MINI GRANT REGISTRATION FORM

Cultural Arts Commission 1311 Chestnut Street Bastrop TX 78602 512-332-8800 | Engage@cityofbastrop.org



Date Day Month Year Month			
APPLICANT INFORMATION			
Applicant's Full Name			
Phone Number Email			
Mailing Address			
City Zip Code Zip Code			
Name of Organization			
EIN (Employer Identification Number, if Applicable)			
Organization's Mailing Address			
City Zip Code			
Website Social Media			
Have you or your organization received funds from the Arts Commission before? Yes No			
If yes, please provide the project name, amount of funding received, and date:			
PROJECT INFORMATION			
Title of Event or Project			
Dates			
Location of Event or Project			
Total Budget			
Advertising Budget (Must be at least 10% of your total request)			
Anticipated number of event participants (if applicable)			

Provide a detailed description of project or event.
Has your project been started? Yes No
If yes, please explain the nature of your project below, including timeline for completion and resources
needed to complete the project. Please also attached photos of the current progress.
Explain how your program supports and/or promotes arts in the local community.
What impact does your organization have on individuals in our community as a whole.

FINAL CHECKLIST, SIGNATURES, AND SUBMISSION INSTRUCTIONS

Thank you for applying for the Cultural Arts Commission's M	lini Grant Program. Please ensure you	
have reviewed the Cultural Arts Commission's Mini Grant C	riteria and include the following items (if	
applicable) to your application:		
Completed application		
Project budget included		
Resume of project lead		
IRS letter of determination (if applicable)		
Final report from previous year's event (if applicable)		
Examples of past publicity (if applicable)		
Any other supporting materials		
All Mini Grant applications will be submitted electronically by	y emailing this application and supporting	
documents to engage@cityofbastrop.org by July 21, 2022. I	By signing below, you have reviewed the	
application checklist, reviewed the Cultural Arts Commission	n's Mini Grant Criteria, and acknowledge	
that incomplete applications will not be reviewed.		
Applicant Signature	Date	
Title (Optional)		
INTERNAL USE ONLY		
Application Received Date	Review Date	
Placemaking Opportunity (30 points max)	Notes	
Community Support (20 points max)		
Outcomes Criteria (15 points max)		
Submission Total Score (0-65)		
Awarded Funding Amount (if awarded)		
Staff Signature		
Title	Deta	