

GRANT APPLICATION for INDIVIDUALS

APPLICANT INFORMATION

Applicant's Legal Name _____ Daytime Phone _____

Street Address _____ City _____ Zip Code+4 _____ SC County _____
 US House District _____ SC Senate District _____ SC House District _____
 To lookup district info, use <http://www.vote-smart.org/index.htm>

Mailing Address (if different from Street Address) City _____ Zip Code+4 _____ SC County _____

Email Address _____ Web Address _____
 May we include your email address when giving information to constituents? yes no

Primary artist discipline: select only one

01 Dance	05 Visual Arts	09 Media Arts	14 Multi-Disciplinary
02 Music	06 Design Arts	10 Literature	15 Non Arts
03 Opera/Musical Theatre	07 Crafts	11 Interdisciplinary	
04 Theatre	08 Photography	12 Folk Arts	

PROJECT SUMMARY

Primary project discipline: select only one

01 Dance	05 Visual Arts	09 Media Arts	14 Multi-Disciplinary
02 Music	06 Design Arts	10 Literature	15 Non Arts
03 Opera/Musical Theatre	07 Crafts	11 Interdisciplinary	
04 Theatre	08 Photography	12 Folk Arts	

Project title: _____

Project activity type: _____

Project Dates: Start _____ End _____ **Request \$** _____

CERTIFICATION

I certify to the Commission that:

1. I am in compliance with stated eligibility and South Carolina residency requirements for the selected category, and ALL information contained in this application is true and correct to the best of my knowledge.
2. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant solely for the described projects and programs.
3. I will comply with all applicable Federal and State laws when conducting any program activity for which the applicant receives financial assistance from the Commission.

Applicant's Signature _____ Date _____

Mail to: Grants Office • S.C. Arts Commission • 1800 Gervais Street • Columbia • SC • 29201

FOR SCAC USE ONLY:		
Authorized Approval	Award Amount	Date

APPLICANT NAME:

PROPOSED PROJECT BUDGET			
ACTUAL EXPENSES	Amount	ACTUAL INCOME	Amount
Personnel:Administrative	_____	Applicant Cash	_____
Artistic	_____	Admissions/Sales	_____
Technical/Production	_____	Private Support: Corporate	_____
Supplies and Materials	_____	Foundation	_____
Outside Fees & Services	_____	Gov't Grants/Support: Federal, State, etc.	_____
Space Rental	_____	(do NOT include SCAC request here)	_____
Travel	_____	Other Income—itemize below	_____
Marketing	_____	_____	_____
Other Expenses—itemize below	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		SCAC Grant Request	_____
TOTAL CASH PROJECT EXPENSES:		TOTAL CASH PROJECT INCOME:	

SUPPORT MATERIALS LIST -- Number each support material item to correspond with this list; label with your name.

1. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____
2. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____
3. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____
4. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____
5. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____
6. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____
7. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____
8. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____
9. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____
10. Book/Publication DVD CD Video Slides Other _____
Description: _____ **Date:** _____

SCAC staff person who advised applicant: _____

All applicants are urged to discuss application process & proposal content with appropriate SCAC staff prior to applying.