



Cecil County Arts Council

**CCAC Arts in Education Grant
APPLICATION INSTRUCTIONS**

The application should be completed with one original and one copy 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 6, 2027, 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 2028 (July 1, 2027 - June 30, 2028)
Cecil County Arts Council, Inc.
Arts-in-Education Application

PART 1: THE ORGANIZATION

Organization's Name: _____

Address: _____

New Applicant? ☐ Yes ☐ No

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:

☐ Visual Arts ☐ Music ☐ Dance

☐ Theater ☐ Literary ☐ Other

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.

CASH INCOME

Tickets/Registration
Memberships \$ _____

CASH EXPENSE

Artists' Fees \$ _____ *

*Explain _____

Cash Contributions \$ _____

Admin. expenses \$ _____ *

*Explain _____

Organization Funds \$ _____

Other fees: \$ _____ *

*Explain _____

Itemize all other sources of cash

_____ \$ _____

Supplies/Material \$ _____ *

_____ \$ _____

*Explain _____

_____ \$ _____

Promotion \$ _____

_____ \$ _____

Travel \$ _____

_____ \$ _____

Rentals \$ _____

Other (itemize)

_____ \$ _____

_____ \$ _____

Amount requested from
CCAC Grant (less than 50%
of total budget) \$ _____

*Only administrative expenses directly
related to the project may be listed.

Total Income \$ _____

Total Expenses \$ _____

Income 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 2028
(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

Arts Council Grant \$ _____

Tickets/Registration \$ _____

Cash Contributions \$ _____

Organization Funds \$ _____

Other Grants

_____ \$ _____

Other Income Sources

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL INCOME \$ _____

CASH EXPENSES

Artists' Fees \$ _____

Technical Fees \$ _____

Supplies/Materials \$ _____

Rentals \$ _____

Travel \$ _____

Equipment \$ _____

Promotion \$ _____

Other (itemized)

_____ \$ _____

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 2028 FINAL REPORT, CONTINUED

1. List and describe the projects your organization presented during FY 2028 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 5, 2027, 6:00 – 10:00 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.