

2018-2019

Municipal Arts Allocation Program

Application- **Due 60 Days Prior to Event**

Municipality Information

Municipality Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Fax Number: _____

Website: _____

Population: _____

Allocation Amount Requested \$ _____ (please refer to funding levels on Guidelines)

Project Start Date (not before July 1, 2018): _____

Project End Date: (Not after June 30, 2019) _____

Narrative

1. Please provide what type of project or service you are proposing, how you would implement it, and to whom your program or service would serve (*target population*) and how many people you expect to participate.

2. Generally describe the arts/culture/history professionals in the project, including any personnel. If applicable, describe the selection process of any arts/culture/history professionals involved in your project.

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3. When will your program start and end? Give a brief timeline of activities.

4. Describe the project's goals and how you will measure the project's success.

5. Describe the specifics of your marketing plan for this project. If applicable, describe how cultural tourism in Cumberland County will be impacted as a result of your project.

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Project Expense Summary

Expense Description	Total Amount =	Amount allocation would pay +	Amount you would pay
Expense Total:			

*** This is not a matching allocation. You may apply for the full amount of your project*

Applicant Attachments

All applicants must attach the following (with exception to “Not Applicable” items):

- | | | |
|--|--|---|
| Complete Application | <input type="checkbox"/> One copy attached | |
| Resumes of arts/culture/history professionals and key personnel (if applicable) | <input type="checkbox"/> One copy attached | <input type="checkbox"/> Not Applicable |
| One copy of work sample, which demonstrates quality of performer’s work. Depending upon discipline, may consist of audio file, video file, photographs or publications (if applicable) | <input type="checkbox"/> One copy attached | <input type="checkbox"/> Not Applicable |

Certification

We understand that failure to respond to any of the items requested in this application may seriously hinder its consideration. We certify that we are committed to the completion of the proposed project in compliance with legal requirements and procedures, and will file the required report by the end of the project period. We certify that the information contained in this application, including attachments and supporting materials, is true and correct to the best of our knowledge.

Name & Title of Authorizing Official: _____ Email: _____
(This is the person who is legally able to obligate the applicant organization.)

Signature of Authorizing Official: _____ Date: _____

Name & Title of Grant Contact: _____ Email: _____

Signature of Contact: _____ Date: _____