



200 E St John St, Spartanburg, SC 29306

GRANT APPLICATION FOR ORGANIZATIONS

APPLICANT INFORMATION

Organization's Legal Name		Daytime Phone #	
Doing Business As		EIN #	
Mailing Address			
Contact Person		Title	
Email Address		Web Address	

FISCAL RECEIVER/PARTNER INFORMATION (You must fill out this section if you do not have Federal Exempt Status OR you are a school or a unit of government OR you are applying with a partner organization and will share the responsibilities of the project):

Legal Name		Daytime Phone #	
Doing Business As		EIN #	
Mailing Address			
Contact Person		Title	
Email Address		Web Address	

The organization listed above is Fiscal Agent/Receiver for APPLICANT APPLICANT'S Project Partner

Primary Organizational Function:

Arts producing Arts presenting Arts Service Arts Education Non-Arts

Grant Program category:

Project Assistance Grant Recurring Annual Community Activity Grant Organizational Development Grant

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

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 Activity Type: select one only

<input type="checkbox"/> 01 acquisition	<input type="checkbox"/> 14 prof. support-admin	<input type="checkbox"/> 26 regranting
<input type="checkbox"/> 02 audience services	<input type="checkbox"/> 15 prof. support-artistic	<input type="checkbox"/> 27 translation
<input type="checkbox"/> 03 award/fellowship	<input type="checkbox"/> 16 recording/filming/taping	<input type="checkbox"/> 28 writing about art
<input type="checkbox"/> 04 creation of a work of art	<input type="checkbox"/> 17 publication	<input type="checkbox"/> 29 professional dev/training
<input type="checkbox"/> 05 concert/perfm/reading	<input type="checkbox"/> 18 repair/restore/conserve	<input type="checkbox"/> 30 student assessment
<input type="checkbox"/> 06 exhibition	<input type="checkbox"/> 19 research/planning	<input type="checkbox"/> 31 curriculum dev/implement.
<input type="checkbox"/> 07 facility constr/maint/renov.	<input type="checkbox"/> 20 school residency	<input type="checkbox"/> 32 stabilization/endow/challenge
<input type="checkbox"/> 08 fair/festival	<input type="checkbox"/> 21 other residency	<input type="checkbox"/> 33 building public awareness
<input type="checkbox"/> 09 ident./documentation	<input type="checkbox"/> 22 seminar/conference	<input type="checkbox"/> 34 technical assistance
<input type="checkbox"/> 10 inst./org. establishment	<input type="checkbox"/> 23 equip. purchase/rental	<input type="checkbox"/> 35 web site/internet dev.
<input type="checkbox"/> 11 institution/org. support	<input type="checkbox"/> 24 distribution of art	<input type="checkbox"/> 36 broadcasting
<input type="checkbox"/> 12 arts instruction	<input type="checkbox"/> 25 apprenticeship/internship	
<input type="checkbox"/> 13 marketing		<input type="checkbox"/> 99 non of the above

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

Excellence, Merit, Creativity, Innovation	
Public Impact	
Project Management	

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. The applicant has read the Quarterly Grant Program Guidelines provided by **The Arts Partnership of Greater Spartanburg**.
2. The applicant is in compliance with stated eligibility requirements and all information contained in this application is true and correct to the best of applicant's knowledge.
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 persons that assist it 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**.

Signature of Authorized Official

Date

Signature of Fiscal Receiver/Partner's Authorized Official

Date

Please include a signed copy of this application with all applicable attachments per the Quarterly Grant Program Guidelines 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.