Please mail or hand-deliver all application materials to:

Maureen McGuigan, Deputy Director of Arts & Culture 300 Cliff Street

Scranton, Pennsylvania 18503

Email: mcguiganm@lackawannacounty.org

Telephone: 570-963-6590 x 102

- Must be Received or Delivered by October 15, 2010 at 4:00 pm:
- Please type, and do not staple.
- Must include work sample.

Name of Project Coordinator (typed or printed)

A. Applicant Information

| Aı          | rtist, Arts Organization or Organization (typed or p   | rinted)                  | Date                   |
|-------------|--|--------------------------|------------------------|
| Application | on Submitted By:   |                          |                        |
| describe    | that the above information is correct. The fund<br>of in this application, and the applicant will con<br>grant and acknowledges that the failure to do | mply in all aspects with | the program guidelines |
| B. Certi    | fication Statement   |                          |                        |
| 2011 LA     | ACKAWANNA COUNTY ARTS AND CULTU  | RE GRANT APPLICAT        | TON.                   |
| A13         | Federal Congressional District Number  |                          |                        |
| A12         | PA House District Number   |                          |                        |
| A11         | PA Senate District Number  |                          |                        |
| A10         | E-mail Address   |                          |                        |
| <b>A9</b>   | Fax Number   |                          |                        |
| <b>A8</b>   | Phone Number (day and evening)   |                          |                        |
| <b>A7</b>   | Contact Title  |                          |                        |
| A6          | Contact Name   |                          |                        |
| <b>A5</b>   | County   |                          |                        |
| <b>A4</b>   | City, State, Zip   |                          |                        |
| <b>A3</b>   | Address  |                          |                        |
| <b>A2</b>   | Applicant Name   |                          |                        |
| <b>A</b> 1  | Federal ID or Social Security No. of payee   |                          |                        |
|             |  |                          |                        |

Signature Title (typed or printed)

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#### C. Project Information

D6

| C1        | Have you previously received an arts & o | cultural grant? | Yes | _No |
|-----------|--|-----------------|-----|-----|
| C2        | If yes, for how many years?              |                 |     |     |
| C3        | Project Activity Type                    |                 |     |     |
| C4        | Project Manager Name                     |                 |     |     |
| C5        | Project Manager Title                    |                 |     |     |
| C6        | Project Start Date                       |                 |     |     |
| <b>C7</b> | Project End Date                         |                 |     |     |
| C8        | Arts & Cultural Grant Request Amount     |                 |     |     |
| C9        | Project Description (20-40 words)        |                 |     |     |

#### 

**Total In-Kind Contributions** 

(add lines D1-D5)

|         | II inc<br>Do r<br>E1<br>E2<br>E3<br>E4<br>E5<br>E6<br>E7<br>E8 | Corporate/Business Support   | Check If Secured                            | Amount  \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ |                     |
|---------|--|--|---|---|---------------------|
|         | E15  | Subtotal matching income (add  | l lines E1-E14)                             |   | \$                  |
|         | for<br>mu  | ganizations that have received 1 ye<br>a 25% cash or secured pledge mat<br>ust show a 1:1 cash or secured mate<br>Arts & Cultural Grant request an | ch. Recipients of 2 cch of requested fund   | or more years   | \$                  |
|         |  | Total Project Income (E15 + E16  |   |   | \$                  |
|         | • If t   | the total project exceeds maximum escribe entire project, and then descributed grant will be specifically used                                     | grant amount of \$3,0 be the costs the Arts |   | Ψ                   |
|         | -  | Expenses   |   |   |                     |
| List al |  | enses for this project. Do not inc<br>Artist Salary / Fees   | clude in-kind.                              | Amount \$   |                     |
|         |  | Outside Artists Salary/ Fees   |   | \$  |                     |
|         | F3   | Administrative Salary / Fees   |   | \$  |                     |
|         | F4   | Tech Salary / Fees   |   | \$  |                     |
|         | F5   | Outside Tech Salary / Fees   |   | \$  |                     |
|         | F6   | Supplies   |   | \$  |                     |
|         | F7<br>F8   | Postage<br>Printing  |   | \$<br>\$  |                     |
|         | F9   | Space Rental   |   | \$  |                     |
|         |  | Travel   |   | \$  |                     |
|         | F11  | Advertising  |   | \$  |                     |
|         |  | Equipment Rental   |   | \$  |                     |
|         |  | Insurance  |   | \$  |                     |
|         | F14  | Other (please specify)   |   | \$  |                     |
|         | F15  | Total project expenses (add line   | es F1 – F14)                                |   | \$                  |
|         |  |  | •   | 00  | Total expenses must |

equal total project income

#### G. Narrative Information.

Please retype all questions and provide answers on a separate sheet. (MAXIMUM OF 3 SHEETS PER ANSWER @ 12 POINT TYPE)

- 1. Describe the project. (Include information on where and when the project will be held.)
- 2. Identify who will benefit from this project (target audience) and how they will benefit.
- 3. Who is the **Project Director/Coordinator** and what is his/her specific role? Attach resume.
- 4. How will you promote your project? Be specific as to outlets and audience reach.
- 5. Describe any plans you have to reach underserved and diverse audiences.
- 6. List previous projects this organization/individual has presented (if applicable).
- 7. Additional artist(s) who will be involved with the project. Attach resume(s). What will the role of the artist(s) be?
- A. Identify any community partners who will be involved with the project.
- $\cancel{A}9$ . What will the role of the partner(s) be?
- 10. How will you accommodate people with disabilities?
- 11. How will you evaluate the success of the project?

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#### **APPLICATION CHECKLIST**

Applications must be received by Friday, October 15, 2011. To insure the proper recording of application materials, <u>all must be received at one time</u>.

| Mandato | ory Submissions:  |
|---------|---|
|         | Two (2) copies of the Application, one with original signature.   |
|         | Two (2) copies of the appropriate Project Budget.   |
|         | Two (2) copies of the resume of the staff member/volunteer/artist designated as the project coordinator.  |
|         | Two (2) copies of the resumes of each additional artist/person involved with the project .  |
|         | Two (2) copies of at least one letter of support but no more than three.  |
|         | One copy of a work sample, i.e. Discs/Slides, DVDs, CD's .  |
| ADDITIC | ONAL SUPPORT SUBMISSIONS:   |
|         | Promotional/publicity materials describing past or present projects. Please   |
|         | do not submit originals or only copies. The County is not responsible for   |
|         | materials. As a courtesy, the County will hold materials until February 1, 2011.  You may pick up materials at the Electric City Trolley Museum between |
|         | 9:00 a.m 4:00 p.m. from January 2, 2011 - February 1, 2011 or include a   |
|         | SASE for return of materials  |

To guarantee that materials are received on time,
we ask you to either hand deliver to the Lackawanna County Arts and
Culture Department or send application and support materials by certified
mail with return receipt.

NO STAPLES OR BINDERS, please. Paper clips may be used.

1. Describe the project. (Include information on where and when the project will be held.)

2. Identify who will benefit from this project (target audience) and how they will benefit.

3. Who is the **Project Director/Coordinator** and what is his/her specific role? Attach resume.

4. How will you promote your project? Be specific as to outlets and audience reach.

5. Describe any plans you have to reach underserved and diverse audiences.

6. List previous projects this organization/individual has presented (if applicable).

7. Identify any artist(s) who will be involved with the project Attach resume(s). What will the role of the artist(s) be?

| 8. | Identify any community partners who will be involved with the project. |  |
|----|--|--|
|    |  |  |

9. What will the role of the parners(s) be?

10. How will you accommodate people with disabilities?

11. How will you evaluate the success of the project?

Additional information page 1.

Additional information page 2.

Additional information page 3.

Additional information page 4.