



MARIANNA HOFER ARTS ENDOWMENT FUND ARTS ORGANIZATION GRANT APPLICATION

Visual, performing, or literary arts organization located in Hancock County may apply for grants from the Fund.

Name of Organization: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone Number: _____

Name of Person Responsible for this Project: _____

Name and contact information of Person Preparing this Grant Request:

Our arts education project involves (choose one):

- Visual Arts
- Performing Arts
- Literary Arts
- Cross-Disciplinary

The title of the arts education project that we are seeking funding for is:

Describe the arts education project for which you are seeking funding. Include your goals for the project, as well as a description of what you will do, and where/when the project will occur.

Will this project include outreach to or collaboration with other partners? If so, please explain that outreach/collaboration as well as how you will assure participation/collaboration.

Describe the potential impact of this project. Include a description of the impact on those who implement the project as well as those who participate in or experience the project.

Explain how you will assess your project. How will you know if goals were met for the project?

How will you share the outcomes of this project with the local community?
Please be specific in the details of your plan.

The amount of funding we are requesting is: _____

If your organization is granted only a portion of the funding you are requesting, how will you be able to complete the arts education project?

In addition to this application, please provide the following:

1. An itemized budget for the proposed arts education project. It is desirable that the project is also funded by other means in addition to those provided by this grant. Please indicate additional sources of income for this project.
2. 1-page description about your arts organization.
3. Any other pertinent materials to further support this funding request.

Please submit completed application and additional materials to HClow@MCPA.org or 200 W. Main Cross St., Findlay, Ohio 45840