

**2020-2021  
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, 2020): \_\_\_\_\_

Project End Date: (Not after June 30, 2021) \_\_\_\_\_

**Narrative**

1. Please provide the 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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**Project Expense Summary**

| Expense Description   | Total Amount = | Amount allocation would pay + | Amount you would pay |
|-----------------------|----------------|-------------------------------|----------------------|
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| <b>Expense Total:</b> |                |                               |                      |

*\*\* 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  | <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 | <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: \_\_\_\_\_