

Hemispheres Art Academy

GRANT APPLICATION

Date: _____

Applicant: _____

Tax-exempt or other Organization to which funds will be distributed:

Title of Program: _____

Funding level requested: _____

Project Start/End dates: _____

Contact Information

Name: _____

Address: _____

Telephone No.: _____

Email address: _____

Applicant Organization Background:

Brief summary of Applicant=s mission, major activities, credentials for carrying out the Program.

Program Description

Please provide an attachment which includes a detailed description of the Program, it=s goals and objectives, target population, activities, and key staff.

How does this Program fit with the Hemispheres Art Academy mission and stated purpose?

What is the plan for measuring project results?

Will the Hemispheres Board of Directors have an opportunity to view the project results? How?

Proposed Budget

Please provide a description and cost of each budgeted item for the funding level requested above.

* If you are a tax-exempt organization (IRS 501(c)(3) or otherwise), please attach a copy of your IRS exempt designation letter.