



Application Number (for LCC use only) _____

LCC PROGRAM: STANDARD GRANT APPLICATION

This application is being submitted to the _____ LCC.

Please type into the form, print, sign and mail it to the appropriate Local Cultural Council. E-mailed applications will not be accepted.

APPLICANT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Website: _____

Contact Person (if different than applicant): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

APPLICANT REQUIREMENTS

To apply for an LCC grant you **must meet ALL of the following eligibility and criteria requirements**. Please attest that each statement is true by checking the box next to the statement:

I have read and understood any local guidelines and criteria that this Local Cultural Council has posted at https://www.mass-culture.org/lcc_public.asp.

The applicant is (select one):

- an individual
- an [incorporated nonprofit](#)
- an [unincorporated association](#) or group of people with a nonprofit objective
- a public school, library, or other municipal agency
- a religious organization or school requesting funds for cultural programming that does not have the effect of advancing religion

The applicant resides in or is located in Massachusetts.

The applicant, or person leading the project/program, has been engaged in the kind of activity for which funds are requested for at least one year.

LCC grant funds will not be used:

- to purchase food or refreshments.
- to pay salaries or stipends for employees of the school system, library, parks department or municipality.
- on [capital expenditures](#) for [schools](#), libraries, Local Cultural Councils, other municipal agencies, or religious organizations.
- on programming that [discriminates](#) or discourages participation on the basis of race, gender, religious creed, color, national origin, ancestry, disability, sexual orientation or age.

Select one primary discipline for the proposed project/program: [Arts](#) [Humanities](#) [Interpretive Sciences](#)

IF YOU CANNOT AFFIRM ALL OF THE ABOVE, YOU ARE NOT ELIGIBLE FOR AN LCC GRANT AND CANNOT SUBMIT AN APPLICATION. CONTACT YOUR LCC OR THE MCC IF YOU HAVE QUESTIONS ABOUT THE LCC PROGRAM REGULATIONS AND GUIDELINES.

If you can **affirm all** of the above, please continue.

If you are requesting funds for an eligible [capital expenditure](#), you must also complete **Section B: Supplemental Questions for Capital Expenditures** (see the last page).

If you are requesting funds to **support scholarships**, you must also complete **Section C: Supplemental Questions for Scholarships** (see the last page).

PROJECT INFORMATION

Project Title: _____

When will the project take place? _____

Where will the project take place? _____

Amount requested from this LCC: \$0.00 _____ Estimated [number of people served](#): _____

Does this project serve primarily schoolchildren (grades pre-K to 12)? Yes No

If yes, where does the project take place? [In-school](#) [After/Out-of-school](#)

Summarize the proposed project: (750 characters) _____

Who is the [target audience](#) for this project? (100 characters) _____

What is the cost of participation for attendees (if any)? (100 characters) _____

How does the proposed project provide [public benefit](#) and contribute to the cultural vitality of the community as a whole? (500 characters) _____

Please describe the qualification of key artists, humanists, interpretive scientists or organizations involved with leading the cultural component of this project. (500 characters) _____

If there are any other individuals or organizations that will be involved in the project as planners, partners, or collaborators, please list them below. If applicable, please distinguish between those who have made a firm commitment to the project and those with tentative or potential involvement. (250 characters) _____

How are you planning to promote the project to the community and your target audience? (500 characters) _____

BUDGET

[In-Kind Donations](#)

Please list any in-kind goods or services that you anticipate receiving for this project (loaned space, donated materials, etc.): (500 characters) _____

Do not include in-kind donations in your projected expenses or income below unless you are applying for a [capital expenditure](#). If applying for a capital expenditure, include the estimated value of any in-kind donations in the projected expenses and income sections below to demonstrate the required 2:1 match. See a [sample budget that includes in-kind donations for a capital expenditure](#).

Projected Expenses

How much will it cost to complete your project?

Salaries/Stipends	\$0.00
Space Rental	\$0.00
Marketing/Promotion	\$0.00
Supplies	\$0.00
Capital Expenditures*	\$0.00
Other Expenses: (travel, equipment rental, etc.)	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
Total Projected Expenses	\$0.00

*If greater than \$0, must complete Section B – Supplemental Questions for Capital Expenditures.

Projected Income

How will you pay for expenses associated with your project?

Total Projected Expenses:	\$0.00
Amount requested from this LCC:	\$0.00
Additional income needed to complete the project:	\$0.00

Projected Income must cover Projected Expenses.

If the additional income needed to complete your project is greater than \$0, then please list the additional income you anticipate obtaining to pay for all the projected expenses. See [sample budget](#).

Description of funding source	Amount
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
Total Additional Income:	\$0.00

How will you adjust the project if the council cannot fund the entire amount you are requesting? (For example, how will you raise additional funds or scale the programming back?) (250 characters) _____

If you have applied to other Local Cultural Councils for funding for this specific project, please list the names of those councils below: (250 characters) _____

Authorized Signature: The signature below is that of the person authorized to testify as to the accuracy of this application and the person who agrees that the required acknowledgment will be given to the Massachusetts Cultural Council and the granting local cultural council, if this application is approved. This person also agrees that reasonable accommodations will be made to insure that people with disabilities have equal physical and communications access, as defined by federal law and as outlined in the MCC's LCC Program Regulations and Guidelines.

Signature Date

FOR CULTURAL COUNCIL USE ONLY

SUBMITTED BY DEADLINE ___yes ___no

\$ _____
Amount Approved Signature of LCC Chair or Authorized LCC Member, Title, Date

IF YOU ARE NOT APPLYING FOR FUNDS TO SUPPORT A CAPITAL EXPENDITURE OR SCHOLARSHIP, YOU DO NOT NEED TO COMPLETE SECTION B OR C. PLEASE PRINT THE COMPLETED APPLICATION, SIGN IT AND MAIL IT TO YOUR LOCAL CULTURAL COUNCIL.

SECTION B - SUPPLEMENTAL QUESTIONS FOR CAPITAL EXPENDITURES

A capital expenditure is defined as an item, or group of items, with a life expectancy of more than three years and a total cost of more than \$500. Examples include equipment, such as lighting or sound equipment, new construction or the renovation of a cultural facility.

To be eligible, capital expenditure request must **meet ALL of the following requirements**. Please attest that each statement is true by checking the box next to the statement:

- The grant is for a one-time or special need clearly justified by a longer-term [public benefit](#).
- The applicant can demonstrate a 2:1 financial match (comprised of cash and/or donated goods or services) and understands that:
 - An LCC can only fund up to one-third of the total cost
 - This match should also be demonstrated in the application budget
- The item or group of items is not being purchased for a library, local cultural council, municipal agency, religious organization, or [school](#).

If your request meets these requirements, please answer the follow questions:

Total Cost of Capital Expenditure	\$0.00
Maximum LCC Funding Allowed for this Expense	\$0.00

1. Why is this one-time/special purchase necessary? (200 characters) _____
2. What longer-term public benefit will the item or group of items provide? (200 characters) _____
3. Who will have access to the item or group of items and how will the item(s) be used? (200 characters) _____

SECTION C - SUPPLEMENTAL QUESTIONS FOR SCHOLARSHIPS

Requests to fund scholarships must meet **ALL of the following requirements**. Please attest that each statement is true by checking the box next to the statement:

- The applicant is an organization, not an individual student applying for scholarship funds.
- The applicant organization's review process to determine who will receive scholarship funds is an open and fair process.
- The applicant organization will ensure a public benefit component in which scholarship recipients "give back" to the community in the form of a lecture, master class, exhibit, performance, etc.

If your request meets these requirements, please answer the follow questions:

1. Please describe the review process and/or criteria you plan to use to determine scholarship recipients. (200 characters) _____
2. How do you anticipate that the award recipients will "give back" to the community? (200 characters) _____

ONLY SUBMIT THIS PAGE WITH YOUR APPLICATION IF YOU HAVE COMPLETED SECTION B AND/OR C.