



Grant Application Worksheet

Contact Information

Name	
Organization	
Address	
City	
State	WI
Zip	
Organization Email	
Contact Person	
	By completing and submitting this application, contact person confirms they are authorized by the applicant.
Evening Phone	
Daytime Phone	
Contact Email	
Status (Select One)	<input type="checkbox"/> 501c3 <input type="checkbox"/> Individual <input type="checkbox"/> Public or Private School <input type="checkbox"/> Non 501(c)3 w/ Fiscal Receiver (list Receiver)
	If successful, all recipients of ArtSeed funds agree the project will comply with all Civil Rights regulations.

Project Information

Project Name

Project Description (500 words or less) *If you are collaborating with partners, please include who they are and describe their roles within your program/project. Please be as specific as possible.*

Project Goals & Objectives (500 words or less) Include two parameters for determining success.

Does your proposed project/program occur primarily within Racine County? Yes or No. If Yes, please identify locations

Estimated Start Date & Estimated Completion Date:

Ongoing Program: Yes or No. If Yes, Please Describe

Target Audience & Expected Reach (500 words or less) Indicate how many people are estimated to be reached and include any relevant comments regarding ethnicity, age, gender, or special populations served.

**What impact will your project have on the community?
(500 words or less)**

Outline any promotional plans you have during the project and/or upon completion. (500 words or less)

Are you applying for funding of the same project that was previously awarded ArtSeed funding? If so, how do you plan to grow and develop the project for which funds are being requested? (500 words or less)

RAC ArtSeed Funds Requested: \$500/\$1,000/\$1,500 (Select One)

How Do You Plan to Use the RAC ArtSeed Funds? (500 words or less)

Budget

			MATCHING FUNDS	
	Briefly Describe Planned Use Of Matching Funds	RAC ArtSeed FUNDS	CASH	IN-KIND
Applicant's/Organization's Personnel:				
Administrative		\$	\$	\$
Artistic		\$	\$	\$
Technical Production		\$	\$	\$
Other		\$	\$	\$
Outside Fees & Services:				
Administrative		\$	\$	\$
Artistic		\$	\$	\$
Technical Production		\$	\$	\$
Other		\$	\$	\$
Space Rental		\$	\$	\$
Travel		\$	\$	\$

Marketing		\$	\$	\$
Remaining Operating Expenses		\$	\$	\$
TOTAL ArtSeed FUNDS REQUESTED		\$		
ArtSeed Total should match the amount selected above				
TOTAL MATCH CASH			\$	
TOTAL IN-KIND CONTRIBUTIONS				\$

Email completed applications to director@racineartscouncil.org using subject: ARTSEED Application 2024