## Applicant Organization:

## Art Form:

| Theater | $\square$ | Film | $\square$ | Visual Arts | $\boxtimes$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Music | $\square$ | Dance | $\square$ | Photography | $\square$ |
| Vocal | $\square$ | Instrumental | $\square$ | Sculpture | $\square$ |

Other

## Mission \& Purpose of the Organization:

The McKinney Public Library System enriches the lives of people in the community by providing open access to a wide variety of materials, services and information in a responsive and friendly environment that promotes lifelong learning.

## Project(s) Description:

The McKinney Public Library is asking the Arts Commission for $50 \%$ of the funding for the "Edge of Imagination" program. The program will bring the Edge of Imagination Station, an artist from the TCA Touring Roster, to McKinney for two sessions this summer. The program is an interactive and mobile stop motion animation lab complete with custom work spaces and software. Participants of any age, skill level, and ability can create their own animated short using chalk, paper, clay, dry erase markers and more. Texas Commission on the Arts is providing the other $50 \%$ of the professional artist fee.

Schedule of Event(s):

| Event | Date | Venue | Admission <br> Cost |
| :--- | :--- | :--- | :--- |
| Edge of Imagination | $7 / 20 / 17$ | JJGL-1:00p | Free |
| Edge of Imagination | $7 / 20 / 17$ | Hall -4:00p | Free |
|  |  |  |  |
|  |  |  |  |

## Board of Directors: (if applicable)

Unique by nature. ${ }^{\text {sM }}$

| Name | Office | Contact Number |
| :--- | :--- | :--- |
| n/a |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Organization Director:

Name: Spencer Smith
Title: City of McKinney Library Services Director
Address: $\qquad$ City: $\qquad$ ZIP $\qquad$
Email: ssmith3@mckinneytexas.org $\qquad$ Daytime Phone: $\qquad$
Cell Phone: $\qquad$

## Finance/Accounting Officer:

Name: $\qquad$ Title: $\qquad$
Address: $\qquad$ City: $\qquad$ ZIP $\qquad$
Email: $\qquad$ Daytime Phone: $\qquad$
Cell Phone: $\qquad$

## Grant Contact Person:

Name: $\qquad$ Title: $\qquad$
Address: $\qquad$ City: $\qquad$
Email: $\qquad$ Daytime Phone: $\qquad$
Cell Phone: $\qquad$

Unique by nature.

## 2017 Grant Project Expenses

Personnel (Artistic, Cultural, Technical and Administrative Staff)

| Name | Title | FT/PT | Grant <br> Request | Total Cost |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Contracted Services:

| Description | Grant Request | Total Cost |
| :--- | :--- | :--- |
| Edge of Imagination -2 workshops | $\$ 883$ | $\$ 1,766$ |
|  |  |  |
|  |  |  |

Travel:

| Description | Grant Request | Total Cost |
| :--- | :--- | :---: |
|  |  |  |
|  |  |  |
|  |  |  |

Rental Expense:

| Description | Grant Request | Total Cost |
| :--- | :--- | :---: |
|  |  |  |
|  |  |  |
|  |  |  |

Advertising \& Promotion:

| Description | Grant Request | Total Cost |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |

Other Expenses:

| Description | Grant Request | Total Cost |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |

Unique by nature. ${ }^{\text {sm }}$

## 2017 Grant Project Revenues

## Source of Revenue

## Government

|  | 2017 |
| :--- | :--- |
| MAC Grant Request | $\$ 883$ |
| Local |  |
| County | $\$ 883$ |
| State - Texas <br> Commission Arts |  |
| Federal |  |

## Other Investors/Contributors

| Individual |  |
| :--- | :--- |
| Corporate |  |
| Foundations |  |

Fees

| Admissions |  |
| :--- | :--- |
| Vendors |  |
| Tuition |  |
| Concessions |  |
| Memberships |  |
| Subscriptions |  |
| Other |  |

## Value of Volunteer Time (not to exceed $\mathbf{\$ 2 1 / h o u r}$. Can be used toward $\mathbf{5 0 \%}$ match)

| Number of <br> Volunteers | No. of <br> Hours | Services Provided | Estimated <br> \$ per hour | Total <br> Value |
| :--- | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |


| Donated Goods/Services | Total Value |
| :--- | :---: |
|  |  |

Unique by nature. ${ }^{\text {sm }}$

## 2016-2017 Total Project

## Budget Summary:

|  | $\begin{array}{c}\text { MAC Grant } \\ \text { Funds }\end{array}$ |  | Other Funds |
| :--- | :--- | :--- | :--- |$)$ Total

Grand Total Requested: \$ $\qquad$
(Not to exceed $\mathbf{\$ 3 , 0 0 0}$ or $\mathbf{5 0 \%}$ of entire project budget, whichever is less)

What is your total organizational budget for this fiscal year? $\qquad$

