

**THE ARTS PARTNERSHIP OF GREATER SPARTANBURG**

200 East St. John Street, Spartanburg, SC 29306

**GRANT APPLICATION for ORGANIZATIONS**

**APPLICANT INFORMATION**

Applicant Organization's Legal Name Federal Employer ID#

Doing Business As/Also Known As – if applicable

Street Address City Zip Code

Mailing Address (if different from Street Address) City Zip Code

Contact Person Title Daytime Phone FAX#

Contact's Email Address Organization's Web Address

Applicant Organization's Authorized Official Title Daytime Phone

PRIMARY ORGANIZATIONAL FUNCTION:

Arts Producing Arts Presenting Arts Service Arts Education Non-Arts

**FISCAL RECEIVER/PARTNER INFORMATION**

YOU MUST FILL OUT THIS SECTION IF:

- You are applying for a TAP Quarterly Grant and do NOT have Federal Tax Exempt status, OR
- You are a school or a unit of government, OR
- You are applying for a TAP Quarterly Grant with a partner organization and will share the responsibilities of the project.

**The organization listed below is:** (select one)

- Fiscal Agent/Receiver for APPLICANT (includes school districts and other units of government)
- APPLICANT'S Project Partner

Fiscal Receiver/Partner's Legal Name Federal Employer ID#

Doing Business As/Also Known As – if applicable

Street Address City Zip Code

Mailing Address (if different from Street Address) City Zip Code

Contact Person Title Daytime Phone FAX#

Contact's Email Address Organization's Web Address

Fiscal Receiver/Partner's Authorized Official Title Daytime Phone

APPLICANT NAME:

**ORGANIZATION GRANT APPLICATION SUMMARY**

**Grant Program Category:** select only one program below

Project Assistance Grant

Recurring Annual Community Activity Grant

Organizational Development Grant

**Project title:** \_\_\_\_\_

**Primary project discipline:** select only one

01 Dance	05 Visual Arts	09 Media Arts	14 Multi-Disciplinary
02 Music	06 Design Arts	10 Literature	15 Non Arts
03 Opera/Musical Theatre	07 Crafts	11 Interdisciplinary	
04 Theatre	08 Photography	12 Folk Arts	

**Project Activity type:** select only one

01 acquisition	14 prof. support – admin.	26 regranting
02 audience services	15 prof. support - artistic	27 translation
03 award/fellowship	16 recording/filming/taping	28 writing about art
04 creation of a work of art	17 publication	29 professional dev./training
05 concert/perf./reading	18 repair/restore/conserv.	30 student assessment
06 exhibition	19 research/planning	31 curriculum dev./implement.
07 facility constr/maint/renov.	20 school residency	32 stabilization/endow./challenge
08 fair/festival	21 other residency	33 building public awareness
09 ident./documentation	22 seminar/conference	34 technical assistance
10 inst./org. establishment	23 equip. purchase/rental	35 web site/internet development
11 institution/org. support	24 distribution of art	36 broadcasting
12 arts instruction	25 apprenticeship/internship	99 none of the above
13 marketing		

**Project Dates:** Start Date \_\_\_\_\_ End Date \_\_\_\_\_ **Request \$** \_\_\_\_\_

SUMMARIZE PROPOSAL IN THIS SPACE. This Section must be completed; "See attached" is not acceptable.

**Arts Partnership staff person** who advised \_\_\_\_\_

All applicants are urged to discuss application process & proposal content with appropriate TAP staff prior to applying.

**APPLICANT NAME:**

**CERTIFICATION**

I certify to The Arts Partnership that:

1. This application is complete as required by TAP grant guidelines, and all information and attachments in this proposal are true and correct to the best of my knowledge.
2. The applicant is in compliance with published eligibility requirements.
3. The governing body of the applicant has authorized the filing of this application and signature.
4. 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.
5. 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 Arts Partnership.

Authorized Official: Typed Name & Title

Signature

Date

Fiscal Receiver/Partner's Authorized Official: Typed Name & Title

Signature

Date

FOR ARTS PARTNERSHIP USE ONLY:

Authorized Approval

Award Amount

Date

**Mail application, budget form, other attachments\*, if applicable, to:**

**The Arts Partnership of Greater Spartanburg**

**200 East St. John Street  
Spartanburg, SC 29302**

\*Check guidelines before mailing to ensure that your application is complete.