

MINI GRANT REGISTRATION FORM

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



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)

Provide a detailed description of project or event.

attached in email

Explain how your program supports and/or promotes arts in the local community.

attached in email

What impact does your organization have on individuals in our community as a whole.

attached in email

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 [Mini Grant Criteria](#) 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)

Community Support (20 points max)

Outcomes Criteria (15 points max)

Submission Total Score (0-65)

Awarded Funding Amount (if awarded)

Staff Signature

Title

Notes

Date