

Marion County Arts & Humanities Council
PO Box 1029
Lebanon, KY 40033

Attention: Grant Committee

Application for Small Grant

<u>For Official Use Only</u> Grant # _____ Date Rec'd _____

A. Contact Information:

Name (Organization or Individual)

Contact Address

Proposal Contact Person

Title

Telephone Number

E-Mail Address

B. Required Attachment Checklist:

All proposals must be submitted with the following attachments:

- Application form with original signature(s) and date.
- One page mission statement and history.
- Description & purpose of grant needs.
- Current operative budget.
- Projected budget for incoming fiscal year.

C. Proposal Data:

- Number of persons participating: _____
 - Number of persons expected to benefit from this proposal: _____
 - How was this number determined?: _____
- _____

D. Proposal Financial Information:

Projected expenditures. Please itemize all expenses. Include travel, equipment, supplies, promotional & printing costs, lessons, etc.

E. Community Impact:

How will this grant have an impact on the surrounding communities?: _____

Are you (or your organization) closely tied to the Marion County Arts & Humanities Council in such a way that it may cause a conflict of interest with MCAHC or its members? **Yes** _____ **No** _____

If yes, please explain: _____

F. Schedule:

Follow-up reporting back to grant committee:

Date: _____

Date: _____

Date: _____

Date: _____

G. Agreement:

I hereby certify that the above statements are correct to the best of my knowledge and belief and that I am authorized to sign the application.

Signature

Title

Printed Name

Date