COMMISSION ON THE ARTS

Annual Grant Funding Application Form for FY 2027-28

APPLICATION DEADLINE: OCTOBER 16, 2026

PART 1: SUMMARY

1A. Organization

Name: _____

Address: _____

_____

Telephone No: _____

E-mail Address: _____

Is the organization incorporated under the Iowa Non-Profit Corporation Act?

☐ **Yes** ☐ **No** ☐ **Applied for Tax Exempt Status**

If yes, please indicate your federal Tax Exempt Number: _____

1B. Primary Contact Person

Name: _____

Telephone No: _____

E-mail Address: _____

1C. Funding Request Summary

Amount Requested: _____

What is the purpose of this request?
(check one only)

☐ **Specific Activity**

☐ **Operational Support**

Location of Activity/Operation: _____

Start Date: _____ **End Date:** _____

PART 2: PROJECT DESCRIPTION

In one brief paragraph (100 words or less), summarize your organization's purpose and general use of COTA funding.

Provide a narrative description of the way in which the requested funds will benefit the Ames community and further the arts in Ames. Please describe programs/events planned for the requested year. Who is your targeted audience? Be as specific as possible.

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:

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

Will your organization host at least one event with no cost to participate/attend?
☐ **Yes** ☐ **No**

For events that have 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?**

_____

Will funded program(s)/event(s) take place in locations or facilities that are accessible to the disabled?
☐ **Yes** ☐ **No. If no, why not?** _____

PART 3: PROMOTIONS

List or describe how you plan to reach your intended audience. (Be specific)

How will you target audiences who may not be reached by the methods previously indicated?

PART 4: 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, gender identity, sexual orientation, 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 list the name of the chief executive officer or president and date this form in the space provided.

_____ _____
Chief Executive Officer **Date**

Address: _____ **Phone:** _____

Please list current officers and terms of office.

Name	Phone Number	E-Mail	Term (mo/yr-mo/yr)
President/Board Chair			
Treasurer			
Secretary			
Other Officer :			
Other Officer :			

PART 5: BUDGET

		2022/23 Actual	2023/24 Actual	2024/25 Actual	2025/26 Actual	2026/27 Budget	2027/28 Application
REVENUES	Donations						
	Memberships						
	Program Fees						
	Tickets						
	COTA						
	Other Grants (_____)						
	Other Revenue (_____)						
	TOTAL	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
EXPENSES	Salaries and Benefits						
	Honoraria						
	Occupancy/Rent/Utilities/Maint.						
	Marketing						
	Fees & Services						
	Other Expenses (_____)						
	TOTAL	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
	Net Cash to (from) Reserves						

PART 6: BALANCE SHEET

		2022/23 Actual	2023/24 Actual	2024/25 Actual	2025/26 Actual
ASSETS	Cash/Checking/Money Market				
	Savings/Investments				
	Endowments				
	Inventory				
	Other Liquid Assets				
	SUBTOTAL LIQUID	$ 0	$ 0	$ 0	$ 0
	Buildings/Real Estate				
	Equipment				
	SUBTOTAL NON-LIQUID	$ 0	$ 0	$ 0	$ 0
	TOTAL ASSETS	$ 0	$ 0	$ 0	$ 0
LIABILITIES	Depreciation				
	Inventory Cost				
	Other Liabilities				
	TOTAL LIABILITIES	$ 0	$ 0	$ 0	$ 0
	Net				

PART 7: FINAL STEPS

Please submit the Grant Application to: COTA@cityofames.org

Schedule a Time for Hearing

Be sure to schedule a time for a hearing when you submit your grant or call the City Manager's Office at 515-239-5101.

Award Announcements

Grant recommendations are made at the January meeting. Attending this meeting is the best way to learn how much the Commission will recommend each organization be awarded. (Recommendations need City Council approval.) An awards list is posted in the entryway of City Hall. The City will also post a list of the awardees on its website on Friday of that week. (http://www.cityofames.org/COTA).