

**LACKAWANNA COUNTY COUNCIL ON THE ARTS  
ARTS AND CULTURAL GRANTS**

**APPLICATION CHECKLIST**

**Applications must be received by October 11, 2007. To insure the proper recording of application materials, all must be received at one time. There will be no exceptions to this procedure.**

**PLEASE NOTE: You will receive a phone call from the panelist assigned to review your application. *This is a critically important aspect of the process since the information you provide will be reported to the entire panel the day of the application reviews.* If you or the specified project coordinator is not available at the time of the initial contact, *it will be your responsibility to return the call.***

**MANDATORY SUBMISSIONS:**

- Two (2) copies of the Application, one with original signature**  
*In order for the application to be valid, it must be typed, or filled out online and printed for receipt by the Lackawanna County Council on the Arts by October 11, 2007 at 4:00 pm.*
- 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 artist/person involved with the project**
- One copy of a work sample, i.e. slides, DVD's or CD's**
- Two (2) copies of the resume or official description/mission of the community partner(s)**
- Two (2) copies of letters of support for the project (*Minimum-2; Maximum-3*)**  
**One letter must be from the confirmed venue; the others from community partners involved.**  
**Please do not include letters of support from people directly involved in the project (i.e. staff members, volunteers, artists, or financial backers).**
- NO STAPLES OR BINDERS, please. Paper clips may be used.**

To complete applications online:

- Go to [www.lackawannacounty.org](http://www.lackawannacounty.org).**
- Complete the application online.**
- Print the completed application.**
- Add attachments and mandatory submissions.**
- Mail or hand deliver the completed application and mandatory submissions (including signed original certification statement) to Regina Peters, 200 Adams Avenue, Scranton, PA 18503.**

**Application and all mandatory submissions must be received by 4:00 pm on October 11, 2007.**

**LACKAWANNA COUNTY COUNCIL ON THE ARTS  
ARTS AND CULTURAL GRANTS**

**APPLICATION CHECKLIST CONTINUED**

**WORK SAMPLE SUBMISSIONS:**

- 2 copies of any supplementary material that can be copied should be included with each of the copies of the application. ( not to include slides, CD's, DVD's, etc.)**
  
- Any promotional/publicity materials describing past or present projects. Support materials will not be returned but may be picked up at the Lackawanna County Council on the Arts from 9:00 A.M. - 4:00 P.M. after December 20, 2007.**

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

**Please mail or hand deliver all application materials to:**

**Regina M. Peters, Executive Director  
Lackawanna County Council on the Arts  
Courthouse Administration Building  
200 Adams Avenue, 6th floor  
Scranton, Pennsylvania 18503  
Email: [petersrm@lackawannacounty.org](mailto:petersrm@lackawannacounty.org)  
Telephone: 570-963-6800**

**LACKAWANNA COUNTY COUNCIL ON THE ARTS  
ARTS AND CULTURAL GRANTS**

- **Must be Received or Delivered by October 11, 2007 at 4:00 pm.**
- **Please type, and do not staple.**
- **Must include work sample.**

**A. Applicant Information**

<b>A1</b>	Federal ID or Social Security No. of payee	<input type="text"/>
<b>A2</b>	Applicant Name	<input type="text"/>
<b>A3</b>	Address	<input type="text"/>
<b>A4</b>	City, State, Zip	<input type="text"/>
<b>A5</b>	County	<input type="text"/>
<b>A6</b>	Contact Name	<input type="text"/>
<b>A7</b>	Contact Title	<input type="text"/>
<b>A8</b>	Phone Number (day and evening)	<input type="text"/>
<b>A9</b>	Fax Number	<input type="text"/>
<b>A10</b>	E-mail Address	<input type="text"/>
<b>A11</b>	PA Senate District Number	<input type="text"/>
<b>A12</b>	PA House District Number	<input type="text"/>
<b>A13</b>	Federal Congressional District Number	<input type="text"/>

**LACKAWANNA COUNTY COUNCIL ON THE ARTS  
ARTS AND CULTURAL GRANTS**

**B. Certification Statement**

I certify that the above information is correct. The funds, if granted, will be used only for the purpose described in this application, and the applicant will comply in all aspects with the program guidelines for this grant and acknowledges that the failure to do so may require the repayment of all grant funds.

Application Submitted By:

\_\_\_\_\_  
Artist, Arts Organization or Organization (typed or printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Project Coordinator (typed or printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (typed or printed)

**LACKAWANNA COUNTY COUNCIL ON THE ARTS  
ARTS AND CULTURAL GRANTS**

**Applicant Name:** \_\_\_\_\_

**C. Project Information**

- C1 Have you previously received LCCA funding?  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 \_\_\_\_\_
- C7 Project End Date \_\_\_\_\_
- C8 LCCA Request Amount \$ \_\_\_\_\_
  
- C9 Project Description (20-40 words)

**D. In-Kind (non-cash) Contributions**

**Amount (Value)**

- D1 \_\_\_\_\_ \$ \_\_\_\_\_
- D2 \_\_\_\_\_ \$ \_\_\_\_\_
- D3 \_\_\_\_\_ \$ \_\_\_\_\_
- D4 \_\_\_\_\_ \$ \_\_\_\_\_
- D5 \_\_\_\_\_ \$ \_\_\_\_\_
  
- D6 Total In-Kind Contributions** \$ \_\_\_\_\_  
**(add lines D1-D5)**

**LACKAWANNA COUNTY ARTS COUNCIL  
ARTS AND CULTURAL GRANTS**

**E. Project Income**

List all income for this project. Do not include in-kind.

Check if Secured

Amount

<b>E1</b>	Admission Fees	<input type="checkbox"/>	\$ <input type="text"/>
<b>E2</b>	Memberships	<input type="checkbox"/>	\$ <input type="text"/>
<b>E3</b>	Workshop Fees	<input type="checkbox"/>	\$ <input type="text"/>
<b>E4</b>	Sales/Concessions	<input type="checkbox"/>	\$ <input type="text"/>
<b>E5</b>	Fundraising	<input type="checkbox"/>	\$ <input type="text"/>
<b>E6</b>	Host Organization	<input type="checkbox"/>	\$ <input type="text"/>
<b>E7</b>	Individual Support	<input type="checkbox"/>	\$ <input type="text"/>
<b>E8</b>	Foundation Support	<input type="checkbox"/>	\$ <input type="text"/>
<b>E9</b>	Corporate Support	<input type="checkbox"/>	\$ <input type="text"/>
<b>E10</b>	Business Support	<input type="checkbox"/>	\$ <input type="text"/>
<b>E11</b>	Federal Support	<input type="checkbox"/>	\$ <input type="text"/>
<b>E12</b>	State Government Support	<input type="checkbox"/>	\$ <input type="text"/>
<b>E13</b>	Municipal Support	<input type="checkbox"/>	\$ <input type="text"/>
<b>E14</b>	Other (please specify)	<input type="checkbox"/>	\$ <input type="text"/>
<b>E15</b>	<b>Subtotal matching income (add lines E1-E14)</b>	<input type="checkbox"/>	\$ <input type="text"/>

- Organizations that have received 1 year of funds will be responsible for a 25% cash or secured pledge match. Recipients of 2 or more years must show a 1:1 cash or secured match of requested funds.

<b>E16</b>	<b>LCCA request amount</b>		\$ <input type="text"/>
<b>E17</b>	<b>Total Project Income (E15 + E16)</b>		\$ <input type="text"/>

- If the total project exceeds maximum grant amount (\$2,000 for individual artists or \$3,000 for arts organization or group conducting arts activities) *describe entire project, and then describe the costs the LCCA grant will be specifically used to defray.*

**F. Project Expenses**

List all expenses for this project. Do not include in-kind.

Amount

<b>F1</b>	Artist Salary / Fees	\$ <input type="text"/>
<b>F2</b>	Outside Artists Salary/ Fees	\$ <input type="text"/>
<b>F3</b>	Administrative Salary / Fees	\$ <input type="text"/>
<b>F4</b>	Tech Salary / Fees	\$ <input type="text"/>
<b>F5</b>	Outside Tech Salary / Fees	\$ <input type="text"/>
<b>F6</b>	Supplies	\$ <input type="text"/>
<b>F7</b>	Postage	\$ <input type="text"/>
<b>F8</b>	Printing	\$ <input type="text"/>
<b>F9</b>	Space Rental	\$ <input type="text"/>
<b>F10</b>	Travel	\$ <input type="text"/>
<b>F11</b>	Advertising	\$ <input type="text"/>
<b>F12</b>	Equipment Rental	\$ <input type="text"/>
<b>F13</b>	Insurance	\$ <input type="text"/>
<b>F14</b>	Other (please specify)	\$ <input type="text"/>
<b>F15</b>	<b>Total project expenses (add lines F1 - F14)</b>	\$ <input type="text"/>

Total expenses must equal total project income

**LACKWANNA COUNTY COUNCIL ON THE ARTS  
ARTS AND CULTURAL GRANTS**

**Applicant Name:**

---

**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. Identify any artist(s) who will be involved with the project (if applicable). Attach resume(s). What will the role of the artist(s) be?
8. Identify any community partners who will be involved with the project. What will the role of the partner(s) be? **Attach partner's resume(s), organizations' mission statements and/ or venue descriptions.**
9. How will you accommodate people with disabilities?
10. How will you evaluate the success of the project?