



GREATER DENTON ARTS COUNCIL
APPLICATION FOR GRANTS PROGRAM

This form is due to the GDAC office
on or before
Friday, March 14 by 3 p.m.

FOR OFFICE USE ONLY:
Number
Date Received
Amount Requested
Recommendation
Payment Date

Applicant Name
Mailing Address
Project Title
Project Director Phone (Work) (Home)
Chief Administrative Officer Phone (Work) (Home)
Chief Financial Officer Phone (Work) (Home)
Project Start Date: Project Ending Date: Payment Date:
Estimated Number of persons served by this project
Facility Name and Location
Is the facility accessible to the disabled?

The applicant hereby gives assurance to the Greater Denton Arts Council that:

- a. The information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.
b. Financial records will be kept in accordance with generally accepted accounting procedures. If awarded support, applicant will maintain books and records and be prepared to exhibit financial statements upon request by the Greater Denton Arts Council for at least three years after the project ending date.
c. Any funds received as a result of this application will be used solely for the project described and any unused money shall be returned to the Greater Denton Arts Council.
d. Applicant is a nonprofit entity as defined by the IRS code 501 (c) 3 or
e. Applicant will comply with Title VI of the Civil Rights Act of 1964, Section 504, of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, and, where applicable, Title IX of the Education Amendments of 1972. Title VI and Section 504 bar discrimination on the basis of race, color, national origin, or personal disability. Title IX prohibits discrimination on the basis of sex.
f. Applicant understands the procedures and regulations stated in the GDAC Grants Program Guidelines (revised February 2006) and will adhere to them.
g. The undersigned have been duly authorized by the applying organization to submit this application.

Chief Administrative Officer: Signature
Printed Name
Date
Project Director: Signature
Printed Name
Date

PROJECT NARRATIVE

1. Amount Requested: _____

2. Describe the project:

3. How will this project benefit the Denton Community?

4. How many persons will this project serve and how will you document participation?

APPLICATION CHECKLIST

Please include the following required attachments:

- ___ IRS Determination Letter
- ___ Detailed budget for expenditures and revenues
- ___ Short resumes of key personnel (project administrator and artistic administrator)
- ___ List of current Board of Directors
- ___ Financial statements from the most recently completed fiscal year (include the income and balance sheet)
- ___ Current fiscal year budget
- ___ Examples of printed materials displaying credit line and use of logos (this is **not applicable** to first time grant applicants)
- ___ Include 1 original and 10 copies of this application and all attachments
- ___ Three-hole punch the original and each of the 10 copies (no staples)

Please check the following optional attachments that have been added (list all other attachments).

- ___ Letters of Support
- ___ Sample of past publicity
- ___ Other _____
- _____

APPLICATION DEADLINE IS FRIDAY, MARCH 14TH AT 3 PM

An application is considered complete and eligible only after all required attachments have been received.



400 E. Hickory ~ Denton, TX 76201 ~ 940.382.2787 ~ www.dentonarts.com