



**Arts on Mayne/Southern
Gulf Islands Arts Council
PROJECT GRANT
APPLICATION**

Please print and complete this form, then scan and email to: southerngulfislandsarts@gmail.com
Alternatively, drop off the completed form at Gulfport Freemail, addressed to Arts on Mayne, and send an email to the above address to let us know.

Name of Individual or Organization _____

Title of Project _____

Location of Project _____

Date/s of Project _____ **Amount Requested \$** _____

Advance Required \$ _____ **by (Date)** _____

Approved funds *may* be advanced to cover such costs as rental deposits, purchase supplies, or cover some travel expenses, for example.

Applicant's Contact Information (Please Print)

Address _____ **Postal Code** _____

Tel: _____ **Email** _____

Date of Application _____

I certify the accuracy of the information contained in this application for SGIAC Arts on Mayne support.

Signature _____

SGIAC Arts on Mayne use only.	Amount Approved \$ _____	Source _____	Date Approved _____
	Advance Approved \$ _____	Total Expensed \$ _____	Expense Report Received _____
	Extra \$ _____ (Y) Approved (N)	Amount Returned \$ _____	President or Funding Cttee. Chair Initials Date

PROJECT SUMMARY and INFORMATION

Objectives and Goals List your aims for this project			
Date(s) of Project			
Location			
Activities List the methods, practices, and/or techniques to be used.			
Project Leader/ Co-ordinator/Presenter Give a brief description of who will facilitate or present at this activity.			
Materials and Equipment List any materials and/or equipment you will purchase or rent.			
Minimum Number of Participants		Maximum Number of Participants	
What will this project bring to the cultural life of Mayne Island? How will this activity build on what is already here? Please use bullets where possible. Attach another sheet if necessary.			

PROJECT BUDGET TOTAL \$ _____

Percentage of Budget funded under
this application _____ % \$ _____

Projected Expenses	Amount	Comments
Space Rental		
Facilitator/Presenter Fees/Honoraria		
Travel		
Equipment Purchase/Rental		
Materials		
Advertising/Promotion		
Other (if insufficient space, attach list)		
Total Expenses	\$	
Other Anticipated Sources of Funding	Amount	Comments
Fees/Tickets		
Other (if insufficient space, attach list)		
Total Other Revenues	\$	

GRANT REQUESTED \$ _____