LOWCOUNTRY QUARTERLY ARTS GRANTS PROGRAM

APPLICATION

The Lowcountry Quarterly Arts Grants Program is a subgranting program of the South Carolina Arts Commission and is administered by the City of Charleston Office of Cultural Affairs and the City of North Charleston Cultural Arts Program. LQAGP funded projects must give credit in all printed materials to the CITY OF CHARLESTON OFFICE OF CULTURAL AFFAIRS, the CITY OF NORTH CHARLESTON CULTURAL ARTS PROGRAM, the LOWCOUNTRY QUARTERLY ARTS GRANT PROGRAM, and the SOUTH CAROLINA ARTS COMMISSION which receives support from the NATIONAL ENDOWMENT FOR THE ARTS and the JOHN AND SUSAN BENNETT MEMORIAL ARTS FUND OF THE COASTAL COMMUNITY FOUNDATION OF SC.

The LQAGP is intended to support arts organizations and projects that reflect artistic excellence and events which are well-advertised and open to the public. The LQAGP grants program provides assistance for professional or career development for individual artists and staff of cultural organizations in Berkeley, Charleston and Dorchester Counties. Funding for this program is provided by the South Carolina Arts Commission, City of Charleston and City of North Charleston. Applicants may receive only two quarterly grants per fiscal year (July 1- June 30).

Scott Watson, Director
City of Charleston
Office of Cultural Affairs
75 Calhoun Street Suite 3800
Charleston, SC 29401
(843) 720-3885

Kyle Lahm, Director
City of North Charleston
Cultural Arts Department
P.O. Box 190016
North Charleston, SC 29419
(843) 740-5850

Please visit our website to print grant application forms and guidelines at
www.charlestonarts.org or www.charleston-sc.gov
or contact
Rachel D. Workman, LQAGP Administrator at WorkmanR@charleston-sc.gov

Lowcountry Quarterly Arts Grants Program
APPLICATION
Serving Berkeley, Charleston and Dorchester Counties

1. Applicant Name:

Fiscal Agent Name if applicable:

Mailing Address:

County: **Length of Residency:**

2. Daytime Telephone **Email:**

3. Project Director/Contact Person:

4. Project Title:

5. List the beginning and ending date of the project:
Project should take place during the corresponding grant period: Quarter 1: July-September
Quarter 2: October-December
Quarter 3: January-March
Quarter 4: April-June

6. Indicate the specific date(s), time and locations of your performance(s)/activities:

7. Amount Requested:

8. If you or your organization received any funds from the South Carolina Arts Commission for this fiscal year, please indicate the amount and title of project:

9. If artist or organization has received previous funding, please indicate which year/s, amounts and sources below:

Year Awarded:	Amount Awarded:	Sources:
FY 15		
FY 14		
FY 13		

10. Project description. Describe the nature of the project. What is it specifically that you wantto do? Indicate the nature of the project (e.g., produce a play, photo exhibit, publish a book, present a concert, etc.); the scope of the project (e.g., to produce new plays, reach underserved audiences, etc.); and other formation which will help the committee to understand what you propose to do. Please be as specific as possible.

11. Describe the artists and/or organizations involved with the project.

12. Describe the short and long term benefits that you or your organization expect to derive from the project.

13. How will you promote the project? Be SPECIFIC - list media organizations and include the kinds of promotional materials to be generated. What non-traditional promotional methods will you utilize to reach underserved groups?

14. How, specifically, will the grant funds be used?

15.How will you evaluate your project? Submit a sample evaluation form and describe how it will be distributed.

17. If your project involves public performance, exhibition, reading, event, etc., will the activity be accessible to the following:

Persons with disabilities? ☐

Under-served individuals? ☐

Cultural minorities? ☐

Senior adults? ☐

Economically disadvantaged? ☐

Other special audiences ☐

please identify:

18. If applicable, please explain how the project will be accessible to the above groups. Describe facility accessibility for physically challenged; interpreter for the deaf; transportation for senior citizens, wheelchair access; outreach methods to underserved; non-traditional marketing to special audiences and cultural minorities.

19. Certification We certify to the Commission that: 1. The applicant is in compliance with stated eligibility requirements, and ALL information contained in this application is true and correct to the best of my knowledge; 2. The filing of this application and signature have been authorized by the governing body of the applicant; 3. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant solely for the described projects and programs; and 4. The applicant and any organization that it assists will comply with all applicable Federal and State laws when conducting any program activity for which the applicant receives financial assistance from the Commission.

Authorized Official:

Typed Name and Title	Signature*	Date
_____	_____	_____

Fiscal Unit/Agent Authorized Official (If Applicable):

Typed Name and Tile	Signature*	Date
_____	_____	_____

***Applicant must submit an application with original inked signature to be considered.**

SUMMARY OF DETAILED BUDGET
*** Indicate Lowcountry Quarterly Arts Grant Expenses**

Expenses	Total	Income	Total
Personnel (list below):		Applicant Cash	
Administrative		Admissions/Sales	
Artistic		Private Support (list below):	
Technical/Production		Corporate	
Outside Fees & Services		Foundation	
Space Rental		Individuals	
Travel		Other	
Marketing		Government Support/Grants:	
Subgranting		Federal	
Remaining Operating Expenses (list below:)		State/Regional	
		County ATAX	
		County Other	
		City ATAX	
		City Other	
		Capital Expenditures (may be used only as part of cash match.)	
		Other Revenue (list below):	
TOTAL CASH			
In-Kind:			
Prof. Services		**TOTAL CASH INCOME:**	
Good & Materials			
TOTAL IN-KIND:		**TOTAL IN-KIND:**	
		LQAGP GRANT REQUEST:	
TOTAL EXPENSES:		**TOTAL INCOME:**	

Note: Expenses should match income.
Required Match 1:1 (Applicant/LQAGP)
50% of the Applicant's Match must be cash.

Lowcountry Quarterly Arts Grants Program
STANDARD RESUME FORM

Please use this form (or submit your resume) for all key individuals involved in project.
Attach additional sheets if necessary.

Name_____

Address_____

City/State/Zip_____

Daytime phone_____**Evening phone**_____

EDUCATION ***(please list in chronological order--include dates)***

EMPLOYMENT/PROFESSIONAL EXPERIENCE

ARTISTIC TRAINING/EXPERIENCE

AWARDS/HONORS ***(Includes exhibitions, publication, etc.)***