

## Application Form

Please review the guidelines for this application. If you need additional assistance in completing the application, then contact the Springfield Area Arts Council (director@springfieldartsco.org or 217-753-3519).

Check here if you are applying to the Springfield Area Arts Council for a *Regional Arts Partner Grant* (previously called *Community Arts Access Grant*) for the first time.

Note: New applicants for FY25 must contact SAAC program staff to discuss the project and determine eligibility to be eligible for funding, unless they have been awarded a grant from the Illinois Arts Council previously.

### Applicant Information

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Name of Applicant Organization

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Year Founded      Year Incorporated      Fiscal Year Beginning and Ending Dates

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Address of Organization (Street or Post Office Box)      City      State      Zip Code

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Phone Number      E-mail Address

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Notification Official Name      Title

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Phone Number      E-mail Address

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Project Director's Name (if different from Notification Official)      Title

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Phone Number      E-mail Address

**Region and Number Benefitting**

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Geographic area to be served [must be defined by county, city, town, village, or township]

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IL House District

IL Senate District

US Congressional District

Estimated number of adults to benefit from this project: \_\_\_\_\_

Estimated number of youth (teens and children) to benefit from this project: \_\_\_\_\_

Estimated number of artists hired specifically identified with this project: \_\_\_\_\_

[Only arts organizations are to answer this one.] Estimated number of individuals benefiting from applicant's *total* public arts programming: \_\_\_\_\_

Have you received any support from Illinois Arts Council Agency (IACA) for FY24?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Is the applicant organization requesting funds from the IACA or other organizations for this same project? Yes \_\_\_\_\_ No \_\_\_\_\_

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If yes, which agencies?

**Summary of Project Budget**

A. Grant Amount Requested (same as #1 on project budget)  
\$

B. Total Anticipated Cash Income (same as #9 on project budget)  
\$

C. Total Anticipated Cash Expenses (same as #16 on project budget) \$

D. Total Anticipated In-Kind Support (same as #17 on project budget)  
\$

