

# 2019 Community Arts Access Grant Application

## McLean County Arts Center and Illinois Arts Council Agency

The independent Grant Review Committee has determined the following list of priorities, in order of importance, with which they will determine the ranking of applications.

Please address these carefully in your application. Only McLean County-based 501C3 groups are eligible.

Please send Certificate of Good Standing from the Secretary of State Office as an attachment with this completed form.

**ONLY PROGRAMS TO BE COMPLETED BY AUGUST 1, 2019 MAY APPLY.**

### Funding Priorities:

Support the quality, quantity, promotion and visibility of arts for the community

Increase access and outreach to the arts for underserved populations

Foster collaboration among organizations and/or individual artists

### Project Plan:

Clarity in description of project

Degree to which project fulfills its purpose

Quality of planning and implementation

### Collaboration:

Collaboration among organizations and individuals

Encourages and promotes cooperation and pooling of resources

### Budget:

Balanced proposed budget page

Evidence of cash match and in-kind contributions

Evidence of additional and alternative funding sources

### Outcomes:

Evidence of attainable, measurable and manageable outcomes

### Organizational Capacity:

Evidence of fiscal accountability of applicant

History of sound management practices

### Completeness of Application:

All requested information provided by the deadline

Prior grant financial report or progress report submitted

**The following items are not eligible for funding as explicitly stated in the McLean County Arts Center's Grant Agreement with the Illinois Arts Council Agency: Capital expenditures, Permanent equipment, Out-of-state touring, Scholarships, and Deficit Funding.**

# 2019 Community Arts Access Grant Application

## McLean County Arts Center and Illinois Arts Council Agency

### Organization

Organization:

Person completing this application:

Address:

Address:

City:

State:

Zip Code:

E-mail:

Work Phone:

Cell Phone:

State House District:

State Senate District:

US Congressional District:

Date of Not for Profit incorp. (mm/dd/yy):

Date of fiscal year start. (mm/dd/yy):

Organization's mission statement:

Full Time Staff :

Part Time Staff:

Which best describes this your organization:

Website:

Organization's annual budget 2017-18:

Total attendance for the entire year:

Has your organization received funding from the Community Arts Access program in the past?

Yes

No



# Program

Name of proposed program:

Who will serve as the program administrator(s):

Number of events or instances of proposed program:

Date(s), Time(s), Location(s) of program:

Is the program/project open to the public?

Yes

No

Has your organization applied to the Illinois Arts Council Agency for funding for the same program?

Yes

No

Total expected attendance for proposed program:

Number of Volunteers participating:

Number of Children participating:

Number of Seniors participating:

Number of Artists participating:

Audience description:

McLean County Arts Center

Youth

Adults

Urban

Rural

Community Centers

Elderly

Schools

Churches

Under-served

Other

In what ways will the program be publicized?

Printed Material

Website

Newspapers

Social Media

Video

Radio

Other

Program Description:



## Program Financials

Funds Requested (limit \$2,000):

Supplies:

Equipment:

Marketing:

Advertising:

Other:

Applicant's Cash (must equal 50% minimum):

This Grant (Expected):

In-kind Contributions:

Project Budget:

Total Income:

