

**ST. JOHNS CULTURAL COUNCIL
STATE OF THE ARTS GRANT
Application Form**

Answer all questions. If a question does not apply to you, please mark "N/A" or "Not Applicable".

Today's Date		
Name of Organization/School or Individual Artist		
PO Box or Street Address		
City, State, and Zip Code		
Contact Person		
Email address		
Phone Number (best contact)		
Website URL		
Name of Proposed Activity		
Date of Proposed Activity		
Location of Proposed Activity		
Amount of SOTA Funds Requested		
Total Cost of Activity		
Additional Sources of Funding, if applicable		
Has the additional funding been secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Partnering Organizations, if applicable		
Have you ever received a SOTA grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what was the name of funded activity?		
When were funds received?	Month	Year
Has final report been submitted? If so, state the date of submission	Yes <input type="checkbox"/> Date submitted:	No <input type="checkbox"/>

Signature

Date

**STATE OF THE ARTS GRANT
Narrative**

Please respond to the following by inserting text after each item.
Please limit your narrative to 3 pages.

1. Describe your proposed activity.

2. Describe when and where the event(s) will take place (provide an event schedule if appropriate).

3. Describe who your target audience will be and how you will reach them.

4. List all the participants and their titles/roles in the activity. Include a brief resume for each person (can be separate attachment).

5. How does this proposed activity meet the State of the Arts funding criteria? Why should it receive Cultural Council funding?

6. Describe the goals of the proposed activity.

7. Detail how these goals will be achieved. How will you evaluate success?

**STATE OF THE ARTS GRANT
Project Budget Form**

This year the Cultural Council will award up to five (5) \$1,000 grants and one \$5,000 grant. There are no matching requirements. The grant request can either fully fund the proposed program/project or supplement its budget.

Total cost of proposed activity:

Amount requested for this grant:

Include any additional sources and amounts of revenue for the program/project and whether or not this funding has been secured:

Additional amounts Secured or projected?

Provide a summary of expense items and amounts projected for program/project:

Expense Item	SOTA Fund Expenditures	Other Funding Specific to Activity	Total
Supplies/Materials			
Equipment			
Artistic Fees			
Instructor Fees			
Marketing/Advertising			
Printing			
Postage			
Travel/Transportation			
Other			
TOTALS			