

2016-2017 SKOKIE FINE ARTS PROJECT GRANT APPLICATION

ORGANIZATION- INFORMATION

Legal Name of Organization: _____

Chief Administrative Officer: _____ Phone: _____

Contact Person: *(person filing application - if different from Chief Administrative Officer)*

_____ Phone: _____

Street Address: *(where you would like communication to be sent)*

City, State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact Person E-mail:

Social Security/Tax ID#: _____ Year Founded: _____

Illinois House #: _____ Illinois Senate #: _____

ORGANIZATION - STATUS

- Not-for-Profit Association
- Not-for-Profit Corporation
- IRS Tax Exempt
- Other: _____

ORGANIZATION - STATUS

Number of Participants _____

Number of expected audience members from the Skokie community _____

Number of Artists involved _____

Does this program/project provide direct financial payment to Skokie Artists? (circle one) **YES NO**

If yes, how many? _____

(continued)

Has your organization applied to the Illinois Arts Council or another re-granting agency for funding for this project?

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

ORGANIZATION - FISCAL INFORMATION

Last completed fiscal year's:

Expenditures _____ Revenues _____

BUDGET DETAIL - ANTICIPATED PROJECT INCOME

AMOUNT

Membership Fees/Admissions \$ _____

Contractual or Operational Revenue \$ _____

Applicant's contribution (**must** be at least 25% of total cost) _____

Other Income/funding sources Source: _____
Amount: \$ _____

Source: _____
Amount: \$ _____

TOTAL OPERATING INCOME \$ _____

BUDGET DETAIL - ANTICIPATED PROJECT EXPENSES

AMOUNT

Personnel Artistic \$ _____

Administrative \$ _____

Contractual Services Artistic \$ _____

Materials \$ _____

Space Rental \$ _____

Marketing \$ _____

Capital Expenditure/Equipment/Supplies (Related to this project) \$ _____

TOTAL PROJECT EXPENSE \$ _____

NET LOSS/GAIN (Anticipated Income – Anticipated Project Expenses) \$ _____

SKOKIE FINE ARTS COMMISSION GRANT REQUEST \$ _____

(continued)

STATEMENT OF ASSURANCES

If a grant is awarded, the applicant agrees to credit the Village of Skokie Fine Arts Commission (SFAC) for their support in all publicity and media materials used in connection with the funded project.

A final program Evaluation Form must be submitted immediately after the program concludes.

The applicant also assures the SFAC that funding will be administered by the applicant; that any funds received under this grant shall not be used to replace funds normally budgeted for the same program; and that funds received shall be used solely for the described activities.

Signature of Chief Administrative Officer

Date

Signature of Person Filing Application
(if different than the Chief Administrative Officer)

Title

Date

Return completed application to:

**Skokie Village Hall - Village Manager's Office
ATTN: Skokie Fine Arts Commission
5127 Oakton Street
Skokie, Illinois 60077**



SKOKIE FINE ARTS COMMISSION PROJECT GRANT EVALUATION GRANTING YEAR 2016 - 2017

GRANTEE:

ADDRESS:

PHONE#:

COMPLETED PROGRAM NAME:

TOTAL EXPENDITURES:

NUMBERS REACH BY PROJECT:

- **AS PARTICIPANTS:** _____
- **AS AUDIENCE ATTENDEES:** _____
- **SKOKIE RESIDENTS:** _____

ON A SEPARATE SHEET OF PAPER PLEASE ANSWER THE FOLLOWING:

- **GRANTEE'S EVALUATION OF PROJECT**
- **SUCCESS/FAILURE OF PROJECT**