

## 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 (office@springfieldartsco.org or 217-753-3519).

☐ Check here if you are applying to the Springfield Area Arts Council for a *Regional Arts Partner* Grant for the first time.

Note: New applicants for FY26 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: \_\_\_\_\_

Estimated number of volunteers participating in 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 FY26?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the applicant organization requesting funds from the IAC 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 \$

B. Total Anticipated Cash Income \$

C. Total Anticipated Cash Expenses \$

D. Total Anticipated In-Kind Support \$

**Statement of Assurances**

The applicant organization agrees that all figures, facts, and representations in this application are true and correct to the best of its knowledge and belief. It further agrees that activities and services will be administered under the supervision of the organization, and the funds received will be expended solely on the described project.

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Signature of Authorizing Official	Date
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Name	Title
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