

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.

Applicant Information:

Tax ID #: _____

Applicant Name

Contact Person

Mailing Address

Contact Mailing Address

City/State/Zip

Contact City/State/Zip

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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?

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: _____

<u>PROJECT EXPENSES</u>	<u>PROJECT INCOME</u>
<p>A. Salaries/Fees</p> <ul style="list-style-type: none"> 1. Artist/Humanist/ Interpretive Scientist \$ _____ 2. Administrative \$ _____ 3. Other \$ _____ <p><u>TOTAL Section A</u> \$ _____</p> <p>B. Space Rental \$ _____</p> <p>C. Travel \$ _____</p> <p>D. Marketing \$ _____</p> <p>E. Remaining Project Expenses</p> <ul style="list-style-type: none"> 1. Equipment Rental \$ _____ 2. Project supplies/consumables \$ _____ 3. Printing \$ _____ 4. Shipping/Postage \$ _____ 5. Utilities/Telephone \$ _____ 6. Insurance \$ _____ 7. Other \$ _____ 8. Ensuring Access \$ _____ <p><u>TOTAL Section E</u> \$ _____</p> <p>F. Capital Expenditures \$ _____</p> <p><u>TOTAL PROJECT EXPENSES*</u> \$ _____</p>	<p>A. Earned Income / Revenue \$ _____</p> <p>B. Non-Government</p> <ul style="list-style-type: none"> 1. Corporate/Business \$ _____ 2. Clubs and Organizations \$ _____ 3. Other \$ _____ <p><u>TOTAL Section B</u> \$ _____</p> <p>C. Government / Other Grants \$ _____ (Attach list specifying names and amounts)</p> <p>D. Applicant Cash \$ _____</p> <div style="background-color: yellow; padding: 5px; margin: 10px 0;"> <p>E. Total Grant Amount Requested from Helen E. Ellis Trust: \$ _____</p> </div> <p>F. In-Kind Contributions \$ _____ (Donated space, materials and/or services)</p> <p><u>TOTAL PROJECT REVENUE*</u> \$ _____</p> <p>*NOTE: Total Project Expenses and Total Project Revenue must be equal.</p>

Authorized Signature	Project Leader or Title	Date
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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.