

**Grant Application**

**Application Opens: Jan. 31, 2025**

**Application Deadline: Feb. 28, 2025**

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PO BOX 163

Bedford TX 76095

**APPLICATION FOR PERFORMING ARTS OR VISUAL ARTS ORGANIZATIONS**

**Instructions and Information for completing the application process:**

* Applications are open Jan. 31 - Feb. 28, 2025 at [https://www.arts-dfw.org](https://www.artsdfw.org)
* Application deadline Feb.28 RECEIVED no later than 5:00 P.M, online or by U.S. mail.
* Applications may be emailed: jwebster77@sbcglobal.net
* Applications may be mailed: Arts DFW P.O. Box 163 Bedford, TX 76095
* Applications must be typed or clearly printed.
* Applications must be completed in entirety with no omissions.
* Late applications will not be considered.
* Applications outside the organization jurisdiction regretfully cannot be considered.
* Cities included: Hurst, Euless, Bedford, Richland Hills, North Richland Hills, Haltom City, Watauga.
* Only one application each donation year per artist or organization will be considered.
* Grant applicants may be contacted by phone and/or email by a member of the ArtsDFW grants committee.
* Grant application organizations/businesses may be visited by a member of the ArtsDFW grants committee.
* **Grant recipients must agree to prominently display the ArtsDFW logo in their printed programming, website, visual media, signage, verbal announcements and in any other form to acknowledge that a grant was received from ArtsDFW by the organization.**
* **Grant recipients are expected to provide volunteers for the annual fund-raising event hosted by ArtsDFW. This will be communicated 60 days in advance to the organization leader by an ArtsDFW board member.**

**APPLICATION**

Date of Submission \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION NAME Date Founded

Tax ID Number Web Address/URL

CONTACT INFORMATION:

Name and Title (Director, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt or Suite

City State Zip

Phone Cell phone Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (If Different)

Street/PO Box Apt or Suite

City State Zip

A picture containing text, clock, clipart

Description automatically generated

**PROJECT PROPOSAL**

Briefly state the organization’s mission, purpose, and history. (Max 200 words)

Describe the project for which you are requesting a grant. (Max 200 words)

What is the length of time requested for support of the project?

Start Date: (00/00/20--) End Date: (00/00/20--)



**OUTREACH**

Does your project have a target demographic? Yes No If so, indicate which ones with a check mark

Children Teen Adults (18+)  Seniors (65+) Economically Disadvantaged

Is this a Single Community Event? If so, name the event and indicate the audience you hope to reach.

**Expected number of people served directly by this proposed project:**

How many Children? Teens Adults Seniors (65+)

Special Population (Yes or No?) Which Populations will be served?

How many artists will conduct the project: How many artists will be served by the project?

**Race/Ethnicity** – What is the approximate (%) breakout of persons to be served in the project?

\_\_\_\_\_\_\_Native American (Recognized Tribes and Alaskan Natives) \_\_\_\_\_\_Asian and Pacific Islanders

\_\_\_\_\_\_\_ Black/African-American (Not Hispanic) \_\_\_\_\_\_ White/Caucasian(Not Hispanic)

\_\_\_\_\_\_ Hispanic \_\_\_\_\_\_ Multi-Racial

**Give an overview of current educational and outreach programs of the organization. (Max 200 words)**

**List upcoming calendar events related to this request.**

A picture containing text, clock, clipart

Description automatically generated

**ORGANIZATIONAL LEADERSHIP**

**Include a brief biography of the director, conductor, or artist leading the organization/project. (Max 200 words)**

**Include a brief biography of other administrative leadership of the organization, if applicable. (Max 200 words)**

A picture containing text, clock, clipart

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**PROJECT COSTS, REVENUE, and REQUESTED GRANT AMOUNT**

What is the total cost of the proposed project? $

What is the anticipated total revenue/income from the proposed project? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much funding has been requested and/or received from other sources for the proposed project?

$ \_\_\_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Received? Yes/No/Pending \_\_\_\_\_\_\_\_\_\_\_\_

**Amount your organization is requesting from Arts DFW for the proposed project:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATIVE MEASURES**

List measurable goals of the proposed project. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the intended impact of the proposed project on the community, the participants, and/or the artists?

How will you measure success of the project?

**Thank you for your interest. Please submit your application:**

PO Box 163, Bedford, TX 76095 or email jwebster77@sbcglobal.net

Dr. Jolene Webster, President Arts DFW/Grants Chair

More information: <https://arts-dfw.org>