

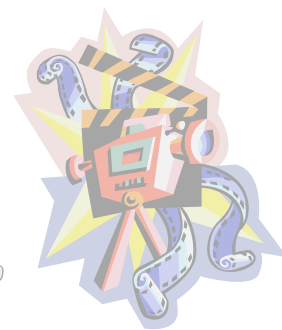
Bossier Arts Council
Outreach Grants
FUNDING AVAILABLE!!

2008 Bossier Arts Council Outreach Grants

***Made possible by funding earned through BAC's annual fundraiser,
Red River Revue.***

Total Funding Available: \$4,000.00

**Please see the attached information regarding
application deadline (4 PM, Friday, June 29, 2007)
FY2008 grant cycle and eligibility requirements.**



BAC 2008 Outreach Grant Application

APPLICATION REQUIREMENTS

Please read carefully and follow all instructions.

DEADLINE:

- Applications are accepted at the Bossier Arts Council offices **until 4 PM, Friday, June 29, 2007.**
- Applications received after the deadlines are ineligible *regardless* of the postmark.
- Applications cannot be faxed.
- No hand-written applications will be accepted.
- Application must be on the official ***BAC 2008 Grant application.***

The ***BAC Outreach Grants*** support activities that take place **October 1, 2007 through September 30, 2008.** Grant funds cannot be used as any reimbursement for activities, which occurred prior that date or for any activities occurring after September 30, 2008.

Applications should be submitted to
Bossier Arts Council
630 Barksdale Boulevard
Bossier City, Louisiana 71111

For help with the application please contact
Anne Susman
Community Development Coordinator
BAC
630 Barksdale Boulevard
Bossier City, Louisiana 71111
(318) 741-8310
or
E-mail anne@bossierrarts.org

Applicants may request a minimum of \$500.00 and a maximum of \$1,000.00.

Applicants must be

- Established non-profit organizations
- Local, parish, or state governmental agencies such as libraries or municipalities
- Individual artists
- Bossier Parish public or private schools or colleges

Projects must take place in Bossier Parish.

*****ALL BAC OUTREACH GRANTS *REQUIRE* A 20% MATCH IN THE FORM OF CASH OR IN-KIND (WHICH INCLUDES SERVICES OR SUPPLIES).**

Applications will be reviewed based upon the following criteria:

Artistic Merit	35 points
Need and Impact	30 points
Planning and Design	20 points
Administration and Budget	15 points

Artistic Merit

- Merit of the proposed project based on purpose, objectives, and community standards
- Contribution of the project to the arts, to the understanding and appreciation of the arts, or access to the arts
- Expertise of artists involved as providers of services

Need and Impact

- Need for the project
- Long-term cultural, educational, and economic impact
- Level of community involvement shown through attendance and public participation

Planning and design

- Well-planned and designed project
- Involvement of targeted populations in the planning process
- Realistic time frame

Administration and Budget

- Ability of applicant to administer and deliver activities proposed
- Appropriate request level and budget
- Reasonable project costs compared to numbers served
- Clarity and completeness of financial information
- Compliance with past grant contracts

Applicant Information

Please submit pages 4-7 ONLY.

1. Project Title _____

Project Type: (Circle One) Arts In Medicine Project Assistance Small Town Art

2. Organization/Name _____

Address _____

City _____ State _____ Zip Code _____

Parish _____ Phone _____ FAX _____

E-mail _____

3. Project Director _____

Phone (Day) _____ Phone (Other) _____

FAX _____ E-mail _____

4. Federal Employer ID Number (Organizations Only) _____

5. Social Security Number (Artists Only) _____

6. Dates of Proposed Activities: _____

7. Primary Target Audience (Check one)

General Audience Ages 3-18/Students PK-12 College Students

Special Population _____

8. Characteristics of the Primary Target Audience (Circle one)

General—Project represents less than 50% of any one race/ethnicity

Native American Black, not Hispanic White, not Hispanic
Hispanic Asian or Pacific Islander

9. Artistic Discipline— (Circle) *Dance* *Design* *Folklife* *Literature* *Media*

Music *Theatre* *Visual Arts*

10. Narrative—

Use this page to provide a concise description of the services or activities to be supported by this grant and the artists involved. Be specific.

11. Provider of Services

Person or Group to Provide Services _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Description of Services to be Provided _____

Professional Fee _____ Per _____ (day, hour, month, etc.)

TOTAL ARTIST FEE _____

Brief Bio of Artist's Qualifications (Organizations may include the artist's resume)

12. PROJECT BUDGET

(Budget must reflect a 20% match in the form of cash or in-kind.)

COST CATEGORY	AMOUNT PAID THROUGH GRANT FUNDING	AMOUNT PAID WITH APPLICANT CASH OR IN-KIND	TOTAL OF BOTH CATEGORIES
<i>Outside Professional Services—Artistic</i>			
<i>Travel Expenses</i>			
<i>Supplies and Materials</i>			
<i>Equipment</i>			
<i>Other Expenses</i>			
TOTAL			

13. Signatures

We hereby certify that all figures, statements, and representations made in this application, including any attachments, are true and correct to the best of our knowledge.

Applicant or Authorizing Official

Signature_____ Date_____

Typed Name_____

Phone_____