



Greater Columbus Arts Council

FRANKLIN COUNTY NEIGHBORHOOD ARTS PROGRAM

ELIGIBILITY REQUIREMENTS

Below are the highlights of the eligibility requirements for the Franklin County Neighborhood Arts program. Applicants should carefully read the **complete** eligibility requirements and grant guidelines (available on the Franklin County Neighborhood Arts section of the Greater Columbus Arts Council's website at www.gcac.org) before submitting an application.

Applicants are strongly encouraged to attend a free application workshop for the Franklin County Neighborhood Arts program. Two workshops are held during the course of each funding round; workshop dates are available on the website. Contact GCAC at 221-8625 to register.

- Funds will be issued to organizations only, not to individuals.
- Franklin County Neighborhood Arts funding is for specific project support only, not for operating support.
- Organizations currently receiving funding through GCAC's City of Columbus Grants Program are ineligible for consideration for the Franklin County Neighborhood Arts program.
- Projects with a start date that precedes the Franklin County Neighborhood Arts award notification date will not be considered.
- In general, organizations can only receive one grant per calendar year.
- The Franklin County Neighborhood Arts program is not intended to be a recurring funding source. Recurring projects (e.g., an annual summer music festival) will not be funded beyond two consecutive years.



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APPLICATION

The FRANKLIN COUNTY NEIGHBORHOOD ARTS PROGRAM is administered by GCAC's Community Arts Education Program. See **Program Guidelines & Certification** for details. All applications must be completed in hard copy and delivered by mail or in person. Applications will not be accepted by e-mail or fax.

Please mail completed application to:
 Franklin County Neighborhood Arts Program
 GCAC, 100 E. Broad St., Suite 2250, Columbus, OH 43215
 Phone: (614) 224-2606

I. APPLYING ORGANIZATION

1. ORGANIZATION NAME: _____ YEAR STARTED: _____

2. ADDRESS: _____

3. CITY, STATE, ZIP: _____

4. WEB SITE: _____ E-MAIL: _____

5. TELEPHONE: (____) _____

6. CONTACT PERSON / TITLE: _____

7. ALTERNATE CONTACT PERSON / TITLE: _____

8. FISCAL AGENT (IF APPLICABLE): _____

9. CHECK ONE CATEGORY THAT BEST DESCRIBES YOUR ORGANIZATION:

- | | | | | |
|--|---|--|---|-------------------------------------|
| <input type="checkbox"/> Community Arts | <input type="checkbox"/> Dance | <input type="checkbox"/> Design Arts | <input type="checkbox"/> Film / Video | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Music | <input type="checkbox"/> Theatre | <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Human Services | <input type="checkbox"/> Religious |
| <input type="checkbox"/> K-12 School or University | <input type="checkbox"/> Division of Government | <input type="checkbox"/> Other _____ (please explain) | | |

10. STATUS OF ORGANIZATION:

| | | | |
|--|-------|-------|----------|
| | YES | NO | APPLYING |
| NON-PROFIT INCORPORATED | _____ | _____ | NA |
| TAX-EXEMPT (501C3 OR OTHER TAX-EXEMPT DESIGNATION) | _____ | _____ | _____ |

(If "YES" PLEASE ATTACH PHOTOCOPY OF YOUR CERTIFICATE OF EXEMPTION)

11. HAS YOUR ORGANIZATION APPLIED FOR FUNDING THROUGH GCAC'S CITY OF COLUMBUS GRANTS PROGRAM IN THE PAST TWO YEARS? _____YES _____NO IF YES, WERE YOU AWARDED FUNDING? _____YES _____NO

12. PLEASE PROVIDE A MISSION STATEMENT AND/OR BRIEF HISTORY OF YOUR ORGANIZATION'S ROLE IN THE COMMUNITY.

II. ARTS PROJECT SUMMARY *(You may attach a maximum of one additional page to complete Section II)*

13. A) PROJECT TITLE: _____
B) PROJECT DESCRIPTION:

C) PROJECT START DATE: _____ PROJECT END DATE: _____

D) PROJECT LOCATION (INCLUDE ADDRESS AND ZIP CODE):

E) LIST PROJECT PARTNERS AND THEIR CONTRIBUTION (AN ORGANIZATION MAY BE CONSIDERED A PROJECT PARTNER IF IT IS A CO-SPONSOR OF THE PROJECT, OR CONTRIBUTES CASH, FACILITIES, GOODS OR SERVICES TO THE PROJECT):

F) **ATTACH ONE LETTER OF SUPPORT FOR YOUR PROJECT FROM A PROGRAM PARTNER OR SUPPORTING ORGANIZATION** (MUST BE SIGNED AND ON LETTERHEAD. FAXES OR EMAILS WILL NOT BE ACCEPTED.)

G) DESCRIBE TARGET AUDIENCE/ BENEFICIARIES FOR YOUR ARTS PROJECT:

H) PROJECTED NUMBER OF BENEFICIARIES (PARTICIPANTS AND/OR AUDIENCE):

I) HOW WILL THE *FRANKLIN COUNTY NEIGHBORHOOD ARTS PROGRAM* IMPROVE OR ENHANCE YOUR ARTS PROJECT?

J) **ATTACH A PROJECT BUDGET** MUST INCLUDE A DETAILED LISTING OF INCOME (BOTH CASH AND IN-KIND) AND EXPENSES.

14. REQUEST: (MAXIMUM \$2,000) _____

III. SIGNATURE

Authorized Official's Signature _____ Date _____

Print Name _____

Title _____



Greater Columbus
Arts Council

**The Franklin County Neighborhood Arts program is financially assisted by the
Franklin County Board of Commissioners.**

Views expressed by the program and its grant recipients do not necessarily represent those of the Franklin County Board of Commissioners.
