

East Hampton Arts & Culture 2015 Grant Application

DEADLINE: MARCH 2, 2015 AT 4:00PM

The East Hampton Arts & Culture Commission welcomes grant applications from East Hampton organizations and individuals with programs and/or projects that enrich the lives of East Hampton residents through the arts.

ELIGIBILITY:

One of two \$300 mini-grants are available to be awarded to individuals or organizations residing in East Hampton, Connecticut. The commission reserves the right to award a grant to an individual or organization it determines will have the most potential impact of arts and/or culture on the town.

CRITERIA FOR AWARDING GRANTS:

- The artistic and organizational quality of the organization and/or project and its likelihood of continuing viability or success
- The organization's or project's accessibility and service to the East Hampton community
- Grant recipients must credit the East Hampton Arts and Culture Commission on all press releases, posters, print advertising and programs.

EVALUATION

An interview may be requested of the candidate prior to awarding the grant. An update of your progress will be required six months post-award date and a final report will be required one year post award date.

APPLICATION FORM INSTRUCTIONS:

The Grant Application is available in PDF format. A printed copy must be created for submission. Make sure to keep a copy of the application.

For questions call:

860-267-1135

Please submit your application to:

East Hampton Arts & Culture Commission

Town Hall

20 East High St.

East Hampton, CT 06424

arts@easthamptonct.org

Our mission is to foster, promote, encourage and celebrate
the excellence, enjoyment, and abundance of arts and culture in our town.

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Town Hall
20 East High St.
East Hampton, CT 06424
arts@easthamptonct.org

Instructions: Complete all questions; review instructions document for full details before completing. Application must be submitted to address above.

NAME/ ORGANIZATION		ORGANIZATION'S EIN# (IF APPLICABLE)	
ADDRESS		EMAIL	
TOWN, STATE, ZIP CODE			PHONE
PROJECT COST ESTIMATE	COMPLETION DATE		
PROJECT NAME			

Are you a resident of East Hampton? yes no

Are you a 501(c)3 Organization? yes no

Are you seeking other funding? yes no

Purpose

Briefly state the needs or issues to be addressed with this project/program. (100 words or less per section)

Goals & Objectives

Briefly describe the objectives, how the goals will be achieved, and timeline.

Assessment

How will you know if the project/program is successful?

Awareness

Please describe the manner in which you plan to promote/publicize your project and credit EHA&C for funding support.

SIGNATURE _____ DATE _____