Massachusetts Cultural Council

Application Number (for LCC use only) _____

LCC PROGRAM: GRANT APPLICATION

This application is being submitted to the _____ LCC.

Please type into the form, print, sign and mail it to the appropriate Local Cultural Council. E-mailed applications will not be accepted. Click on the underlined blue words to access the Glossary. **Important: Use the 'TAB' key to move through the application.**

APPLICANT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Website: _____

Contact Person (if different than applicant): _____

Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

APPLICANT REQUIREMENTS

To apply for an LCC grant you **must meet ALL of the following eligibility and criteria requirements**. Please attest that each statement is true by checking the box next to the statement:

☐ **I have read and understood any council priorities that this Local Cultural Council has posted at** https://www.mass-culture.org/lcc_public.aspx.

The applicant is (select one):

- ☐ an individual
- ☐ an incorporated nonprofit
- ☐ an unincorporated association or group of people with a nonprofit objective
- ☐ a public school, library, or other municipal agency
- ☐ a religious organization or school requesting funds for cultural programming that does not have the effect of advancing religion

☐ **The applicant resides in or is located in Massachusetts.**

☐ **The applicant, or person leading the project/program, has been engaged in the kind of activity for which funds are requested for at least one year.**

LCC grant funds will not be used:

- ☐ to purchase food or refreshments.
- ☐ to pay salaries or stipends for employees of the school system, library, parks department or municipality.
- ☐ on capital expenditures for schools, libraries, Local Cultural Councils, other municipal agencies, or religious organizations.
- ☐ on programming that discriminates or discourages participation on the basis of race, gender, religious creed, color, national origin, ancestry, disability, sexual orientation or age.

The proposed project/program meets the MCC's definition of one of the following disciplines (Select *one* primary discipline):

- ☐ Dance
- ☐ Music
- ☐ Theater
- ☐ Visual Arts
- ☐ Folk Arts
- ☐ Multidisciplinary
- ☐ Film/New Media
- ☐ Literature
- ☐ Humanities
- ☐ Science

PROJECT INFORMATION

Project Title:_____
When will the project take place?_____
Where will the project take place?_____
Amount requested from this LCC: $0_____ **Estimated number of people served:**_____
Estimated number of schoolchildren (grades pre-K to 12) served:_____
Does this project serve primarily schoolchildren (grades pre-K to 12)? ☐ **Yes** ☐ **No**

Summarize the proposed project: (750 characters)

Who is the target audience for this project? (150 characters)

What is the cost of participation for attendees (if any)? (100 characters)

How does the proposed project provide public benefit and contribute to the cultural vitality of the community as a whole? (500 characters)

Please describe the qualification of key artists, humanists, interpretive scientists or organizations involved with leading the cultural component of this project. (500 characters)

If there are any other individuals or organizations that will be involved in the project as planners, partners, or collaborators, please list them below. If applicable, please distinguish between those who have made a firm commitment to the project and those with tentative or potential involvement. (500 characters)

How are you planning to promote the project to the community and your target audience? (200 characters)

BUDGET

****Hit the 'TAB' key after entering each number to ensure that the auto-calculation feature is activated****

Projected Expenses
How much will it cost to complete your project?

Salaries/Stipends	$0
Space Rental	$0
Marketing/Promotion	$0
Supplies	$0
Capital Expenditures	$0
Other Expenses: (travel, equipment rental, etc.)	
	$0
	$0
	$0
	$0
	$0
Total Projected Expenses	**$0**

Projected Income
How will you pay for expenses associated with your project?

Total Projected Expenses:	$0
Amount Requested from this LCC: (under "Project Information")	$0
Additional Income Needed to Complete Project:	**$0**

Additional Income needed must cover Total Additional Income.
If the additional income needed to complete your project is greater than $0, then please list the additional income you anticipate obtaining to pay for all the projected expenses. See Sample Budget.

Description of funding source	Amount
	$0
	$0
	$0
	$0
	$0
	$0
	$0
Total Additional Income:	**$0**

In-Kind Donations
Please list any in-kind goods or services that you anticipate receiving for this project (loaned space, donated materials, etc.). While not required, if you would like to include the dollar value of in-kind donations, you may do so here or in the budget above. View Sample Budgets**:** (500 characters)

How will you adjust the project if the council cannot fund the entire amount you are requesting? (For example, how will you raise additional funds or scale the programming back?) (250 characters)

If you have applied to other Local Cultural Councils for funding for this specific project, please list the names of those councils below: (250 characters)

Authorized Signature: The signature below is that of the person authorized to testify as to the accuracy of this application and the person who agrees that the required acknowledgment will be given to the Massachusetts Cultural Council and the granting local cultural council, if this application is approved.

Signature Date

FOR CULTURAL COUNCIL USE ONLY SUBMITTED BY DEADLINE ___yes ____no

$_____
Amount Approved Signature of LCC Chair or Authorized LCC Member, Title, Date