

# Westport Cultural Council

## Application for the Helen E. Ellis Charitable Trust Grant

Date: \_\_\_\_\_ Application period: Monday, February 1, 2017 to Friday, March 17, 2017

The following must be typed. Information can be provided as an attachment if you cannot use this printed form. This form can be downloaded from [www.westportculturalcouncil.org](http://www.westportculturalcouncil.org).

### Applicant Information:

Tax ID #: \_\_\_\_\_

Applicant Name

Contact Person

Mailing Address

Contact Mailing Address

City/State/Zip

Contact City/State/Zip

( )

( )

( )

Applicant Phone

Contact Phone Day/Evening

Applicant e-mail Address

Contact e-mail address

Applicant Website

### **Project Information:**

1. Project Title: \_\_\_\_\_

**TOTAL GRANT REQUEST: \$ \_\_\_\_\_** (provide detail in Budget Information section)

2. Name of Organization/Venue: \_\_\_\_\_

Location: (Please specify) \_\_\_\_\_

3. Date(s) of Event or Project Completion Date: \_\_\_\_\_

4. Westport Partner (for non-Westport applicants): \_\_\_\_\_

*Non-local applicants must provide a letter of support from their Westport partner.*

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Target Audience: \_\_\_ Adults \_\_\_ Children \_\_\_ Seniors Estimated number of participants: \_\_\_\_\_

*If you exceed the space provided, please attach a separate sheet and number appropriately*

6. Briefly describe your project / event; please identify what parts of the project the Helen Ellis grant would fund:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Will this result in a permanent installation? \_\_\_ Yes \_\_\_ No

8. Describe the public benefit for Westport. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. How do you intend to promote this project to target audiences and your community?

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10. Describe qualifications of key personnel:

- a. Individual artists must attach resume, examples of work, and any pertinent information that may impact the evaluation of this proposal.

Qualifications: \_\_\_\_\_

- b. Arts organizations must attach resume of personnel, background information, examples of work, and any information that may assist the Council’s evaluation of this proposal.

**Budget Information:**

Total Project Cost: \$ \_\_\_\_\_

Matching Funds: \$ \_\_\_\_\_ Source of Matching Funds: \_\_\_\_\_

**PROJECT EXPENSES**

- A. Salaries/Fees
- 1. Artist/Humanist/ Interpretive Scientist \$ \_\_\_\_\_
  - 2. Administrative \$ \_\_\_\_\_
  - 3. Other \$ \_\_\_\_\_
- TOTAL Section A** \$ \_\_\_\_\_
- B. Space Rental \$ \_\_\_\_\_
- C. Travel \$ \_\_\_\_\_
- D. Marketing \$ \_\_\_\_\_
- E. Remaining Project Expenses
- 1. Equipment Rental \$ \_\_\_\_\_
  - 2. Project supplies/consumables \$ \_\_\_\_\_
  - 3. Printing \$ \_\_\_\_\_
  - 4. Shipping/Postage \$ \_\_\_\_\_
  - 5. Utilities/Telephone \$ \_\_\_\_\_
  - 6. Insurance \$ \_\_\_\_\_
  - 7. Other \$ \_\_\_\_\_
  - 8. Ensuring Access \$ \_\_\_\_\_
- TOTAL Section E** \$ \_\_\_\_\_
- F. Capital Expenditures \$ \_\_\_\_\_
- TOTAL PROJECT EXPENSES\*** \$ \_\_\_\_\_

**PROJECT INCOME**

- A. Earned Income / Revenue \$ \_\_\_\_\_
- B. Non-Government
- 1. Corporate/Business \$ \_\_\_\_\_
  - 2. Clubs and Organizations \$ \_\_\_\_\_
  - 3. Other \$ \_\_\_\_\_
- TOTAL Section B** \$ \_\_\_\_\_
- C. Government / Other Grants \$ \_\_\_\_\_  
(Attach list specifying names and amounts)
- D. Applicant Cash \$ \_\_\_\_\_
- E. Total Grant Amount Requested from Helen E. Ellis Trust: \$ \_\_\_\_\_**
- F. In-Kind Contributions \$ \_\_\_\_\_  
(Donated space, materials and/or services)
- TOTAL PROJECT REVENUE\*** \$ \_\_\_\_\_

**\*NOTE: Total Project Expenses and Total Project Revenue must be equal.**

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Authorized Signature \_\_\_\_\_ Project Leader or Title \_\_\_\_\_ Date \_\_\_\_\_

**Please submit 1 original and 9 copies of this application, sponsor letter, and supporting data. Other items such as resume, large brochures, etc., please submit ONE copy.**