

**South Carolina Arts Commission**  
 1026 Sumter Street, Suite 200, Columbia, SC 29201, (803) 734-8696  
**Quarterly Project 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 <a href="http://www.scstatehouse.gov/legislatorssearch.php">http://www.scstatehouse.gov/legislatorssearch.php</a>			
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: _____
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**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.

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Authorized Official: Typed Name & Title

Signature

Date

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

Signature

Date

FOR SCAC USE ONLY:

Authorized Approval

Award Amount

Date

APPLICANT NAME:

## DETAILED BUDGET FORM

	ITEM	\$Amount
<p><b>EXPENSE DETAIL</b></p> <p>Some items listed at right may not be allowable expenses in the grant category in which you are applying. Check program guidelines before submitting this form.</p>	<p><b>Personnel (organizations only; use for permanent staff.):</b></p> <p>Admin: type/position: _____</p> <p style="padding-left: 20px;">type/position: _____</p> <p style="padding-left: 20px;">type/position: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p>Artistic: type/position: _____</p> <p style="padding-left: 20px;">type/position: _____</p> <p style="padding-left: 20px;">type/position: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p>Tech/Prod: type/position: _____</p> <p style="padding-left: 20px;">type/position: _____</p> <p style="padding-left: 20px;">type/position: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p>Other: type/position: _____</p> <p style="padding-left: 20px;">type/position: _____</p> <p style="padding-left: 20px;">type/position: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p><b>Outside Fees &amp; Services:</b> description: _____</p> <p style="padding-left: 20px;">description: _____</p> <p style="padding-left: 20px;">description: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p><b>Space Rental:</b> "permanent" office/organization facilities _____</p> <p style="padding-left: 20px;">other -- description: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p><b>Travel:</b> grantee/personnel _____</p> <p style="padding-left: 20px;">non-staff -- description: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p><b>Marketing:</b> description: _____</p> <p style="padding-left: 20px;">description: _____</p> <p style="padding-left: 20px;">description: _____</p> <p style="padding-left: 20px;">description: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p><b>Subgranting (SCAC subgrant sites also attach Subgrant Activity Summary)</b></p> <p style="padding-left: 20px;">non-SCAC program/description: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p><b>Remaining Operating Expenses</b></p> <p style="padding-left: 20px;">description: _____</p> <p style="padding-left: 20px;">description: _____</p> <p style="padding-left: 20px;">description: _____</p> <p style="padding-left: 20px;">description: _____</p> <p style="text-align: right;">Subtotal: _____</p> <p style="text-align: right;"><b>TOTAL CASH EXPENSES:</b></p>	
	<p><b>In-Kind: if needed, attach additional sheets with descriptions, formulas &amp; totals</b></p> <p>Professional Services--description: _____</p> <p style="padding-left: 20px;">formula: _____ =</p> <p style="padding-left: 20px;">description: _____</p> <p style="padding-left: 20px;">formula: _____ =</p> <p>Goods &amp; Materials--description: _____</p> <p style="padding-left: 20px;">formula: _____ =</p> <p style="padding-left: 20px;">description: _____</p> <p style="padding-left: 20px;">formula: _____ =</p> <p style="text-align: right;"><b>TOTAL IN-KIND:</b></p>	
	<b>TOTAL EXPENSES:</b>	

# DETAILED BUDGET FORM

	ITEM	\$Amount
<b>INCOME DETAIL</b>	<b>Applicant Cash</b>	
	description: _____	
	description: _____	
	description: _____	
	Subtotal:	
	<b>Admissions/Sales</b>	
	description: _____	
	description: _____	
	description: _____	
	Subtotal:	
	<b>Contracted Services Revenue</b>	
	description: _____	
	description: _____	
	description: _____	
	Subtotal:	
	<b>Private Support:</b>	
	Corporate --name: _____	
	name: _____	
	name: _____	
	Foundation --name: _____	
	name: _____	
	name: _____	
	Other -- type/name: _____	
	type/name: _____	
	type/name: _____	
Subtotal:		
<b>Government Support/Grants:</b>		
Federal -- agency/type grant: _____		
agency/type grant: _____		
State/Reg'l -- agency/type grant: _____		
agency/type grant: _____		
County ATAX		
County HTAX		
County Other -- description: _____		
City ATAX		
City HTAX		
City Other -- description: _____		
Subtotal:		
<b>Other Revenue:</b> description: _____		
description: _____		
description: _____		
description: _____		
description: _____		
description: _____		
Subtotal:		
<b>THIS SCAC GRANT REQUEST*:</b>		
<b>TOTAL CASH INCOME:</b>		
<b>TOTAL IN-KIND:</b>		
<b>TOTAL INCOME:</b>		

\*This request must match the request listed on your Application Form.

# NARRATIVE

## **Artistry and Feasibility**

1. What is the goal of this project?
2. Describe what you plan to do, when the project will occur, where the project will take place, and how the activities will happen.
3. Provide information on key personnel and collaborating organizations and use of SC artists (if applicable), including project manager/director, primary artists, ensembles, artistic resources. Indicate how and why these people were selected.

## **Public Impact**

1. State your organization's mission and the constituency you serve.
2. Explain why you have decided to do this project.
3. Why is this project important?
4. How do you know that the community wants and supports the project?
5. Identify external support from the local cultural community.
6. Identify target audiences, special populations to be served, and number of projected participants.
7. If you have received S.C. Arts Commission funding for the same or a similar project in the past, please address how previous funding impacted your organization. Provide specific examples.

## **Project Management**

Describe marketing, media, and other promotional activities. Clearly identify other sources of financial support including in-kind goods and services to be provided throughout the project.



**Project Timeline**

Include a list of key project milestones and target dates for reaching them.

## **Staff List**

Submit a list of all current & proposed grant-related positions. Include staff members' titles and a brief description of responsibilities/duties. Indicate with asterisks those who are African-American, American Indian/Alaska Native, Asian, or Hispanic.

### **Suggested format:**

Staff Member: Jane Doe

Staff Title: Executive Director

Responsibilities/ Duties: Manage operations of the organization's activities, including budgeting, planning, and supervision

Staff Member: John Smith\*

Staff Title: Administrative Assistant

Responsibilities/ Duties: Manage office and gallery space, including correspondence, guest relations, and recordkeeping

## **Board of Directors list**

Submit a list of the applicant's current board of directors. Include board members' titles and occupations/professional affiliations (if retired, provide previous profession). Indicate with asterisks those who are African-American, American Indian/Alaska Native, Asian, or Hispanic.

### **Suggested format:**

Board Member: John Smith\*

Board Title: Chair

Occupation and/or Professional Affiliations: Retired Banker, NBSC

Board Member: Jane Doe

Board Title: Vice-Chair

Occupation and/or Professional Affiliations: Educator, York County School District

# Attachments

## **Résumés**

Include brief résumés for principal artistic and administrative project personnel. Individual résumés should not exceed 3 pages; additional pages will not be copied.

## **IRS Tax-Exempt Letter**

Submit a copy of  
the applicant's IRS tax-exempt letter  
OR, if applying through a Fiscal Agent/Receiver,  
the Fiscal Agent/Receiver's IRS tax-exempt letter  
AND

a letter of agreement, signed by both the applicant and the Fiscal Agent/Receiver, outlining the working relationship and responsibilities of both parties.

## **Required Support Material**

Limit printed support material to a maximum of 10 pages. Additional pages will not be reviewed. See Submitting Support Materials for details.

**NOTE:** In accordance with the S.C. Solicitation of Charitable Funds Act, charitable organizations must maintain current registration with the S.C. Secretary of State's Office. The S.C. Arts Commission does not require a copy of an applicant's current S.C. Charities registration letter; however, failure to register and renew the registration annually may result in severe fines by the S.C. Secretary of State's Office.

**Mail to  
Quarterly Grants Program  
SC Arts Commission  
1026 Sumter Street, Suite 200  
Columbia, SC 29201**