



Revised 8/03

APPLICATION NUMBER (FOR LCC USE ONLY) _____

LCC GRANT APPLICATION

APPLICATION MUST BE TYPED.

- Before completing this form be sure to check the guidelines of the LCC to which you are applying (www.mass-culture.org/lcc_public.asp).
- Supplemental Questions are required for capital expenditure requests and LCC-originated projects.

This application is being submitted to the _____ LCC.

APPLICANT INFORMATION

Federal Employee ID #/Social Security # _____

Applicant's Name _____

Contact Person _____

Mailing Address _____

Contact Mailing Address _____

City/State/Zip _____

Contact City/State/Zip _____

Applicant Phone/TTY _____

Contact Phone Day/Evening _____

Applicant E-mail Address _____

Contact E-mail Address _____

Applicant Web Site _____

PROJECT INFORMATION

Project Title _____ Amount Requested from this LCC \$ _____

Project Start/End Dates _____

1. Project Description: Summarize the proposed project in the space provided. (Describe who is the target audience; what will happen; when and where it will occur; and how the project will be executed. NOTE: You may provide additional narrative on a separate sheet of paper, but you *must* summarize the project here.)

2. Describe the planning done for this project in terms of process, and who or what organizations was/were involved as partners or advisors. How would partial funding impact this project?

3. Explain how this project will reach and benefit the citizens of *this* community. How will you know the project is successful? (Include promotion, expected results and plans for evaluation.)

4. Describe your plans for promoting this project to your target audience and your community. (Include information on planned outreach and publicity activities.)

5. Please detail the qualifications of key artists, humanists, interpretive scientists or organizations involved with leading the cultural component of this project. Application will be considered incomplete without this information. (Please attach resumes.)

BUDGET INFORMATION

Total Project Cost \$ _____
 Matching Funds* \$ _____ Source of Matching Funds _____

* Capital expenditures must have a 2:1 match. Check with the local cultural council to see if there are any additional match requirements.

PROJECT EXPENSES

A. Salaries/Fees
 1. Artist/Humanist/ Interpretive Scientist \$ _____
 2. Administrative \$ _____
 3. Other _____ \$ _____
 TOTAL Section A \$ _____ 0

B. Space Rental \$ _____
C. Travel \$ _____
D. Marketing \$ _____
E. Remaining Project Expenses
 1. Equipment Rental \$ _____
 2. Project supplies or consumables \$ _____
 3. Printing \$ _____
 4. Shipping/Postage \$ _____
 5. Utilities/Telephone \$ _____
 6. Insurance \$ _____
 7. Other _____ \$ _____
 8. Ensuring Access \$ _____
 TOTAL Section E \$ _____ 0

F. Capital Expenditures \$ _____
G. TOTAL PROJECT EXPENSES*
 (Sum of Totals in Sections A - F) \$ _____ 0

PROJECT INCOME
A. Earned Income \$ _____
B. Non-Government
 1. Corporate/Business \$ _____
 2. Clubs and Organizations \$ _____
 3. Other _____ \$ _____
 TOTAL Section B \$ _____ 0

C. Government
 1. Other Local Cultural Councils \$ _____
 (Attach list specifying LCC names and \$)
 2. Other MCC Programs \$ _____

 3. Other (Municipal, School, etc.) \$ _____

 TOTAL Section C \$ _____ 0

D. Applicant Cash \$ _____
E. Amount Requested from this LCC \$ _____
F. In-Kind Contributions \$ _____
 (donated space, materials and/or services)
G. TOTAL PROJECT REVENUE*
 (Sum of Totals in Sections A - F) \$ _____ 0

*NOTE: Total Project Expenses and Total Project Revenue must be equal.

Authorized Signature: The signature below is that of the person authorized to testify as to the accuracy of this application and the person who agrees that the required acknowledgment will be given to the Massachusetts Cultural Council and the granting local cultural council, if this application is approved. This person also agrees that reasonable accommodations will be made to insure that people with disabilities have equal physical and communications access, as defined by federal law and as outlined in the MCC's LCC Program Regulations and Guidelines.

Signature _____ Title _____ Date _____

FOR LOCAL/REGIONAL CULTURAL COUNCIL USE ONLY SUBMITTED BY DEADLINE? Yes No

\$ _____
 Amount Approved Signature of LCC Chair or Authorized LCC Member Title Date



Revised 9/03

PASS GRANT APPLICATION

APPLICATION MUST BE TYPED.

- Before completing this form be sure to check the guidelines of the LCC to which you are applying (www.mass-culture.org/lcc_public.asp).
- Supplemental Questions are required for capital expenditure requests and LCC-originated projects.
- If this event takes place in a school during normal school hours, or if it doesn't involve an organization/artist listed on the *PASS Roster*, you may not use this form. Use the standard LCC application form instead.

This application is being submitted to the _____ LCC.

APPLICANT INFORMATION

Federal Employee ID #/Social Security # _____

Applicant's Name _____

Mailing Address _____

City/State/Zip _____

Applicant Phone/TTY _____

Applicant E-mail Address _____

Applicant Web Site _____

Contact Person _____

Contact Mailing Address _____

Contact City/State/Zip _____

Contact Phone Day/Evening _____

Contact E-mail Address _____

Audience Profile (Give the number of children from each category who will benefit from this project.)
_____ Pre-School _____ Elementary School _____ Middle School _____ High School

PROJECT INFORMATION

Cultural Organization/Artist: _____

☛ The organization or artist must be listed in the *PASS Roster* (www.massculturalcouncil.org/rosters/pass/index.html).

Date/Time/Place of event: _____

Total # of tickets _____ Price per ticket* \$ _____ Total Ticket Request \$ _____

* If the ticket price is over \$12.00, you must use the standard LCC application form. Request for Transportation^ \$ _____

^ Check with your local cultural council—some LCCs do not provide funding for transportation. TOTAL AMOUNT REQUESTED \$ _____

☛ If you are applying to more than one local cultural council (LCC) for this event, please attach a separate sheet with the names of those LCCs and the amount requested from each.

Authorized Signature: The signature below is that of the person authorized to testify as to the accuracy of this application and the person who agrees that the required acknowledgement will be given to the Massachusetts Cultural Council and the granting local cultural council, if this application is approved.

Signed _____ Title _____ Date _____

FOR LOCAL/REGIONAL CULTURAL COUNCIL USE ONLY		DATE RECEIVED _____
Amount Approved for Students' Tickets	\$ _____	TOTAL AMOUNT APPROVED \$ _____
Amount Approved for Transportation	\$ _____	
Signature of LCC Chair or Authorized LCC Member	Title	Date