



Summer Arts Youth Program Grants

Application

Please review the Summer Arts Youth Program Grant Guidelines located at: <http://sonomacounty.ca.gov/edb/> and prior to completing this application. The guidelines provide detailed eligibility requirements of applicants under which funding may be awarded. Handwritten or incomplete applications will not be reviewed.

Applications may be submitted via email to: Kristen.madsen@sonoma-county.org.

General Applicant Information (please press tab, not enter, from field to field)

Applicant _____

If applicant is using a Fiscal Sponsor:

Fiscal Sponsor's Name _____

Fiscal Sponsor's Federal Tax ID # _____

If using a Fiscal Sponsor, Applicant must include a completed Fiscal Sponsor Form and include the requested attachments (see below).

Contact Person (if different than Applicant) _____

Email Address _____

Mailing Address _____

City, State, Zip _____

Phone Number _____

Web Site Address (if applicable) _____

IRS Tax Exempt Number, if applicable _____

If Applicant is an Organization, organizational budget for the last completed fiscal year:

Amount of Funds Requested (maximum of \$20,000) _____

Project for which funds are being requested _____

2.b. If applicant is an *individual*, briefly describe your background highlighting those qualifications (education, experience) that demonstrate your ability to produce the project. Please also include a resume.
(800 characters max)

3. Please describe the community benefit of your program, including how the project serves diverse populations and/or under-served populations in Sonoma County. Indicate whether your organization's project serves communities in which there are few or no other related arts programs.
(1,300 characters max)

4. Please describe how you will evaluate and measure the results of your program's impact (i.e., post event surveys, observation, etc.)
(550 characters max)

Project Timeline

What are the dates of your project?

Start: _____

Finish: _____

How many hours per day of arts programming will occur? _____

How many hours per week of arts programming will occur? _____

How many total hours of arts programming will occur? _____

How will the County of Sonoma and Creative Sonoma be recognized (e.g., in promotional materials, etc.)
(300 characters max)

Supervisorial District(s) to which funds will be distributed _____

Each Supervisorial Districts from which 20% or more of project participants will be drawn _____

HISTORY OF PROJECT/ORGANIZATION

For organizational applicants: What year was your organization established? (yyyy)

For all applicants:

When was this program established? (m/d/yyyy) _____

What was the overall attendance at the most recent production of this project? _____

What is the anticipated attendance for this year's project? _____

What is the anticipated demographic break-down of attendees as a percentage of total?

Age _____

Gender _____

Ethnicity _____

Geographic region (town, neighborhood, etc.)

Submission

The undersigned declares that s/he has carefully examined the Sonoma County Summer Arts Youth Program Grant Guidelines and agrees that if funds are awarded, to contract with the County to furnish the services as specified, in accordance with this grant application.

Signature

Date

Summer Arts Youth Program Grants 2015-16

Project Budget*

Fill in only categories that apply

INCOME (please press tab, not enter, from field to field)

Cash	Confirmed**	Anticipated***	Total
Grant Request from County Fund (place in "Anticipated")			
Other Grants			
Fees (tuition, etc.)			
Individual Donations			
Corporate Sponsors/Partners			
Fundraising Events/Activities			
Other (please specify and insert a total figure)			
In-Kind**** (please include a description and estimated dollar value of any in-kind contributions)			
Sub-Total			

EXPENSES (what you have budgeted for the project)

Budgeted

Artistic Personnel	
Administrative Personnel	
Materials and Supplies	
Transportation	
Scholarships (to attend your arts project)	
General office (copying, printing, postage, design)	
Other (please list any other items and a total figure)	
Sub-Total	

SURPLUS/SHORTFALL	
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Notes:

*This budget form is for the project for which you are applying, not your organizational budget

**Put dollar figure here if the revenue is already confirmed

***Put the dollar figure here if the revenue is anticipated

****In-kind expenses include donated goods and services