City: _____ OH Zip code: _____

IS YOUR ORGANIZATION A MEMBER OF THE MEDINA COUNTY ARTS COUNCIL? _____ YES _____ NO

DO YOU 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:

WHO IS DIRECTING THE PROJECT/ACTIVITIES? _____

WHAT ARE HIS/HER QUALIFICATIONS: _____

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? _____

WHAT OTHER PERSONS, ORGANIZATIONS, OR BUSINESSES ARE INVOLVED IN AND/OR ARE CONTRIBUTING TO THE PROJECT? _____

BRIEF BUDGET STATEMENT: attach additional sheet if needed.

\$INCOME SOURCE

EXPENDITURES

TOTAL\$ _____

TOTAL\$ _____

Our Board voted to approve this application. _____ Yes

Signature of Authorized Official

Position

Date