MINI GRANT APPLICATION

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



Date Day Month Year C			
APPLICANT INFORMATION			
Applicant's Full Name			
Phone Number Email			
Mailing Address			
City 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?			
If yes, please provide the project name, amount of funding received, and date:			
Awarded Amounts: Minimum \$5000/ Maximum \$15,000			
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 ergonization have an individuals in our community as a whole
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 i	wini Grant Program. Please ensure you	
have reviewed the Cultural Arts Commission's Mini Grant C	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 b	y emailing this application and supporting	
documents to the Bastrop Cultural Arts Commission at chlo	pe@lostpinesartcenter.org by May 3rd,	
2024 at 5pm. By signing below, you have reviewed the app	lication checklist, reviewed the Cultural	
Arts Com-mission's Mini Grant Criteria, and acknowledge tl	hat 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	