SUN FOUNDATION

For Advancement in the Environmental Sciences & Arts

1276 Sun Road Washburn, IL 61570

Community ARTS Access Grant Application

Year 2016

Grants for Marshall, Woodford, Stark & Bureau Counties for artists, writers, arts & community organizations & schools.

Grant Deadline: NOON November 4, 2015

309-246-8403 e-mail: info@sunfoundation.org

Please pass on to interested parties

Made possible in part by a grant from the Illinois Arts Council, a state agency, and matching Sun Foundation contributors: Meta Tec, Inc., Hallmark Metamora Fixtures, First National Bank of Lacon, State Bank of Toulon, and State Bank of Cherry

Made possible in part by a grant from the Illinois Arts Council, an agency of the state & Sun Foundation contributors

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309-246-8403 FAX 309-246-3480 www.sunfoundation.org email: info@sunfoundation.org

2016 Community Arts Access Grant Application Guidelines & Criteria

Enclosed you will find a grant application for the **Sun Foundation 2016 Community Arts Access** granting program. We invite you to submit an application for granting funds for arts programming. The Application may be duplicated for other prospective applicants or multiple applications and schools. Additional copies can be downloaded from the Sun Foundation website. **Grant application deadline: NOON, November 4, 2015**. Non-profit groups and organizations and individual artists with public projects in Marshall, Bureau, Woodford and Stark counties are eligible for grants up to $1,000. The county road to the Foundation Center is 1 mile South of the Marshall State Fish & Wildlife Area and 3/4 miles North of the RR crossing. For grant application assistance contact: **TEL: 309-246-8403 FAX: 309-246-3480 e-mail: info@sunfoundation.org**

Please observe these guidelines in completing your grant application:

Sun Foundation Community Arts Access funds can be used for artist's fees, art supplies & artist's transportation and software to be used directly for the program/project.

1. **When making more than one application, prioritize by placing a number, at the top right hand corner of the application.**
2. Use the space provided in the grant application. Please be concise to assist grant readers.
3. Send one copy of support material such as resumes or brochures for each application.
4. SEND original application and 15 COPIES.
5. **Grants must be received by NOON, November 4, 2015.** No application will be accepted past that date.

The Review Committee will use the following review criteria process:

Projects must be for non-profit groups, organizations, schools and individual artists with projects and programs that are presented from: January 1, 2016 to August 31, 2016.

1. Involvement of Illinois artists and/or groups.
2. Community involvement and access.
3. Need for financial support.
4. Ways the grant will strengthen the organization or individual artists project.
5. How will the project impact the community and reach under-represented & under-served populations.
6. Quality of the project.
7. Project goals.
8. 25% cash match.
9. In-kind, non-cash contributions.
10. Publicity - visibility of the project.
11. Foster cultural development of under-represented populations within your service area.
12. Documentation of the scheduled project; film, video and printed materials.

Grant cannot be used for artistic programs or functions where artists are not the primary focus.
Grants cannot be used to support fundraising projects, benefits, receptions or other social functions.
Grant funds will not be awarded for capital expenditures, permanent equipment, funding for out of state touring, scholarships or deficit funding. All projects must have a public community service emphasis to be funded.

Grant Review: A **1** to **5** point system is applied to each grant, 5 being the highest point rating.

If applications exceed available funds, grants with the highest rating and priority number will receive funding.

Grant Applicants will be notified by December 1st, 2015.

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for Advancement in the Environmental
Sciences & Arts
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Sun Foundation • Illinois Arts Council

COMMUNITY ARTS ACCESS APPLICATION:

Grant Application For Arts Programming Between January 1, 2016 and August 31, 2016

When submitting more than one grant, indicate Application Priority

_____

Please fill out this application form in full. Use only the space provided. • Submit 15 copies total.
Do Not Attach extra sheets unless specified. Mail to Sun Foundation • Grant Deadline: NOON, November 4, 2015

APPLICANT/ORGANIZATION NAME ADDRESS CITY STATE ZIP

COUNTY PHONE (office) (home) (email) Legislative District: House Senate Congressional District

STATUS: ☐ Arts Organization ☐ Individual Artist ☐ K - 12 School ☐ Social Service ☐ Library ☐ Park District Other _____

PROJECT DISCIPLINE: ☐ Arts in Education ☐ Dance ☐ Ethnic &/or Folk ☐ Literatur ☐ Media Arts ☐ Multi Discipline ☐ Music ☐ Theater ☐ Visual Arts

Date(s) of Program or Project New Applicant ☐ Yes ☐ No Total Cost of Project: $_____

ORGANIZATION APPLYING FOR GRANT (if different from above) _____ CONTACT PERSON _____ POSITION _____

Has this specific project been funded by a Sun Foundation grant before? ☐ NO ☐ YES DATE/YEAR _____ GRANT # _____

I. PROGRAM/PROJECT DESCRIPTION

A. Title

B. Purpose (use additional sheet if necessary) • Artists fees are a top priority •

C. Summary

D. Who will be participating in and benefitting from this program? (eg., students, seniors, artists) **Number of people benefiting from this program.**

E. How does this qualify as an arts project?

F. Number of artists/performers involved in the project?

G. Artists resume' attached or included with another application? ☐ Yes, attached. ☐ Included in another grant application.

F. Number of Volunteers

G. Population served by this project.

% Underserved % Rural % over 65 % Incarcerated % Physically challenged % Hispanic % Black % Asian % Under 18 % Native American

II. CARRYING OUT THE PROGRAM

A. Project Schedule: Beginning and Ending Dates, time and location, contact phone number & email

B. Justify financial need and tell how the funds used by your organization will benefit this project.

C. How the impact of the program be evaluated and by whom.

III. PUBLICITY AND COMMUNITY BENEFITS

A. Describe the benefits and impact to the community,.

B. Will your Program/Project serve under-represented & underserved populations of your service area. If so, please identify them.

C. How will the program be documented and publicized.

How will Sun Foundation & Illinois Arts Council support be acknowledged if you receive a grant? The following line must be included in all publicity materials and publications associated with a funded project or event: "This program is partially funded by the Sun Foundation for Advancement in the Environmental Sciences and Arts and The Illinois Arts Council, a state agency."

D. If you received a grant last year, indicate how you gave credit to Sun Foundation and the Illinois Arts Council, a state agency. Please attach examples.

IV. USE OF GRANT

A. 25% of or your total cash project budget must be matched with organizational funds. Please specify your sources for the cash match.

B. Describe you organization or if you are an artist, how you share your work with your community.

V. BUDGET - ANTICIPATED

CATEGORY	SF GRANT REQUEST	APPLICANT CASH MATCH Applies to all categories	IN-KIND/DONATIONS Applies to all categories	TOTAL
Staff/Administration Non/artistic coordinators staff & maintenance. Number of days/hours, amount per day/hour.				
Artists Fees Number of days/hours, amount per day/hour				
Artists Travel & Transportation				
Materials/Supplies [itemize]				
Facility & Equipment Rental				
Advertising/Printing				
Phone and Postage				
Revenue/ticket sales/ tuition or fees				
Other				

Total Grant REQUEST	Total Cash MATCH	Total IN-KIND	TOTALEXPENSES
$	$	$	$

25 % of Grant Request must be MATCHED in cash by the Applicant.

I N C O M E List other sources of income and amounts

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Community ARTS Access Grant Program FY 2016

CASH REQUEST FORM

Date Contact Person Phone Fax email

Name of Organization Address County City Zip

Legislative District House Senate Congressional District

Hereby requests the sum of $ _____ Date of program _____

Description of Program:

Number of artists employed _____Number of people benefiting from program. _____ Number of Volunteers. _____

Funds will be used for: [eg. salary: name of person, $ per hour, number of hours, supplies, travel, etc.] Please be specific.

Name and address of office or person to whom check is to be sent:

Name Signature

Address City Zip

Phone Home FAX email

***By my signature I hereby agree to include the following on all publicity material:**

"This program is partially funded by the Sun Foundation and the Illinois Arts Council, a state agency"

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Community ARTS Access Grant Program FY 2016 Evaluation & Final Report

Please return this form three (3) weeks following the completion of your program.

Name of organization _____ Address _____ Area code Phone _____

Program title _____ FAX _____

Program Dates From: _____month/year To: _____month/year e mail _____

1. Program attendance

Number of events _____

Number of participating artists _____

Paid attendance _____

Free attendance # _____

Number of children participating _____

Number in total attendance _____

Is this an annual event? Yes_____ No _____

Type of organization receiving award
(check all that apply)

____ arts organization

____ individual artist

____ K-12 school

____ social service

____ library

____ park district

____ other

(specify) _____

Artistic disciplines of awarded projects
(check all that apply)

____ arts education

____ dance

____ ethnic &/or folk

____ literature

____ media arts

____ multi-disciplinary

____ music

____ theater

____ visual arts

2. Describe what actually occurred, specifically noting any deviations from the original plan. Attach copies of programs, publicity newspaper articles, and acknowledgements of the programs sponsors, Sun Foundation & the Illinois Arts Council, a state agency

3. Indicate problems you encountered and what you did to overcome them.

4. What were your objectives and how well were they met? Tell us one important story about your project. Attach stories written by individuals or group which note the impact of this program on your school or community. (ie. stories from the custodian, who hears all.)

5. What follow-up is planned as a result of this project? Impact on your community.

6. Did you receive other grants? If so, from whom and for how much?

7. Percent of underserved population served by this project: _____ % under-represented _____ % under 18 _____ % over 65_____

%incarcerated _____ % disabled _____ % Hispanic _____ % Black _____ % Asian

_____ _____

Signature Program Director/Coordinator or artist Date

VII. Evaluation of Final Budget Report

ITEM	SF GRANT REQUEST	APPLICANT CASH MATCH	IN-KIND/DONATIONS	TOTAL
Staff/Administration Non/artistic coordinators staff & maintenance. Number of days/hours, amount per day/hour.				
Artists Fees Number of days/hours, amount per day/hour				
Artists Travel & Transportation				
Materials/Supplies [itemize]				
Facility & Equipment Rental				
Advertising/Printing				
Phone and Postage				
Revenue/ticket sales/ tuition or fees				
Other				

Total Grant RECEIVED	Total Cash MATCH	Total IN-KIND	TOTALEXPENSES
$	$	$	$

25 % of Grant Request must be MATCHED in Cash by the Applicant.

I N C O M E List other sources of income and amounts

_____

_____

_____

_____