



## COMMISSION ON THE ARTS SPECIAL PROJECT GRANT APPLICATION

### PART 1: SUMMARY

#### 1A. ORGANIZATION

Name of Project:

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Name of Organization:

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Address:

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Telephone Number:

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E-mail Address:

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Is the organization incorporated under the Iowa Non-Profit Corporation Act?

Yes

No

Applied for Tax Exempt Status

If yes, please indicate your federal Tax-Exempt Number:

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#### 1B. Primary Contact Person

Name:

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Telephone Number:

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E-mail Address

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#### 1C. Funding Request Summary

Amount Requested:

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What is the purpose of this request?

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Location of Activity:

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Start Date:

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End Date:

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### PART 2: PROJECT DESCRIPTION

Describe the project for which you seek funding. Please also address compliance with the "Criteria for Funding".

Estimate the number of people who will contribute to the activity/operations of your organization. If request is for operational support, indicate the number of persons contributing to the overall operation. Do not enter an individual in more than one category.

Artists:

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Volunteers:

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Full-Time Staff:

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Part-Time Staff:

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TOTAL:

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Estimate the total number of individuals comprising the audience(s):

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Identify the approximate percentages to be served based on the following age groups. (Provide your best estimate.)

	Participants	Audience(s)
Children (0-18 years)	%	%
General Adults (19-54)	%	%
Senior Citizens (55 and over)	%	%
Total for all Performances (Activities)	100%	100%

Estimate admission or fee to attend event(s) per person:

Do you plan to offer free or reduced admission to the event?

Yes

No

If yes, who if your targeted audience for free/reduced admission?



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Will funded program(s)/event(s) take place in locations or facilities that are accessible to people with mobility impairment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, why not?

### PART 3: PROMOTIONS

List or describe how you plan to reach your intended audience. (Be specific)

How will you target audiences who may not be reached by the methods previously indicated?



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### PART 4: SPECIAL PROJECT BUDGET

Revenue (cash only)	Amount
Sponsor's Share	\$
Participant Fees	\$
Ticket Revenue	\$
Contributions	\$
Other sources (identify)	
1.	\$
2.	\$
3.	\$
COTA Special Project Grant Request	\$
<b>Total Revenue</b>	<b>\$</b>

Expenses (categorize below; ex: space rental)	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
<b>Total Expenses</b>	<b>\$</b>

**List donated services and goods (optional):**



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### PART 5: STATEMENT OF ASSURANCES

The applicant hereby agrees that if funds are provided:

- It will conduct its operations in accordance with the requirements of the Iowa Civil Rights Act of 1974 as amended, which bars discrimination against any employee, applicant for employment, or any person participating in any sponsored activity on the basis of race, creed, color, national origin, religion, sex, gender identity, sexual orientation, age, or physical or mental disability; and,
- It will expend funds received as a result of this application solely on the described activities.

The applicant also affirms:

- The figures, facts, and representations made in this application, including all exhibits and attachments, are true and correct to the best of its knowledge; and,
- The filing of this application has been authorized by the governing board of the applying organization.

Please fill in and date this form below.

_____	_____	_____
CHIEF EXECUTIVE OFFICER	TYPE OR PRINT NAME HERE	DATE

Address: \_\_\_\_\_ Phone: \_\_\_\_\_