MASSACHUSETTS CULTURAL COUNCIL

LCC GRANT APPLICATION

APPLICATION MUST BE TYPED.

- Please type into the form, print, sign and mail it to the appropriate Local Cultural Council. E-mailed applications will not be accepted.

- Before completing this form be sure to check the guidelines of the LCC to which you are applying at www.mass-culture.org/lcc_public.asp.

This application is being submitted to the _____ LCC.

APPLICANT INFORMATION

_____
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

PROJECT INFORMATION

Project Title _____   Amount Requested from this LCC $_____

Project Start/End Dates _____   Approximate Number of People Served _____

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. Your answer in the space below may not exceed 750 characters.

2. Describe the planning process for this project. What individuals and organizations have been involved as partners and/or advisors? How would partial funding impact this project? Your answer in the space below may not exceed 500 characters.

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. Your answer in the space below may not exceed 500 characters.

4. Describe your plans for promoting this project to your target audience and your community. Include information on planned outreach and publicity activities. Your answer in the space below may not exceed 500 characters.

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. Your answer may not exceed 500 characters.

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 $_____
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 $_____
F. Capital Expenditures $_____

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

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

PROJECT INCOME

A. Earned Income $_____
B. Non-Government
   1. Corporate/Business $_____
   2. Clubs and Organizations $_____
   3. Other_____ $_____
   TOTAL Section B $_____
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 $_____
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) $_____

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 CULTURAL COUNCIL USE ONLY   **SUBMITTED BY DEADLINE?** ☐ Yes ☐ No

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