



200 E St John St, Spartanburg, SC 29306

GRANT APPLICATION FOR ARTISTS

APPLICANT INFORMATION

Applicant's Legal Name		Daytime Phone #	
Mailing Address			
Email Address		Web Address	

Primary Artist Discipline: select one only

<input type="checkbox"/> 01 Dance	<input type="checkbox"/> 05 Visual Arts	<input type="checkbox"/> 09 Media Arts	<input type="checkbox"/> 14 Multidisciplinary
<input type="checkbox"/> 02 Music	<input type="checkbox"/> 06 Design Arts	<input type="checkbox"/> 10 Literature	<input type="checkbox"/> 15 Non Arts
<input type="checkbox"/> 03 Opera/Musical Theater	<input type="checkbox"/> 07 Crafts	<input type="checkbox"/> 11 Interdisciplinary	
<input type="checkbox"/> 04 Theater	<input type="checkbox"/> 08 Photography	<input type="checkbox"/> 12 Folk Arts	

Primary Project Discipline: select one only

<input type="checkbox"/> 01 Dance	<input type="checkbox"/> 05 Visual Arts	<input type="checkbox"/> 09 Media Arts	<input type="checkbox"/> 14 Multidisciplinary
<input type="checkbox"/> 02 Music	<input type="checkbox"/> 06 Design Arts	<input type="checkbox"/> 10 Literature	<input type="checkbox"/> 15 Non Arts
<input type="checkbox"/> 03 Opera/Musical Theater	<input type="checkbox"/> 07 Crafts	<input type="checkbox"/> 11 Interdisciplinary	
<input type="checkbox"/> 04 Theater	<input type="checkbox"/> 08 Photography	<input type="checkbox"/> 12 Folk Arts	

Project Title			
Request Amount	\$	Project Activity Type	
Project Start Date		Project End Date	

Narrative of Project: Please complete these topics as per your Quarterly Grant Program Guidelines

Artistry and Feasibility	
Career or Public Impact	
Project Management	

PROPOSED PROJECT BUDGET

Expenses	Amount	Income	Amount
Administrative Personnel	\$	Applicant cash	\$
Artistic Personnel	\$	Admissions/Sales	\$
Technical/Production Personnel	\$	Private Support-Corporate	\$
Supplies and Materials	\$	Private Support-Foundation	\$
Outside Fees and Services	\$	Gov't Grants/Support: Fed, State, etc	\$
Space Rental	\$	Other Income (itemize below)	
Travel	\$		\$
Marketing	\$		\$
Other Expenses (itemize below)			\$
	\$		\$
	\$		
	\$	Grant Request Amt	\$
	\$		
Total Proposed Expenses	\$	Total Proposed Income	\$

All applicants are urged to discuss the application process and proposal content with appropriate Tap staff member prior to applying. You may email questions to grants@spartanarts.org. TAP staff member who advised: [REDACTED]

CERTIFICATION

I certify to **The Arts Partnership of Greater Spartanburg** that:

1. I have read the Quarterly Grant Program Guidelines provided by **The Arts Partnership of Greater Spartanburg**.
2. I am in compliance with stated eligibility and South Carolina residency requirements for the selected category, and all information contained in this application is true and correct to the best of my knowledge.
3. 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.
4. I 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 of Greater Spartanburg**.

Applicant's Signature

Date

Please include a signed copy of this application with all applicable attachments in an email addressed to grants@spartanarts.org by 5 pm on the date this application is due. Application due dates can be found in the Quarterly Grant Program Guidelines.