

Project Grant Application Components

Application Details

Funding Opportunity:

25830-Project 2025-01 (Arts In Education, Dance, Multidisciplinary Arts/Culture, Music, Theater, Visual Arts and Local History)

Funding Opportunity Due Date:

Program Area:

Status:

Stage:

Initial Submit Date:

Initially Submitted By:

Last Submit Date:

Last Submitted By:

Contact Information

Primary Contact Information

Name:

Salutation First Name Middle Name Last Name

Title:

Email*:

Address*:

City State/Province Postal Code/Zip

Phone*:

Phone ###- Ext.
###-####

Organization Information

Name*:

Organization Type*:

Organization Website:

Address*:

City State/Province Postal Code/Zip

Phone*:

###-###-####

Date when organization received 501(c)(3) (mmdyyyy)
federal tax-exempt status (mm/dd/yyyy):

Attachments/Supplemental Materials

Supplemental Materials

Applicant Type*: Repeat applicants are required to submit ONE Letter of Support

Are you a first-time applicant*: First Time Applicants are required to submit TWO Letters of Support

Upload ONE current letter of support (dated within three years of application deadline) from the community at large (highlighting artistic quality/merit, public value, commitment, ability to implement successfully. One required, up to three accepted).

Current Letter of support #1 (Required):

Upload TWO current letters of support (dated within three years of application deadline) from the community at large (highlighting artistic quality/merit, public value, commitment, ability to implement successfully. Two required, up to three accepted).

Current Letter of support #1 (Required):

Current Letter of support #2 (Optional):

Current Letter of support #2 (Required):

Current Letter of support #3 (Optional):

Short bios or resumes of key personnel*:

Logo/Image

Logo or Image (to be used in listing project/program on a website if awarded a grant)*:

Non-profit Organization

Mission statement*:

List of officers/board members and primary staff involved in project*:

Are you a first-time applicant?*

Upload the following (501 (c)(3) nonprofits only):

1. Year-end income/expense statement from immediate past fiscal year* Year-end income/expense statements are ONLY required for first-time applicants.

2. Income/expense statement from current fiscal year*:

IRS federal tax-exempt 501(c)(3) determination for your organization or fiscal receiver*:

Organizations (Using a Fiscal Receiver Only)

Letter of Commitment from Fiscal Receiver*:

Individuals (Using a Fiscal Receiver Only)

Resume or professional biography*:

Letter of Commitment from Fiscal Receiver*:

Project Information

Primary activities must fall within project period described in Funding Opportunity.

Project Start Date*:

Project End Date*:

Select category that best describes project (selection influences which advisory panel reviews application)*:

Date(s) during which community can attend and/or participate in project*:

Specific venue(s) or location(s) where community will attend and/or participate in project*:

Is this a ticketed event?*

If yes, Estimate ticket price(s) per ticket:

If yes, Do you offer free/discounted tickets?:

If yes, BRIEFLY explain free/discounted ticket program.:

Provide a one or two sentence summary that could be used in future press releases to describe your project. (Max. length is 50 words.)

Abstract*:

Estimate Primary Community/Population Served

Age Group(s):

For this project, estimate anticipated audience age groups. Percentages must add up to 100%.

Youth (less than 18)*:

Adult (18 to 30)*:

Adult (31 to 60)*:

Older Adult (60 plus)*:

Find your County Supervisor: <https://dcimapapps.countyofdane.com/supervisors/?page=Who-is-my-Supervisor%3F>

Dane County Supervisory District*:

Indicates the communities your project will serve.

Applicant Type*:

Community/Population Served

Dane County Supervisory District

Estimate Audience Attendance*:

How many:

Tell us about the community/population you hope to serve. What is the average demographic breakdown of past events? (Max. length 50 words)

Community/Population/Demographic Description*:

Fiscal Receiver / Secondary Contact Information

Use this section to enter the contact information for your Fiscal Receiver, if your organization is using one. If you are not, you may use this section to provide information for an additional project contact person, if appropriate.

Fiscal Receiver:

Contact Person:

Title:

Mailing Address:

Phone:

Email:

How did you hear about this opportunity?:

Project Narrative

Project Narrative

Applicant Info/Background

Organizations: Provide your mission statement.

Individuals: Provide your artistic statement.

Applicant Info/Background

Max. of 500 words (approx. 70 - 80 words)

*:

Project Description

Is this a first-time request for this project from Dane Arts?*:

What is the project?

Max. of 300 characters (approx. 50 words)

*:

Why are you creating this project?

Max. of 500 characters (approx. 70-80 words)

*:

Who is involved? What will they do?

Max. of 500 characters (approx. 70 - 80 words)

*:

Describe the intended outcome(s) of your project.

Max. of 500 characters (approx. 70-80 words)

*:

How will you evaluate your intended outcome(s) and the project's overall success?

Max. of 500 characters (approx. 70-80 words)

*:

Explain why your project benefits Dane County and merits tax-payer dollars.

Max. of 750 characters (approx. 100 words)

*:

Is this an annual production, previously funded by Dane Arts? *:

What is the project's new content?

Max. of 250 characters (approx. 30-40 words)

:

Budget

Project Expenses (Cash)

Category	Explanatory Notes (25 char. limit)	Expense Covered by Grant	Cash Expense Amount	Total Expense
Project-Specific Administrative Compensation				
Artistic Honoraria 1				
Artistic Honoraria 2				
Artistic Honoraria 3				
Artistic Honoraria 4				
Artistic Honoraria 5				
Artistic Honoraria 6				
Supplies/Materials 1				
Supplies/Materials 2				
Promotions/Publicity/Printing/Postage 1				
Promotions/Publicity/Printing/Postage 2				
Space/Equipment Rental 1				
Space/Equipment Rental 2				
Transportation 1				
Transportation 2				
Other				
Other				
Other				
Other				

Requested Percentage

Percentage of Expense Covered by Grant:

Project Income (Cash)

Category	Explanatory Notes (25 char. limit)	Status	Amount
Sales			
Admissions/Ticket Sales			
Other Revenues 1			
Other Revenues 2			
	Subtotal		\$0.00
Individual Contributions/Gifts - (List source in notes)			
1			
2			
3			
4			
5			
6			
	Subtotal		\$0.00
Foundation/Corporate Support (List source in notes)			
1			
2			
3			
4			
5			
6			
	Subtotal		\$0.00
Public Grants (List source in notes)			

1
2
3

Subtotal

\$0.00

Other (Specify in Notes)

Other
Other
Other
Other

In-Kind (Non-Cash)

Category	Explanatory Notes (25 char. limit)	Status	Amount
In-Kind 1			
In-Kind 2			
In-Kind 3			
In-Kind 4			

Budget Narrative

Additional explanation of budget figures. Be sure that any explanation of budget figures in this section matches the budget figures included above.

Budget Narrative:

Budget Summary

Total Expense Amount:

Cash Income Amount:

Expense Covered by Grant (Request Amount):

Budget Balance

Expenses minus Income. **This should be \$0.00**

Zero-Based Budget:

In-Kind

In-Kind Amount:

Other Attachments

Other Attachments

Description	File Name	Type	Size	Upload Date
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No files attached.

Authorization/Certification

Fields

Applicant/Authorized Official*:

Title*:

Date Signed*: