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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	\$ _____
Total Art Related Expenses**	\$ _____	Other Income Sources	\$ _____
Maximum allowable CCCA grant (50% of above)	\$ _____	Total Income for Art Related Expenses**	\$ _____

*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.