Section A1 – Contact Information – Applicant Organization

LCAC GRANT APPLICATION

Organization Name (legal entity):

Charitable Registration BIN: Provincial #

Address: City:

Postal Code: Website:

Mailing Address *(if different than above)*:

City: Postal Code:

PRIMARY CONTACT for this grant:

Name: Position:

Phone #1: Ext. Phone #2: Ext.

Email:

Section A2 – Grant Details

Project Date:

Choose either PROJECT **or** MULTI-YEAR grant below:

PROJECT Grant (1 year) title:

Request Amount: $

MULTI-YEAR Grant Total: $ Please specify the amount/year below:

Year 1 amount: $\_\_\_\_\_\_ Year 2 amount: $\_\_\_\_\_\_

Please describe your plan to reach audiences during this Covid19 epidemic, traditional models are not working so indicate how you will deliver arts and culture activities under these circumstances?

Section A3-Required Information

1. How will residents of Lake Country benefit? (number of local performers, number of local technical staff hired, local economic impact-will you purchase supplies from Lake Country businesses? Local volunteers recruited? Is this a virtual or in person performance? Or other?)

|  |
| --- |
| 1. Mission and Mandate of your organization with a description of your organization include activities you have participated in: |
| 1. Please outline your marketing/promotional plans. Multi-year applicants should provide a brief description of how this will take place over the grant time period. |

|  |
| --- |
| 1. **Detailed Description:**   **For both types of projects: single and multi-year provide the following:**  State the goals and objectives?  How will this activity help achieve the goal?  What will be the impact on our community? Your organization  **PROJECT** (up to 12 months January to December): Provide timelines of how the project will evolve over the granting period.  **MULTI-YEAR** (up to 3 years): Provide timelines of how the project will evolve over the granting period. |

|  |
| --- |
| 1. How will you measure and evaluate the effectiveness and / or impact of this grant?The final report must include information on achievement of the goals, objectives and levels of success ensure you are tracking all the relevant data, ie. Number of participants, partnerships, volunteer numbers and hours, unexpected results and any other details relevant to the project. If using a new deliver model please describe what you have learned from this experience, feedback from participants and whether this has been successful in your personal view. |

**MULTI-YEAR** APPLICANTS

Please use the budget sheet provided for each year you are requesting funding.

N.B. – Successful MULTI-YEAR grant recipients will be required to submit a revised comparative budget each subsequent year of the initial grant award before receiving the next year’s disbursements. You will be required to submit:

* A progress report (the form will be on the LCAC website)
* Fiscal actuals and budgets

|  |
| --- |
| A4- PROJECT Budget Information for single year and multi-year projects |

The rows below are allowable expenses, please email if you have an expense which doesn’t fit the categories below.

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT REVENUE:  Sources of Revenue | Assured | Potential | Total |
| GOVERNMENT: (specify) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| FOUNDATION: (specify) |  |  |  |
| ORGANIZATIONS CONTRIBUTION   * Cash |  |  |  |
| * In-kind gifts |  |  |  |
| * Volunteer Services |  |  |  |
| OTHER: (you must specify the other items in this category)  Lake Country Arts Council Grant requested |  |  |  |
|  |  |  |  |
|  |  |  |  |
| In-kind contribution (e.g. volunteer services) |  |  |  |
| **TOTAL:** |  |  | \* |

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT EXPENDITURES: | | Cost | Amount From LCAC |
| Items | Description |
| Wages/benefits |  |  |  |
| Professional Fees, Honoraria |  |  |  |
| Space rental |  |  |  |
| Equipment / Supplies |  |  |  |
| Printing/Photocopying |  |  |  |
| Travel |  |  |  |
| Publicity/ Promotion/ Distribution |  |  |  |
| Production Costs |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **TOTAL:** |  | \* |  |

\*Revenues and Expenditures must match to be considered for a grant.

Section A4 Maximum 12 points

**Revenue**

|  |
| --- |
| **CHECK LIST** – Please ensure the following information / items are included in your application in order for your application to be considered for funding. Applications with missing pieces may be disqualified. |

|  |  |  |
| --- | --- | --- |
| **Email** to info@lcartscouncil.org: |  |  |
| Are all the questions answered-unanswered questions could mean disqualification |  |  |
| Support letters (partner agencies, participants) | Attached |  |
| Supporting documents should be submitted electronically | Completed |  |
| **Double Check:** |  |  |
| PROJECT Grants – Detailed Budget (pg. 5) include all funding sources. | Completed |  |
| MULTI-YEAR Grants – Comparative budget (pg. 5 one for each year) ie if it is a two year program we will want a budget sheet for each year. | Completed |  |
| Grant Application please submit electronically to info@lcartscouncil.org | Attached |  |

Scoring Sheet: Highest Possible Score = 75 points