

PAC GRANT APPLICATION

Amount of Request_____

PAC offers one annual grant per organization in support of all arts disciplines (within fiscal year January – December).

GRANT DEADLINES

- March 1 (Award Notification: April 1)
- June 1 (Award Notification: July 1)
- September 1 (Award Notification: October 1)

Applicant Group_____

Address_____

City, State, Zip_____

Phone () _____ Fax () _____

E-mail_____

Organization Contact_____

(The contact person should be available to answer questions about this application.)

Phone (w) () _____ (h) () _____ (fax) () _____

E-mail_____

If you do not have a 501(c)3 status and are using a fiscal agent that does, complete this section.

Fiscal Agent_____

Address_____

City, State, Zip_____

Contact Person_____

Phone (w) () _____ E-mail_____

Project Summary: Describe your project in fewer than 50 words.

PAC Grants fund:

- Arts activities of all forms (visual, performance, literary arts).
- Purchase of equipment, related supplies and services for all art activities or events.

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They do not fund:

- Activities or events located outside of Plymouth.
- Past grant recipients with overdue final reports.
- Individual artists.
- Costs for fundraising events.
- Educational institutions or projects whose primary audience is students in a Pre-K to 16 general education setting.
- Activities that engage in political lobbying, serve the religious socialization of participants or discriminate against persons or groups.

Narrative

Submit a narrative of no more than THREE pages, addressing ALL questions in each of the following areas.

1. Artistic Quality

- Describe your project or equipment purchase (what, where, when).
- What are your artistic goals?
- Who are, or will, be the artists and project leaders?

2. Ability

- Describe the planning process for your project or purchase.
- How will you promote your project?
- What is the timeline for your project? (e.g., give deadlines for major activities.)
- How will you evaluate its success artistically? Financially? Experientially?

3. Community Need/Support

- Describe the individuals (artist, attendees, participants) you will serve.
- How will your project benefit the community (artists, attendees, participants)?

4. Diversity

- Describe how our community's diversity will be represented in your project among your decision-makers, artists, attendees, and/or participants.

Narrative continued on next page

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5. Access

- In what ways will your group work to make this project accessible to all members of our community (i.e., disabilities to include, but not limited to, physical, mental, economical, etc.)?

6. Mission and History

- Summarize your group's purpose / mission and your arts programming history. (If your project is a first-time initiative, please so indicate). In what ways will this project advance the mission of your group?

Project Personnel

Attach a list of the key people / groups involved in your project. Briefly describe their qualifications for the project. You may submit one page of information per person/ group.

Board of Directors / Advisory Committee

You are required to have a board of directors or advisory committee. Attach a one page list of your board / committee members, indicating their profession, organizational affiliation or area of expertise.

IRS Tax-Exempt Status

Furnish a copy of your group's IRS-tax-exempt status determination letter.

OR

Furnish a letter of agreement with your fiscal agent AND a copy of your fiscal agent's IRS-tax-exempt status determination letter.

PROJECT BUDGET/EXEPNSES

Please check your math. Budget errors may affect your request.

Explanatory Notes

You may use this space to provide additional information on either cash or in-kind expenses.

Estimated Expenses	Cash	In-Kind
	Goods and services requiring cash payment.	Non-cash donations of good and sources.
1. Personnel (employee or contract)		
<i>Please break down by individual position. Indicate number of hours or full-time equivalent.</i>		
a. Artistic		
_____	_____	_____
_____	_____	_____
_____	_____	_____
b. Administrative & other personnel		
_____	_____	_____
_____	_____	_____
_____	_____	_____
c. Employee benefits & payroll taxes		
_____	_____	_____
2. Supplies/ Equipment Purchases		
_____	_____	_____
_____	_____	_____
3. Printing & postage		
_____	_____	_____
_____	_____	_____
4. Space & equipment rental		
_____	_____	_____
_____	_____	_____
5. Transportation		
_____	_____	_____
6. ADA-related costs (e.g., sign language interpreters, signage, printing)		
_____	_____	_____
7. Other (explain)		
_____	_____	_____
_____	_____	_____
8. SUBTOTAL	A.\$ _____	B.\$ _____
9. TOTAL EXPENSES (Add line 8A & 8B)		\$ _____

PROJECT BUDGET/INCOME

Please check your math. Budget errors may affect your request.

Explanatory Notes

You may use this space to provide additional information.

Estimated Expenses

Amount

1. Grants and contributions

*(Place PAC request on Line 5. Indicate secured funds with an *.)*

a. Individual contributions

b. Foundations and corporations (be specific)

c. Government

d. Other (explain)

Subtotal grants and contributions

(add lines 1a-d.)

\$ _____

2. Earned income

a. Sales _____

b. Admissions _____

c. Other (explain) _____

Subtotal earned income

\$ _____

3. Add subtotals for parts 1 & 2

\$ _____

4. Total in-kind (Line 8B from Expenses)

\$ _____

5. PAC request

\$ _____

6. TOTAL INCOME

(Add lines 3, 4 & 5. Must be equal to line 9, Total Expenses.)

\$ _____

ORGANIZATIONAL INCOME-AND-EXPENSE STATEMENT

Provide actual income and expenses for your most recently completed 12-month fiscal year, or programming an art event/activity in Plymouth in your most recently completed 12-month year.

Financial statement for the fiscal year beginning: _____ ending: _____

INCOME

Support (Contributors)	Amount
Individual contributors	_____
Foundations/Corporations	_____
Government grants	_____
Other (specify)	_____
_____	_____
_____	_____
_____	_____

Revenue

Earned income (List major sources such as admissions, sales and fees.)	
_____	_____
_____	_____
_____	_____
Other (specify)	_____
_____	_____
_____	_____
_____	_____

TOTAL INCOME \$ _____

EXPENSES

	Amount
Employee salaries & wages	_____
Employee benefits & payroll taxes	_____
Consultant & professional fees	_____
Supplies	_____

Printing and copying	_____
Postage & shipping	_____

Rent, utilities, equipment	_____
Transportation	_____
Other (specify)	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES \$ _____

Income less expenses \$ _____

CERTIFICATION SIGNATURES

We, the undersigned, certify that our board of directors, supports the project as described in this application and that all information in the attached application is true and correct to the best of our knowledge. Further, we resolve to carry out the project as it is described in the attached application if funding is awarded by PAC. A final report describing the use of the grant monies will be submitted to the PAC Board in compliance of set guidelines.

Two signatures from members of your group are required.

One signer must be a board officer.

print name of board officer

print name of board member or staff

board officer signature

board member or staff signature

board officer title

board member or staff title

date signed

date signed