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**JOSEPHINE COUNTY CULTURAL COALITION  
GRANT APPLICATION - 2011**

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## APPLICATION INSTRUCTIONS

*Please submit twelve copies, which include:*

1. Application Cover Sheet
  - Answer all questions completely
  - All applications must be typed
  - Do not reference other materials
2. Concise narrative which includes:
  - a. Description of the project.
  - b. Specific objectives and measurable outcomes.
  - c. Plans for accomplishing the outcomes.
  - d. Names and qualifications of the persons staffing the project.
  - e. If a collaborative project, the roles of each partner.
  - f. Description of community involvement.
  - g. How the project will be evaluated.
3. Line Item Budget Form
4. Documentation. The documentation will not be returned. Examples include:
  - Project design and drawings
  - Letters of support or collaboration
  - Evidence of previous work
5. If applicant is a tax-exempt organization, include Employer Tax ID # and basic information about the organization such as mission statement, number of staff employed and volunteers involved.

If you have any questions or need help to complete the grant, please contact Tommi Drake at [tomasina@roguelink.dsl.com](mailto:tomasina@roguelink.dsl.com).

***Applications must be mailed (no faxes or emails accepted) and received by October 10, 2011.***

***Mail to:***

**Josephine County Cultural Coalition  
P.O. Box 1086  
Grants Pass, Oregon 97528**

During the review process, JCCC Board members may contact you for additional information or preform a site visit or personal interview.

When the determination process has been completed, all applicants will be advised of their proposal request. All decisions are final.

# JOSEPHINE COUNTY CULTURAL COALITION

## GRANT APPLICATION COVER SHEET

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Project Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Evening Phone if Questions \_\_\_\_\_

Email of Contact Person \_\_\_\_\_

Name of Project \_\_\_\_\_

Summary of Project \_\_\_\_\_

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Priorities (Mark all that apply):

1. \_\_\_\_\_ Increase educational opportunities for children
2. \_\_\_\_\_ Encourage more cultural celebrations
3. \_\_\_\_\_ Increase public art
4. \_\_\_\_\_ Expand awareness of cultural opportunities
5. \_\_\_\_\_ Increase participation

Project Dates \_\_\_\_\_

Project Location \_\_\_\_\_

Who and how many will be served? \_\_\_\_\_

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Total Project Cost \_\_\_\_\_ Grant Request \_\_\_\_\_  
Amount and sources of project funding to date \_\_\_\_\_

Other funding sources from which funding is being requested \_\_\_\_\_

If applicable, list partner organizations and summarize their roles \_\_\_\_\_

How many members and/or employees of your organization contributed to the Organ Cultural Trust in the most recent fiscal year? \_\_\_\_\_

(The link below includes a list of all Oregon Cultural Trust donors)

[http://www.culturaltrust.org/supporting\\_documents/pdf/CulturalTrust\\_AnnualReport\\_FY10.pdf](http://www.culturaltrust.org/supporting_documents/pdf/CulturalTrust_AnnualReport_FY10.pdf)

I certify that the information in this proposal is correct

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title if applicable

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Josephine County Cultural Coalition**

Budget Page

Organization \_\_\_\_\_

Project \_\_\_\_\_

Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_

Total Revenue for Organization (not just this project) \_\_\_\_\_

Employer Tax ID Number \_\_\_\_\_

Check one:

\_\_\_\_\_ 501c3 Non-profit Organization

\_\_\_\_\_ Unofficial Consortium of Artists

\_\_\_\_\_ Individual Artist

\_\_\_\_\_ Business

\_\_\_\_\_ School or Govt. Agency

\_\_\_\_\_ Other \_\_\_\_\_

**Project Revenue**

Amount Requested from JCCC \_\_\_\_\_

Amounts Requested from Other Sources (Please list)

Source	Amount	Committed?
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N

Matching Funds you are Providing:

Cash Amounts \_\_\_\_\_

Ticket Sales or Participant Fees \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL \_\_\_\_\_

**Project Expenses**

Payments to Individuals \_\_\_\_\_

Supplies (consumable materials) \_\_\_\_\_

Equipment (please explain) \_\_\_\_\_

Contracted Services \_\_\_\_\_

Marketing \_\_\_\_\_

Facilities Costs \_\_\_\_\_

Other \_\_\_\_\_

TOTAL \_\_\_\_\_