



PO Box 292  
 Denton, MD 21629  
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 ccartsCouncil@verizon.net



\_\_\_\_\_  
APPLICANT NAME

\_\_\_\_\_  
CONTACT PERSON

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
PROJECT NAME

\_\_\_\_\_  
PROJECT DATE(S)

\_\_\_\_\_  
PROJECT LOCATION

\_\_\_\_\_  
PROJECT TIME(S)

\_\_\_\_\_  
DESCRIBE THE PROJECT AND ITS PURPOSE:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What facet(s) of the Arts does this project involve? Please circle all relevant areas:

LITERATURE | POETRY | DRAMA | DANCE | PAINTING | PRINTMAKING

CINEMA | PHOTOGRAPHY | MUSIC | TEXTILE ARTS | FOLK ARTS | DRAWING

SCULPTURE | POTTERY | GRAPHIC ARTS | OTHER (Please Specify): \_\_\_\_\_

How many people will benefit from this project? \_\_\_\_\_ % minority of participants \_\_\_\_\_ %  
 What age groups will benefit? \_\_\_\_\_ Will your project be handicapped accessible? \_\_\_\_\_  
 How many artists will directly benefit? \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

NAME & DATE OF PROJECT \_\_\_\_\_

**PROJECTED INCOME AND EXPENSES FOR THIS PROJECT**  
**(Please do not include in-kind donations in these figures)\***

**Project Specific Expenses:**

**Project Specific Income:**

Artist/Performer Fees	\$ _____	Amount requested of CCCA	\$ _____
Rental of Artist/Performance Equipment	\$ _____	Matching Funds from:	
Artist/Performer Supplies/Materials	\$ _____	Tickets and/or Registration Fees	\$ _____
Artist/Performer Travel/Lodging	\$ _____	Organizational Funds	\$ _____
Artist/Performer Transportation	\$ _____	Cash Contributions	\$ _____
Other Art related expenses	\$ _____	Non-State Grants	\$ _____
<b>Total Art Related Expenses**</b>	<b>\$ _____</b>	Other Income Sources	\$ _____
Maximum allowable CCCA grant (50% of above)	\$ _____	<b>Total Income for Art Related Expenses**</b>	<b>\$ _____</b>

\*In-kind donations are those services which are contributed to your organization, for which you would normally have to pay.

\*\*The total for the expense column must match the total for the income column.

Please list your other art related expenses:

_____	\$ _____	_____	\$ _____
Expense	Amount	Expense	Amount
_____	\$ _____	_____	\$ _____
Expense	Amount	Expense	Amount
_____	\$ _____	_____	\$ _____
Expense	Amount	Expense	Amount

Please list your non-state grants and other income sources:

_____	\$ _____	_____	\$ _____
Source	Amount	Source	Amount
_____	\$ _____	_____	\$ _____
Source	Amount	Source	Amount
_____	\$ _____	_____	\$ _____
Source	Amount	Source	Amount

(Office Use Only)

Application Received:	Grants Committee:	Board Action: Date/Amount:
Organization Notified:	Final Report Received:	Paid: Date/Check Number:

**FINAL REPORT**

APPLICANT NAME \_\_\_\_\_

NAME & DATE OF PROJECT \_\_\_\_\_

**ACTUAL INCOME AND EXPENSES FOR THIS PROJECT  
(CCCA doesn't count in-kind donations\* as income)**

**Project Specific Expenses:**

**Project Specific Income:**

Artist/Performer Fees	\$ _____	Amount requested of CCCA	\$ _____
Rental of Artist/Performance Equipment	\$ _____	Matching Funds from:	
Artist/Performer Supplies/Materials	\$ _____	Tickets and/or Registration Fees	\$ _____
Artist/Performer Travel/Lodging	\$ _____	Organizational Funds	\$ _____
Artist/Performer Transportation	\$ _____	Cash Contributions	\$ _____
Other Art Related Expenses	\$ _____	Non-State Grants	\$ _____
Total Art Related Expenses**	\$ _____	Other Income Sources	\$ _____
Maximum allowable CCCA grant (50% of above)	\$ _____	Total Income for Art Related Expenses**	\$ _____
Total Non-Art Related Expenses	\$ _____	Total Non-Matching Funds	\$ _____
Total Project Expenses**	\$ _____	Total Project Income**	\$ _____

\*In-kind donations are those services which are contributed to your organization, for which you would normally have to pay.

\*\*The total for the expense column must match the total for the income column.

Number of Artists Participated: \_\_\_\_\_ Number Benefited (Audience and Others): \_\_\_\_\_

How much of the total Non-Matching funds above are State Funds? \$ \_\_\_\_\_

If the program involved ticket sales/registration fees, please indicate the amount charged in each category:

Member \$ \_\_\_\_\_, Regular \$ \_\_\_\_\_, Senior \$ \_\_\_\_\_, Student \$ \_\_\_\_\_, Child \$ \_\_\_\_\_, Other \$ \_\_\_\_\_

Please list your other art related expenses:

_____	\$ _____	_____	\$ _____
Expense	Amount	Expense	Amount
_____	\$ _____	_____	\$ _____
Expense	Amount	Expense	Amount
_____	\$ _____	_____	\$ _____
Expense	Amount	Expense	Amount

Please list your non-state grants and other income sources:

_____	\$ _____	_____	\$ _____
Source	Amount	Source	Amount
_____	\$ _____	_____	\$ _____
Source	Amount	Source	Amount
_____	\$ _____	_____	\$ _____
Source	Amount	Source	Amount

This final report is correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

You must submit this final report form within 30 days after completion of your event along with:

1. Proof of payment of the eligible art related expenses. \_\_\_\_\_
2. Copies of promotional literature that acknowledges support by the CCCA. \_\_\_\_\_
3. Letters to the officials listed on the back of the Granting Policy sheet, acknowledging our support. \_\_\_\_\_

**The CCCA reserves the right to withhold payment from grantees that don't comply with the grant requirements.**