

GRANT APPLICATION for ORGANIZATIONS

APPLICANT INFORMATION

Applicant Organization's Legal Name			Federal Employer ID#
Doing Business As/Also Known As – if applicable			DUNS#
Street Address	City	Zip Code+4	SC County
Congressional: US House District # _____ State: Senate District # _____ State: House District # _____			
Find your legislative district numbers at http://www.scstatehouse.gov/legislatorssearch.php			
Mailing Address (if different from Street Address)	City	Zip Code+4	
Primary Organizational Function:	Arts Producing	Arts Presenting	Arts Service Arts Education Non-Arts
Contact Person	Title	Daytime Phone	FAX#
Contact's Email Address	Organization's Web Address		
May we include contact's email address when giving information to constituents?	yes	no	
Applicant Organization's Authorized Official	Title	Daytime Phone	
Authorized Official's Email Address			
May we include authorized official's email address when giving information to constituents?	yes	no	

FISCAL AGENT/RECEIVER INFORMATION

YOU MUST FILL OUT THIS SECTION IF:

- You are applying for a S.C. Arts Commission grant and do NOT have Federal Tax Exempt status, OR
- You are a school or a unit of government

Fiscal Agent/Receiver's Legal Name			Federal Employer ID#
Doing Business As/Also Known As – if applicable			DUNS#
Street Address	City	Zip Code+4	SC County
Mailing Address (if different from Street Address)	City	Zip Code+4	
Contact Person	Title	Daytime Phone	FAX#
Contact's Email Address	Organization's Web Address		
May we include contact's email address when giving information to constituents?	yes	no	
Fiscal Receiver/Partner's Authorized Official	Title	Daytime Phone	
Authorized Official's Email Address			
May we include authorized official's email address when giving information to constituents?	yes	no	

APPLICANT NAME:

ORGANIZATION GRANT APPLICATION SUMMARY

Grant Program Category: select only one program below

Folklife and Traditional Arts Quarterly Project	Subgranting Other: _____
--	-----------------------------

Brief description of project: _____
(50 character maximum; for reference only. Use the Narrative portion of your application to provide a more complete description.)

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 Activity type: select only one

01 acquisition	14 prof. support – admin.	26 regranting
02 audience services	15 prof. support - artistic	27 translation
03 award/fellowship	16 recording/filming/taping	28 writing about art
04 creation of a work of art	17 publication	29 professional dev./training
05 concert/perf./reading	18 repair/restore/conserv.	30 student assessment
06 exhibition	19 research/planning	31 curriculum dev./implement.
07 facility constr/maint/renov.	20 school residency	32 stabilization/endow./challenge
08 fair/festival	21 other residency	33 building public awareness
09 ident./documentation	22 seminar/conference	34 technical assistance
10 inst./org. establishment	23 equip. purchase/rental	35 web site/internet development
11 institution/org. support	24 distribution of art	36 broadcasting
12 arts instruction	25 apprenticeship/internship	99 none of the above
13 marketing		

Project Dates: Start Date _____ End Date _____ **This SCAC GrantRequest* \$** _____
*This request must match the request listed on your Budget Form (Income Detail).

SCAC staff person who advised applicant: _____
All applicants are urged to discuss application process & proposal content with appropriate SCAC staff prior to applying.

APPLICANT NAME:

CERTIFICATION

I certify to the Commission that:

1. This application is complete as required by SCAC grant guidelines, and all information and attachments in this proposal are true and correct to the best of my knowledge.
2. The applicant is in compliance with published eligibility requirements.
3. The governing body of the applicant has authorized the filing of this application and signature.
4. 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.
5. The applicant and any organization that it assists will comply with all applicable Federal and State laws when conducting any program activity for which the applicant receives financial assistance from the Commission.

Authorized Official: Typed Name & Title	Signature	Date
---	-----------	------

Fiscal Receiver/Partner's Authorized Official: Typed Name & Title	Signature	Date
---	-----------	------

FOR SCAC USE ONLY:		
Authorized Approval	Award Amount	Date

Mail application, budget form, & other attachments,* if applicable, to:
Grants Office
S.C. Arts Commission
1026 Sumter Street, Suite 200
Columbia, SC 29201

*Check guidelines before mailing to ensure that your application is complete.