



## **2019 McKinney Outreach/Project Grant Application**

**Outreach Grants fund up to \$3,000 or 50% of project expenses, whichever is less**

**Project Grants fund up to \$10,000 or 50% of project expenses, whichever is less**

**Organization does NOT have to be a 501(c)(3) to apply for Outreach or Project Grants from the McKinney Arts Commission.**

### **Applicant Organization**

#### **Art Form:**

Theater	<input type="checkbox"/>	Film	<input type="checkbox"/>	Visual Arts	<input type="checkbox"/>
Music	<input type="checkbox"/>	Dance	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Vocal	<input type="checkbox"/>	Instrumental	<input type="checkbox"/>	Sculpture	<input type="checkbox"/>

#### **Mission & Purpose of the Organization:**

#### **Project(s) Description:**

#### **Schedule of Event(s):**

Event	Date	Venue	Admission Cost



**Board of Directors: (if applicable)**

Name	Office	Contact Number

**Organization Director:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_  
Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Finance/Accounting Officer:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_  
Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Grant Contact Person:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_  
Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_



## 2019 Grant Project Expenses

### Personnel (Artistic, Cultural, Technical and Administrative Staff)

Name	Title	FT/PT	Grant Request	Total Cost

### Contracted Services:

Description	Grant Request	Total Cost

### 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



## 2019 Grant Project Revenues

### Source of Revenue

#### Government

	2018
MAC Grant Request	
Local	
County	
State	
Federal	

#### Other Investors/Contributors

Individual	
Corporate	
Foundations	

#### Fees

Admissions	
Vendors	
Tuition	
Concessions	
Memberships	
Subscriptions	
Other	

### Value of Volunteer Time (not to exceed \$21/hour. Can be used toward 50% match)

Number of Volunteers	No. of Hours	Services Provided	Estimated \$ per hour	Total Value

Donated Goods/Services	Total Value



**2018-2019 Total Project  
Budget Summary:**

	MAC Grant Funds	Other Funds	Total
Personnel			
Contracted Services			
Travel			
Rental Expense			
Advertising & Promotion			
Other Expenses			
Volunteer Time			
Donated Goods/Services			
<b>Total</b>			

**Grand Total Requested: \$\_\_\_\_\_**

(For Outreach Grants: not to exceed \$3,000 or 50% of entire project budget, whichever is less. For Project Grants: not to exceed \$10,000 or 50% of entire project budget, whichever is less)

**What is your total organizational budget for this fiscal year? \_\_\_\_\_**