



**COMMISSION ON THE ARTS**  
**Annual Grant Funding Application Form for FY 2025-26**  
**APPLICATION DEADLINE: OCTOBER 18, 2024**

**PART 1: SUMMARY**

**1A. Organization**

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_  
\_\_\_\_\_

**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:** \_\_\_\_\_

**1B. Primary Contact Person**

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

**Telephone No:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_  
\_\_\_\_\_

**1C. Funding Request Summary**

**Amount Requested:** \_\_\_\_\_

**What is the purpose of this request?**  
(check one only)

\_\_\_\_\_ **Specific Activity**

\_\_\_\_\_ **Operational Support**

**Location of Activity/Operation:**

\_\_\_\_\_

**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_



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**PART 2: PROJECT DESCRIPTION**

**In one brief paragraph (100 words or less), summarize your organization's purpose and general use of COTA funding.**

**Provide a narrative description of the way in which the requested funds will benefit the Ames community and further the arts in Ames. Please describe programs/events planned for the requested year. Who is your targeted audience? Be as specific as possible.**



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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: \_\_\_\_\_  
Volunteers: Full- \_\_\_\_\_  
Time Staff: Part- \_\_\_\_\_  
Time Staff: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

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

Identify the approximate percentages to be served based on the following age groups:

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

Will your organization host at least one event with no cost to participate/attend?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

For events that have an admission fee, will your organization provide discounted or free admission to events?

\_\_\_\_\_ No

\_\_\_\_\_ Yes. If yes, who is your targeted audience for free/reduced admission?

Will funded program(s)/event(s) take place in locations or facilities that are accessible to the disabled?

\_\_\_\_\_ Yes      \_\_\_\_\_ No. If no, why not? \_\_\_\_\_



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**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: 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 list the name of the chief executive officer or president and date this form in the space provided.

\_\_\_\_\_  
Chief Executive Officer                      Date

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

**Please list current officers and terms of office.**

Name	Phone Number	E-Mail	Term (mo/yr-mo/yr)
_____ President/Board Chair	_____	_____	_____
_____ Treasurer	_____	_____	_____
_____ Secretary	_____	_____	_____
_____ Other Officer :	_____	_____	_____
_____ Other Officer :	_____	_____	_____



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**PART 5: BUDGET**

		2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Budget	2025/26 Application
<b>REVENUES</b>	Donations						
	Memberships						
	Program Fees						
	Tickets						
	COTA						
	Other Grants (_____)						
	Other Revenue (_____)						
	<b>TOTAL</b>						
<b>EXPENSES</b>	Salaries and Benefits						
	Honoraria						
	Occupancy/Rent/Utilities/Maint.						
	Marketing						
	Fees & Services						
	Other Expenses (_____)						
	<b>TOTAL</b>						
	<b>Net Cash to (from) Reserves</b>						



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**PART 6: BALANCE SHEET**

		2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual
<b>ASSETS</b>	Cash/Checking/Money Market				
	Savings/Investments				
	Endowments				
	Inventory				
	Other Liquid Assets				
	<i>SUBTOTAL LIQUID</i>				
	Buildings/Real Estate				
	Equipment				
	<i>SUBTOTAL NON-LIQUID</i>				
	<b>TOTAL ASSETS</b>				
<b>LIABILITIES</b>	Depreciation				
	Inventory Cost				
	Other Liabilities				
	<b>TOTAL LIABILITIES</b>				
	<b>Net</b>				



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**PART 7: FINAL STEPS**

Please submit the Grant Application to: [COTA@cityofames.org](mailto:COTA@cityofames.org)

**Schedule a Time for Hearing**

Be sure to schedule a time for a hearing when you submit your grant or call the City Manager's Office at 515-239-5101.

**Award Announcements**

Grant recommendations are made at the January meeting. Attending this meeting is the best way to learn how much the Commission will recommend each organization be awarded. (Recommendations need City Council approval.) An awards list is posted in the entryway of City Hall. The City will also post a list of the awardees on its website on Friday of that week. (<http://www.cityofames.org/COTA>).