



Springfield City Hall  
225 5<sup>th</sup> St., Springfield, OR 97477

## HERITAGE ARTS GRANT APPLICATION 2020

Heritage Arts Grant applications may be submitted at any time, but are reviewed only twice per year. Please refer to the Springfield Arts Commission website and/or the Heritage Arts Grant guidelines for a grant timeline, including submission deadlines. The application and supplementary materials must be complete and legible for consideration.

### APPLICANT INFORMATION

Name of applicant group: \_\_\_\_\_

Contact first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Title: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

Name to which checks should be issued: \_\_\_\_\_

### BASIC PROJECT INFORMATION

Title of project: \_\_\_\_\_

Brief description of project (25 words max): \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ **Amount requested:** \_\_\_\_\_

If the Commission is not able to fully fund your request, is there a smaller award amount that would still be useful to you?  Yes  No      Minimum amount: \_\_\_\_\_

Check the one arts area that best describes the project for which you are seeking grant funding:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Literature/Writing             | <input type="checkbox"/> Visual                 | <input type="checkbox"/> Theatre           |
| <input type="checkbox"/> Dance                          | <input type="checkbox"/> Architecture/Landscape | <input type="checkbox"/> Multidisciplinary |
| <input type="checkbox"/> Music                          | <input type="checkbox"/> Film/Video             |  |
| <input type="checkbox"/> Other (Please describe): _____ |   |  |



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Will you receive resources from the City of Springfield for this project?  Yes  No

If yes, please explain: \_\_\_\_\_

Were you awarded a Heritage Arts Grant in the past?  Yes  No

If yes, list the most recent year you received an award: \_\_\_\_\_

### **AUDIENCE**

Identify and estimate the number of people expected to participate in and benefit from your project:

Artists (paid): \_\_\_\_\_ Artists (volunteer): \_\_\_\_\_

Audience (paying): \_\_\_\_\_ Audience (free): \_\_\_\_\_

Springfield residents: \_\_\_\_\_ Visitors/tourists: \_\_\_\_\_

Others (describe and quantify): \_\_\_\_\_

TOTAL: \_\_\_\_\_

List any opportunities for Springfield Arts Commissioners to be involved (volunteer, attend, judge, etc.):

\_\_\_\_\_

### **PROJECT DATES & LOCATIONS**

Please list the schedule of key project activity dates and a description. Include set-up, installation and performance dates:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List the locations and addresses involved in public components of the project (e.g., location of displays, workshops, performances, installations, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are your proposed venue(s) ADA Accessible?  Yes  No



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### **APPLICATION QUESTIONS**

In no more than two pages, single-spaced, please answer the following questions. When crafting your responses, please keep the grant goals and review criteria in mind. Please number your responses to the corresponding questions. Responses must be legible for consideration; please consider typing answers.

1. Please provide a summary of your project. Describe the project, when and where it will take place, who/what is being featured, artist(s) involved, final presentation, and any other relevant information. Specify for what part of the project Heritage Arts Grant funds will be used.
2. What is the need your project addresses? What is the impact you expect to see in the community as a result of your project?
3. Describe how your project represents, preserves or celebrates the historic, cultural and/or ethnic diversity of the community and its traditions.
4. Explain how your project will provide access to arts experiences to residents and visitors. Please include a description of your target audience(s).
5. Describe your past experience in administering similar projects where you or your organization has been financially responsible for the outcome.

### **MARKETING & PUBLIC RELATIONS**

Please indicate how the project will be publicized:

- |   |  |
|---|--|
| <input type="checkbox"/> Public service announcements | <input type="checkbox"/> Program           |
| <input type="checkbox"/> Organization newsletter      | <input type="checkbox"/> Newspaper article |
| <input type="checkbox"/> Flyers                       | <input type="checkbox"/> Posters           |
| <input type="checkbox"/> Other: _____                 |  |

### **SIGNATURE: STATEMENT OF NON-DISCRIMINATION & RELEASE OF INFORMATION**

By submitting this application, the applicant certifies that all information provided is true and accurate. The applicant agrees to comply with all applicable entity or individual receiving grant provisions of the Americans with Disabilities Act of 1990. The applicant agrees not to discriminate on the basis of race, creed, religion, color, sex, marital status, political opinion, familial status, national origin, age, gender, mental or physical disability, sexual orientation, military status, gender identify, source of income, or disability status. By signing, the applicant authorizes the City of Springfield and the Springfield Arts Commission to all information provided in this application except applicant contact information and budget information for marketing and publicity efforts, including: distribution to news outlets and social media sites; posts to the City of Springfield and Springfield Arts Commission websites; informational and promotional materials such as signs and brochures displayed and distributed publicly; etc.

\_\_\_\_\_  
Signature of Applicant (*electronic signature accepted*)

\_\_\_\_\_  
Date



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**PROJECT BUDGET**

Provide a budget specific to your community arts project. Use the description section to describe each line item in more detail. Or, you may attach a detailed project budget in place of this worksheet.

<b>PROJECT REVENUE</b>	<b>Description</b>	<b>Cash</b>	<b>In-Kind</b>	<b>Projected / Confirmed?</b>
Ticket Sales:				
Class/Workshop Fees:				
Merchandising/Sales:				
Government:				
Foundation:				
Business/Corporate:				
Applicant Cash:				
Individuals:				
Fundraisers:				
Other:				
Request: <i>Heritage Arts Grant</i>	Maximum request is \$1,500			
<b>TOTAL REVENUE</b>	<i>Please total your in-kind and cash revenue here →</i>			



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<b>PROJECT EXPENSES</b>	<b>Description</b>	<b>Cash</b>	<b>In-Kind</b>
Artist Fees:			
Production Fees:			
Supplies/Materials:			
Lodging/Transport:			
Personnel:			
Professional Services:			
Equipment Rental:			
Space Rental:			
Promotion/Marketing:			
Printing:			
Postage:			
Admin/Overhead:			
Other (Specify):			
<b>TOTAL PROJECT EXPENSES</b>	<i>Please total your in-kind and cash expenses here →</i>		

*Please Note: Total project revenue must equal total project expenses in both cash and in-kind categories.*