



P O Box 163 • Charleston, Illinois 61920

Application for Arts Project/Event Funding Support
Please read the Grant Guidelines
print information clearly

Project/Event Title: _____

Date(s) of Project/Event: _____ Location: _____

New Project: Yes No Established Project: # of years _____

Group/Organization Requesting Funding: _____

Contact Person: _____

Phone: _____ E-mail: _____

Funding Amount Requested: \$ _____ Total project cost: \$ _____

Check Payee: _____ Address: _____

Other Funding Sources: _____

Description of Project/Event: _____

Describe how the funds will be used: (See funding guidelines re: eligible and ineligible use of grant funds)

Estimated number of individuals benefitting/participating in this project: _____

Target Audience: _____

Have you received CCAC funding support for this project before? Yes No

If yes, please give dates/amounts: _____

Applicant agrees to credit CCAC support of this project in publicity and to file a Final Summary Report of the project one (1) month following the conclusion of the event.

Signature of Applicant

Printed Name of Applicant

RETURN COMPLETED APPLICATION by either – email: phinson@consolidated.net or
U.S. Mail: Coles County Arts Council – P. O. Box 163 – Charleston, Illinois 61920

For CCAC use do not write below this line

Date Received: _____ Reviewed: _____ Rejected _____ Approved _____ Amount \$ _____

Applicant Notified: _____ Follow Up Report Received: _____

(1/1/2020)