

McAllen Arts Council Grant Application 2008

Section A –About You

In this section, you must fill in questions 1, 2a, 3, 4 and 5. Organizations must also fill in question 3.

[1. What is your name (if you are applying as an individual) or the same of your organization?

[2a. What is your full address? (We will use this to write to you about the outcome of your application.) Please provide the full, correct zip code, as we need it to process your application. Please also give the area code for your phone number.

_____ Zip Code _____

Phone number:
Area code _____ Main number _____

2b Please give any other contact details.

Email address _____

Website address _____

Fax number _____

Individuals should now go to question 4.

[These questions must be filled in

] 3. If you are applying on behalf of an organization, please provide the following details for the main contact person.

Name of the main contact person: _____

Position: _____

Full address (if different from question 2a). We will use this address if we need to contact you when we are assessing your application.

_____ Full zipcode _____ - _____

Phone number:

Area code: _____ Main number: _____

Email address: _____

Fax number: _____

[4. Please check one of the lines below to describe your status.

Individual

Corporation

Partnership

Non-profit

Other (please give details below in no more than 10 words.)

[These questions must be filled in

[5 Please say (in no more than 50 words) what you do if you are applying as an individual, or what your organization does. If you are applying as an individual tell us about your artistic practice. If you are applying as an individual, you must include your resume when you send us your application.

[These questions must be filled in

Section B - Individuals

Section B is for individuals only. Organizations should now go to section C.

You do not have to give us the following information but we would be very grateful if you would answer questions 6 and 7. We will use this information to compare success rates of the applications we receive. We will not use this information to assess your application.

6. Ethnicity

N- American Indian/Alaskan Native

A-Asian

B-Black

H-Hispanic

W-White (not Hispanic)

P-Native Hawaiian/Pacific Islander

M-Multi-Racial

7. Do you consider yourself to be disabled?

Yes

No

[These questions must be filled in

Section C – organizations

Section C is for organizations only. Individuals should now go to section D.

In this section, you must fill in questions 8, 10 and 11.

[8. Please check the category that most closely describes your organization.

- Arts organization-amateur or voluntary
- Arts organization-professional
- Community or voluntary organization
- Educational establishment
- Youth Group
- Other (Please describe your type of organization in no more than 10 words.)

9. What year was your organization formed?

Year:

[10. What was your organization's income in the last full financial year?

_____ \$ _____ Actual

If you are a new organization, please estimate your income for first year.

_____ \$ _____ Estimate

[11. At the time of applying, how many members does your management committee, board, governing body or council have?

Total number _____

(Question 12 continues on page 6.)

[These questions must be filled in

Please give the number of members on your management committee, board, governing body or council who are from the following groups. We will not use this information to assess your application. **Give numbers for each group on the lines below.**

12. Ethnicity	Number
N- American Indian/Alaskan Native	_____
A- Asian	_____
B- Black	_____
H- Hispanic	_____
W- White (not Hispanic)	_____
P- Native Hawaiian/Pacific Islander	_____
M- Multi-Racial	_____

Please give the number of members on your management committee, board, governing body or council who consider them selves to be disabled.
Number _____

Section D – the activity you are applying to do

All questions in section D relate to the activity you are asking us to support.

In this section, you must fill in questions 13,14,15,16,17 and 18.

[13. What is the name of the activity you are applying to do?
(Please give the name or working title.)

[These questions must be filled in

[14. Which of the following does this activity involve?

If it involves more than one type, please choose no more than three, numbering them 1 to 3 (1 being the most important). We use this and other information in your application to decide who will assess and comment on your application.

- Combined arts (includes carnivals and festivals)
- Dance
- Theatre and Drama (includes street arts)
- Literature
- Music
- Visual arts
- Other (Please give details below in no more than 10 words).

[15. Please give us a description (in no more than 50 words) of the activity you are asking us to support. This helps us to decide who will assess and comment on your application, and also to identify examples of activities we have funded for use in reports and publications.

[These questions must be filled in

[16. When will your activity start and end? Allow enough time for planning and for us to process your application.

You must take account of the time we need to assess your application before your activity starts. The start date for your activity should also include the planning and preparation time you need, for example, If an activity needs marketing, you should include enough time to do this.

Month / Day / Year

Start Date _____

End Date _____

We will not fund any good or services that have been bought or ordered before you receive an offer letter.

[17. How many people do you estimate will benefit from the activity?

Please give an estimate for this activity. If possible, please also estimate how many people benefited from your last 12 months' activity. If none applies, write 'Not applicable' or 'N/A'

'Taking part' means doing the activity. 'Audience' includes people going to an exhibition or performance, and people getting access to work that is printed, recorded, broadcast or on the Internet.

This activity	Number
Artists	_____
Others taking Part	_____
Audience	_____
Total	_____
Last 12 Months' activity	
Artists	_____
Others taking part	_____
Audience	_____

[These questions must be filled in

Total _____

[18. What are the age ranges of the people who will benefit from your activity?

Please check appropriately.

- _____ Children under five
- _____ Children (five to 11)
- _____ Youth (12 to 19)
- _____ Youth Adults (20 to 24)
- _____ Adults (25 to 64)
- _____ Adults (65 and over)
- _____ **All age ranges**

19. Is the activity you are planning directed at, or particularly relevant to, any of the following groups of people?

_____ **N**- American Indian/Alaskan Native

_____ **A**-Asian

_____ **B**-Black

_____ **H**-Hispanic

_____ **W**-White (not Hispanic)

_____ **P**-Native Hawaiian/Pacific Islander

_____ **M**-Multi-Racial

_____ **D**-Disabled People

_____ Any other ethnic group
(Please describe below in no more than 10 words).

[These questions must be filled in

20. Please give details (in no more than 10 words) if your proposed activities have any particular focus that we should know about, for example, 'My work is in a hospital setting' or 'This activity includes working with young offenders'. This helps us to decide who will assess and comment on your application, and also to identify examples of activities we have funded for use in reports and publications.

21. Please give the expected results of your activity. We understand that your activity may change through the planning stages. However, please estimate what could happen because of your activity based on your current plans.

If none applies, write 'Not applicable' or 'N/A'.	Number
Number of performance or exhibition days	_____
Number of new products or commissions	_____
Period of employment for artists (in days)	_____
Number of sessions for education, training or taking part. Taking part means doing the activity (Divide the day into three sessions morning, afternoon and evening. A 'session' is any one of, or part of one of these. For example, a half-day education workshop would be one session.)	_____

Section E- other information

In this section, you must fill in questions 22 and 23.

[22. If you have discussed your activity with staff at our office, please tell us their name (or names), if you know.

[These questions must be filled in

[23. Have you received funding before from us?

_____ Yes
_____ No

Section F- Budget

You must fill in this budget section, particularly 'Total income from other sources', 'Amount you would like from us'. Total income, 'Total expenditure' and 'Balanced budget'.

We strongly advise you to read the budget section of the guidance notes before filling in section F. If you do not fill in his budget section correctly, we cannot assess your application.

This budget should be for the total cost of the activity you are applying to do.

The income and 'expenditure' (costs) for your activity should match. Please use full dollars only and no pennies (for example \$1,100).

Please check your figures carefully.

[These questions must be filled in

INCOME FOR YOUR ACTIVITY

Income from other sources

Earned income	Expected	Confirmed	
_____			\$ _____
_____			\$ _____
		Subtotal 1	\$ _____

Other public funding	Expected	Confirmed	
_____			\$ _____
_____			\$ _____
		Subtotal 2	\$ _____

Private income	Expected	Confirmed	
_____			\$ _____
_____			\$ _____
		Subtotal 3	\$ _____

Support in Kind	Expected	Confirmed	
_____			\$ _____
_____			\$ _____
		Subtotal 4	\$ _____

[**Total income from other sources - add subtotals 1 to 4 (a)** _____

[**Amount you would like from us (b)** _____

[**Total income (a + b)** _____

[These questions must be filled in

Expenditure for your activity

Artistic expenditure

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal 1	\$ _____

Organizational and professional

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal 2	\$ _____

Marketing and audience development

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal 3	\$ _____

Overheads

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal 4	\$ _____

[These questions must be filled in

Section G- Declaration

You must sign & date this form before you send it to us.

By signing this application form, you agree to the following.

- 1 We will use this application form and the other documents you give us, including any personal information, for the following purposes.
 - To decide whether to give you a grant
 - To provide copies to other individual or organizations who are helping us assess and monitor grants. After we reach a decision, we may also tell them the outcome of your application and, if appropriate, why we did not offer you a grant.
 - To hold in our database and use for statistical purposes.
 - If we offer you a grant, we will publish information about you relating to the activity we have funded, including the amount of the grant and the activity it was for. This information may appear in our press release, publications, on our website and any partner organizations who have funded the activity with us.

- 2 You have read and understood our guidance notes McAllen Arts Grants. You accept how we generally plan to treat your application and other related information if someone asks to see it. You accept that the guidance notes does not cover all cases, as we have to consider each request for information based on the situation when we get the request.

___ Please check here if you consider that we should treat your written proposal as confidential information.

___ Please check here if you consider that we should treat your written financial information, such as your budget and any business plan, as confidential information.

___ Please check here if there is any other information in the documents you provide to us that you consider to be confidential information. You must tell us what that information is and give us your reason below or in a separate letter. If you are

[These questions must be filled in

including a separate letter, please write 'Letter included' on the line below.

If we offer you a grant and you have checked any of the lines above, we would generally treat those documents as confidential until your activity ends (this is the date you give us in your application form).

_____ Please check here if you consider that we should treat those documents as confidential after your activity ends. You must tell us what that information is and give us your reasons below or in a separate letter. If you are including a separate letter, please write 'Letter included' on the line below.

- 3** You agree that we can keep you informed of our work and pass your contact details to organizers of arts marketing activities, conferences and training events. You can opt out of these options by ticking the boxes below.

_____ Please check here if you do not want us to keep you informed of our work.

_____ Please check here if you do not want us to pass your contact details to organizers of arts marketing activities, conferences and training events.

[These questions must be filled in

Checklist

We can assess only complete applications. If your applications are not complete, we will not assess it. Before you sign your application and send it to us, please check the following to make sure your application is complete.

_____ Have you filled in all the questions listed at the start of each section and marked with this arrow symbol [and any other questions that are relevant?

_____ Have you filled in the budget section of the application form and checked that your budget balances?

_____ Have you included your written proposal and followed the headings we provide in the guidance notes?

_____ Have you included a resume (if you are applying as an individual)?

Please make sure you keep a copy of your application for your records.

Remember to sign and date this form. Individuals should use page 18 and organizations should use page 19.

[These questions must be filled in

[**Individuals**

I confirm that, as far as I know, the information in this application is true and correct.

Your signature

Name
(Use CAPITAL LETTERS)

Month / Day / Year

Date _____ / _____ / _____

Please send your application to the grants management unit,
McAllen Chamber of Commerce
1200 Ash Ave.
PO Box 790
McAllen TX 78505

[These questions must be filled in

[**Organizations**

I confirm that the organization named on this application has given me the authority to sign this application on their behalf.

I confirm that the activity in the application falls within the powers of the organization's constitution or memorandum and articles of association.

I confirm that, as far as I know, the information in this application is true and correct.

Your signature

Name
(Use CAPITAL LETTERS)

Month / Day / Year

Date _____ / _____ / _____

Please send your application to the grants management unit,
McAllen Chamber of Commerce
1200 Ash Ave
PO Box 790
McAllen TX 78505

[These questions must be filled in

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