

REQUEST FOR GRANT ASSISTANCE – 2011/2012 Fiscal Year

ALLIED ARTS & HUMANITIES COUNCIL
P.O. BOX 1101
BARTLESVILLE, OK 74005-1101

ELIGIBILITY REQUIREMENTS

1. Applicants must be legally incorporated as non-profit, tax exempt organizations. A copy of the approved 501 (c) (3) form should be on file in the AAHC office or attached to the application. Other groups may apply by providing information that AAHC can use to determine non-profit status.
2. Funding assistance applications must be accompanied by a budget summary showing expected income by source and expected expense by category utilizing the attached budget form.
3. **Applications MUST be received in the AAHC office at least 45 days prior to the program or event for which you are seeking assistance.**
4. **Applicant must be a current member for the fiscal year 2011-2012 to receive funding and must have submitted membership dues at least 30 days prior to application.**

SPECIAL INSTRUCTIONS

1. Grant funds cannot be used for prizes or administrative salaries.
2. Please keep in mind that any project funded is subject to a credit line requirement for **AAHC , OAC and the NEA**. To assist you with this requirement we will supply you with a copy of the appropriate logos. Credit lines should be used in brochures, programs, advertisements, newsletter, and other printed promotional material. Written credit should also be given in your organization's press releases and public service announcements. You will need to provide copies of those materials with your final report.
3. The time required to review and approve grant requests depends on how complex the proposal and how complete the information. When necessary, AAHC will seek the help of appropriate professionals. All applicants will be notified concerning the status of grant requests and the reasons for any denial of funds.
4. Full funding of an approved grant will be made available at the time of the project. Unmatched or unused funds must be returned to the Allied Arts & Humanities Council.
5. A summary and evaluation form with appropriate attachments (press releases, programs, etc.) must be completed and returned to the AAHC office within 30 days after completion of the event. Failure to submit the report may jeopardize future requests for funds.
6. All requested materials should be brought to the AAHC office on the 3rd floor of the new OK Mozart building, 415 S. Dewey, Suite 304, or mailed to P.O. Box 1101, Bartlesville, OK 74005-1101.
7. If you have any questions or need help with the application, call our **Executive Director, Denise Odom at 918.337.2005.**

GRANT ASSISTANCE APPLICATION – 2011/2012 Fiscal Year

Organization Name _____

Address _____ Phone _____

Contact Person _____ Alternate _____

Phone _____ Alternate Phone _____

E-mail Address _____ Fax # _____

Is your organization incorporated in Oklahoma?

Yes ____ No ____ (if not, attach proof of other incorporation or pending incorporation)

Is your organization tax exempt under Internal Revenue Service regulations?

Yes ____ No ____

Have you applied for AAHC assistance before?

Yes ____ No ____

What support have you received from AAHC in the past five years? _____

What dates are covered by this current request? _____

What is the location(s) of the event(s)? _____

How many people will participate in the presentation?

Estimated audience size _____ Ages expected in audience _____

How many years (or times) has this project been carried out? _____

Please briefly describe your project. Do not exceed this space:

**GRANT ASSISTANCE APPLICATION
FINANCIAL ANALYSIS**

Date submitted _____

Amount of funding requested \$ _____
(include in Other Income, below)

PROJECTED CASH BUDGET

A. Cash Income:

Tickets: \$ _____
(attach price breakdown)

Registration Fees:
Entry fee: \$ _____
Tuition: \$ _____

Grants:
AAHC: \$ _____
OAC: _____
OHC: \$ _____
Other: \$ _____
(identify source and amount)

B. Cash Expenses:

Fees: \$ _____

Salaries: \$ _____
(other than fees, above)
Supplies, etc.: \$ _____
Equipment: \$ _____
Promotion (publicity): \$ _____

Travel
(travel, hotel, per diem): \$ _____
Rental (space, equipment): \$ _____
Other: \$ _____
(please itemize)

TOTAL CASH INCOME: \$ _____ TOTAL CASH EXPENSE: \$ _____

The amount of the Income and Expense columns MUST be equal.

In addition to the above, what non-cash donations (in-kind) services, space, materials, have been made available to you for this project? Volunteer services provided by a professional may be claimed at his/her regular rates if those services are of a professional nature and within the professional's field. Please itemize below:

Salaries and fees: \$ _____ Equipment: \$ _____
Travel: \$ _____ Supplies: \$ _____
Rental: \$ _____ Promotion: \$ _____

TOTAL NON-CASH DONATIONS: \$ _____

I certify that the information contained in this application and these attachments are true and accurate.

Authorized organization official signature _____

Printed name: _____ Phone Number: _____

Address:
