

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

Name of Applicant Organization

Year Founded Year Incorporated Fiscal Year Beginning and Ending Dates

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

Phone Number E-mail Address

Notification Official Name Title

Phone Number E-mail Address

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

Phone Number E-mail Address

Region and Number Benefitting

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

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 (IAC) for FY24?

Yes _____ No _____

Is the applicant organization requesting funds from the IAC or other organizations for this same project? Yes _____ No _____

If yes, which agencies?

Summary of Project Budget

A. Grant Amount Requested \$

B. Total Anticipated Cash Income \$

C. Total Anticipated Cash Expenses \$

D. Total Anticipated In-Kind Support \$

