

COMMISSION ON THE ARTS
SPECIAL PROJECT APPLICATION
APPLICATION DEADLINE: April 14, 2017



Part 1: Summary of Project

Organization

Name of Project: _____

Name of Organization: _____

Address: _____

Telephone: _____ **E-mail:** _____

Tax Identification Number: _____

Primary Contact Person

Name: _____ **Title for Organization:** _____

Telephone No: _____ **E-mail Address:** _____

Funding Request Summary

Amount Requested: _____ **Date(s) of Activity:** _____

Location of Activity: _____

Statement of Assurances

The applicant hereby agrees that if funds are provided:

- It will conduct its operations in accordance with the requirements of the Iowa Civil Rights Act of 1974 as amended, which bars discrimination against any employee, applicant for employment, or any person participating in any sponsored activity on the basis of race, creed, color, national origin, religion, sex, age, or physical or mental disability; and
- It will expend funds received as a result of this application solely on the described activities.

The applicant also affirms:

- The figures, facts, and representations made in this application, including all exhibits and attachments, are true and correct to the best of its knowledge; and
- The filing of this application has been authorized by the governing board of the applying organization.

Please fill in and date this form below.

Chief Executive Officer **Type or print name here** **Date**

Address: _____ **Phone:** _____

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Project Description: Describe the project for which you seek funding. Please also address compliance with the “Criteria for Funding.”

Participants & Audience

Estimate the number of people who will contribute to the activity/operations of your organization. If request is for operational support, indicate the number of persons contributing to the overall operation. **Do not enter an individual in more than one category.**

Artists: _____
 Volunteers: _____
 Full-Time Staff: _____
 Part-Time Staff: _____
 TOTAL: _____

Estimate the total number of individuals comprising the audience(s): _____

Identify the approximate percentages to be served based on the following age groups. (Provide your best estimate.)

	Participants	Audience(s)
Children (0-18 years)	%	%
General Adults (19-54)	%	%
Senior Citizens (55 and over)	%	%
Total for all Performances (Activities)	100%	100%

Estimate admission or fee to attend event(s) per person: _____

If your event has an admission fee, will your organization provide discounted or free admission to events?

No Yes

If yes, who is your targeted audience for free/ reduced admission?

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Will funded program(s)/event(s) take place in locations or facilities that are accessible to the disabled?

No

Yes

If no, why not?

Promotions:

Identify the methods you will use to promote your events:

- ACAC**
- Ames Convention and Visitors Bureau**
- Ames Tribune**
- Brochure**
- Fliers/ Signs**
- Iowa State University Daily Newspaper**
- Iowa State University Events Calendar**
- Mall**
- Octagon**
- Radio**
- TV**
- Social Media (i.e. Facebook)**

How will you target audiences who may not be reached by the promotional methods selected above?

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Part 2: Special Project Budget

Revenue (cash only)	Amount
Sponsor's Share	\$
Participant Fees	\$
Ticket Revenue	\$
Contributions	\$
Other sources (identify)	
	\$
	\$
	\$
COTA Special Project Grant Request:	\$
Total Revenue	\$
Expenses (categorize below; ex: space rental)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenses	\$

List donated services and goods (optional):

Remember to Submit the Final Accounting and Evaluation after your event and before January 15, 2018.