| MINI GRANT REGISTRATION FORM Cultural Arts Commission 1311 Chestnut Street Bastrop TX 78602 512-332-8800 Engage@cityofbastrop.org | CULTURAL | |
|---|----------|--|
| Date Day Month Year | | |
| APPLICANT INFORMATION | | |
| Applicant's Full Name | | |
| Phone Number Email | | |
| Mailing Address | | |
| City State Zip Code | | |
| Name of Organization | | |
| EIN (Employer Identification Number, if Applicable) | | |
| Organization's Mailing Address | | |
| City State 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)

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 Mini Grant Program. Please ensure you have reviewed the Cultural Arts Commission's <u>Mini Grant Criteria</u> 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 emailing this application and supporting documents to the Bastrop Cultural Arts Commission at engage@cityofbastrop.org by December 31, 2022. By signing below, you have reviewed the application checklist, reviewed the Cultural Arts Commission'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 | Date |