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**Grant Application**

1. **Please answer the following questions:**

Organization Name:

Organization Mailing Address:

Organization Email:

Organization Phone Number:

Organization Tax ID Number:

One Sentence Project Description:

Amount Requested:

Number Directly Impacted by Project:

Number Indirectly Impacted by Project:

Cultural Impact (circle all that apply): Arts Heritage Humanities

Geographic Area of Impact:

Does your project: (check all that apply)

\_\_\_\_ Foster expression and access of the arts, heritage, and/or humanities in individuals and communities throughout Jackson County

\_\_\_\_ Encourage and engage the youth of Jackson County in arts, heritage and/or humanities

\_\_\_\_ Coordinate, disseminate, and promote arts, heritage, and/or humanities throughout Jackson County

Name of Person to Contact for Grant Interview:

Phone Number:

Email Address:

1. **Proposal Narrative (2 pages or less, using 12-point font):**
	1. Describe the organization, its purpose, and services to the community
	2. Describe the project and how it addresses JCCC’s stated funding priorities
	3. Describe the evaluation method and expected outcomes
	4. Detail your project timeline
2. **Project Budget Form**

Please fill out and submit with your grant application. The [bracketed] items must be filled in with the relevant information. You may add rows as necessary to share a complete project budget.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenses** | **Description** | **Expense (cash)** | **In-Kind Expense** | **Total Project Expense** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Expenses** |  |  |  | **[Total Project Cost]** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revenue** | **Status (secured or pending)** | **Revenue** | **In-Kind Revenue** | **Total Project Revenue** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Grant Request** | **[Applicant Name]** |  |  | **[Amount Requested from JCCC]** |
|  |  |  |  |  |
| **Total Revenue** |  |  |  | **[Total Project Cost]** |

**Budget Narrative**

Please share any additional information about your project budget.

1. **Required Attachments**
	1. Statement of Financial Position (or Balance Sheet) from the most recently completed fiscal year. No Form 990s.
	2. List of Board of Directors, occupations/affiliations, and contact information
	3. Copy of the organization’s IRS determination letter under section 501(c)(3)

**5. If using a fiscal sponsor:**

* 1. Letter stating approval of the application by the organization’s fiscal sponsor
	2. Copy of organization’s fiscal sponsor’s IRS determination letter under section 501(c)(3)

**Submission and Deadline**

All applications must be emailed to info@jacksoncountyculturalcoalition.org by **Tuesday, September 4, 2018 at 5 pm.** If you are unable to email your application, please contact the JCCC at least two weeks ahead of the application deadline. Incomplete applications will be rejected.

**Questions**

If you have any questions about the application guidelines or the grant you are considering submitting, please contact JCCC at: info@jacksoncountyculturalcoalition.org.