

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 *City Arts* Grant for the first time.

Note: New applicants for FY26 must contact SAAC program staff to discuss the project and determine eligibility or attend a Grant Writing Workshop.

Applicant Information

Name of Applicant Artist

Address of Applicant (Street or Post Office Box)

City

State

Zip Code

Phone Number

E-mail Address

Visual Artist
Discipline (select only one)

Literary Artist

Performing Artist

Is the applicant 21 years or older?

Yes No

Has the applicant resided in Springfield, Illinois for at least one year prior to this application?

Yes No

How many years has the applicant been a practicing artist? _____

Area and Number Benefitting

Address of Project Location

City

State

Zip Code

City Arts Grant FY26

Estimated number of participants to benefit from this project:

Estimated number of audience members to benefit from this project:

Estimated number of artists hired specifically identified with this project:

Total estimated number people to benefit from this project:

Summary of Project Budget

Grant Amount Requested: \$

Have you received any support from other granting organizations for FY26?

Yes No

Is the applicant requesting funds from other organizations for this same project?

Yes No

If yes, which agencies?

Statement of Assurances

The applicant agrees that all figures, facts, and representations in this application are true and correct to the best of their knowledge and belief. They further agree that the funds received will be expended solely on the described project.

Signature of Applicant Artist

Date

Name