

The application should be completed with <u>one original and one copy</u> mailed to: Grant Committee, Cecil County Arts Council: 135 East Main Street, Elkton, MD 21921

- One copy should be retained for your records.
- Completed applications should contain the proper signatures.
- A copy of IRS letter confirming tax-exempt status is required of applicants.

Applications must be postmarked no later than August 2, 2024, for requests greater than \$300. Phone calls to the Arts Council regarding the application will not be accepted on that day.

Electronic transmissions of grant form will not be accepted. Applications may be downloaded from our website www.cecilarts.org

### APPLICATION CHECKLIST

## Please enclose checklist with your grant packet. Incomplete packets will not be accepted.

- \_\_Original and one collated copies of signed, completed application form
- \_\_One copy of CD/DVD or other relevant support materials
- \_\_Information on artists and/or collaborator
- \_\_Letters of support from principal or community representative
- \_\_List of members' names and addresses, if applicable
- \_\_Publicity materials
- \_\_\_ Operating budget & recent financial statement
- \_\_\_ 501 (c)(3) verification letter
- \_\_\_\_ List of Board of Directors or essential personnel
- \_\_Grant agreement form

# FY 2025 (July 1, 2024 - June 30, 2025) Cecil County Arts Council, Inc. Arts-in-Education Application

## PART 1: THE ORGANIZATION

| Organization's Name:   |  |  |  |  |
|--|--|--|--|--|
| Address:   |  |  |  |  |
| New Applicant?YesNo  |  |  |  |  |
| Year Established: Federal ID#  |  |  |  |  |
| Contact Name:  |  |  |  |  |
| Address:   |  |  |  |  |
| Day Phone: Cell Phone:   |  |  |  |  |
| E-mail   |  |  |  |  |
| Is the organization incorporated?  |  |  |  |  |
| Date of incorporation:   |  |  |  |  |
| Include letter of recognition of tax exemption. Enter the account number:                            |  |  |  |  |
| List grants received from us in the past three years, including name of project and amount of grant: |  |  |  |  |
| Name of Project & Grant Amount:  |  |  |  |  |
| Name of Project & Grant Amount:  |  |  |  |  |
| Name of Project & Grant Amount:  |  |  |  |  |

If the organization is applying for, or receiving funding from, any other sources, please list the sources and amounts:

Brief history of organization:

List what recent activities your organization has held in the community:

## PART 2: PROJECT INFORMATION

| Name of Project:  |  |  |  |  |
|---|--|--|--|--|
| Dates of Project:   |  |  |  |  |
| Is this a new project; expansion of an existing one; on-going |  |  |  |  |
| Specific location where the project will be held:             |  |  |  |  |
|   |  |  |  |  |
| Number of people involved: Projected attendance:              |  |  |  |  |
| Check appropriate disciplines:<br>Visual Arts Music Dance     |  |  |  |  |
| Theater LiteraryOther   |  |  |  |  |
| Briefly explain the proposed project:                         |  |  |  |  |

State the objective and how it addresses your community's need:

Indicate how the community will actively participate:

Indicate your plans to publicize:

Describe the kind of community support you have for the project (volunteers, space, etc.):

Indicate target number of participants and appropriate age group:

Timetable (schedule, duration, number of sessions, etc.):

Neighborhood to be served and site location (include letter from facility or school):

Describe how your project will accommodate persons with disabilities:

List support materials enclosed:

# PART 3: PROJECT BUDGET

Income must equal expenses. Please include a copy of your most recent, full year financial report.

| <b>CASH INCOME</b><br>Tickets/Registration         |              | CASH EXPENSE   |
|--|--------------|--|
| Memberships \$                                     |              | Artists' Fees \$*  |
|  |              | *Explain   |
| Cash Contributions \$                              |              | Admin. expenses \$*  |
|  |              | *Explain   |
| Organization Funds \$                              |              | Other fees: \$*  |
|  |              | *Explain   |
| Itemize all other sou                              | rces of cash |  |
|  | \$           | Supplies/Material \$*  |
|  | \$           | *Explain   |
|  | \$           | Promotion \$   |
|  | \$           | Travel \$  |
|  | _ \$         | Rentals \$   |
|  |              | Other (itemize)  |
|  |              | \$   |
| Amount requested from<br>CCAC Grant (less than 50% |              | \$   |
| of total budget)                                   | •            | *Only administrative expenses directly related to the project may be listed. |
| Total Income                                       | \$           | Total Expenses \$<br>must equal expenditures                                 |

I certify that the information and financial figures contained in this application are true and accurate.

| Signature (Organization's Authorized Official) _ |       |
|--|-------|
| Print Name                                       | Title |
| Address  | Phone |
| E-mail   | Date  |

Enclose a self-addressed, stamped envelope for return of materials. All reasonable care will be taken in handling materials; however, CCAC cannot be held responsible for loss or damage.

## CECIL COUNTY ARTS COUNCIL, INC. **ARTS IN EDUCATION (AIE) GRANT**

135 East Main Street, Elkton, MD 21921 | 410-392-5740

#### **FINAL REPORT FY 2025**

(Must be completed within 30 days of project)

For Arts Council Use: Date Received \_\_\_\_\_

Name of Organization \_\_\_\_\_ Grant Number \_\_\_\_\_

#### FINANCIAL REPORT BREAKDOWN - FINAL BUDGET

(Total cash income MUST total cash expenses. Please include receipts/invoices for all expenditures.)

#### CASH INCOME

#### **CASH EXPENSES**

| Arts Council Grant   | \$ | Artists' Fees \$      |
|----------------------|----|-----------------------|
| Tickets/Registration | \$ | Technical Fees \$     |
| Cash Contributions   | \$ |                       |
| Organization Funds   | \$ | Supplies/Materials \$ |
| Other Grants         |    | Rentals \$            |
|                      | \$ | Travel \$             |
| Other Income Sources |    | Equipment \$          |
|                      | \$ | Promotion \$          |
|                      | \$ | Other (itemized)      |
|                      | \$ | \$                    |
| TOTAL INCOME         | \$ | TOTAL EXPENSES \$     |

I certify that the information and financial figures contained in this FINAL REPORT are true and accurate.

Signature (Organization's Authorized Official) Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

#### FY 2025 FINAL REPORT, CONTINUED

1. List and describe the projects your organization presented during FY 2025 and which were funded-in-part by the Cecil County Arts Council?

2. How many people directly benefited from the project(s)? \_\_\_\_\_

3. How many performers/artists directly benefited?

4. How many of these projects included workshops?

5. What is the amount of financial support from your County Government to your organization that directly benefits your arts program, projects, and presentations?

\$\_\_\_\_\_

6. How do you generally market your events?

7. If your organization is a presenter, what effort was made to network with other presenters in the booking of these art events?

8. Describe the types of services, information, and support the Cecil County Arts Council can provide to your organization.

#### **Key Conditions**

1. Applicant must notify the CCAC of any major changes to the project outlined in the application. This includes changes to the proposed budget.

2. At least one month prior, applicant must notify the Arts Council of the event's location, date and time to ensure proper publicizing of the event.

3. Credit for the Arts Council MUST be commensurate with that of other sponsors at the same level, whether private or public.

4. When the Arts Council's financial support comprises the largest individual share of funding for a project, performance or exhibition, acknowledgment of the Arts Council shall be proportionally more prominent in the printed, audio and video materials, internet, publicity and advertising than acknowledgment of other sources of financial support.

5. If it is a ticketed event, recipient must reserve 2 complimentary tickets for CAD/ AiE review personnel to attend event.

6. All advertising and publicity materials for funded program MUST contain the following statement: "this program/event was funded, in part, by a grant from the Cecil County Arts Council, as provided by the Maryland State Arts Council, an agency funded by the state of Maryland and the National Endowment for the Arts."

7. Please offer public recognition of the Arts Council's contribution to the project at each of the events funded.

8. Please file your required Final Report, no later than 30 days after the completion of the project. Also please enclose a copy of your most recent final report in this year's grant application, if applicable.

9. Phone calls regarding the application will not be accepted by the Arts Council on the due date of the application.

10. Awarded organizations agree to send a representative to the official awards ceremony on November 1, 2024, 6:00 – 11:00 p.m.

11. It is the sole responsibility of the preparer of the grant application to ensure all compliance with all conditions. Failure to comply with these requests will jeopardize future funding.