



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. Click on the underlined blue words to access the Glossary. **Important: Use the 'TAB' key to move through the application.**

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.aspx

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.

The proposed project/program meets the MCC's definition of one of the following disciplines (Select *one* primary discipline):

[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: _____ 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: (800 characters)

Who is the [target audience](#) for this project? (150 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

****Hit the 'TAB' key after entering each number to ensure that the auto-calculation feature is activated****

In-Kind Donations

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

While not required, if you would like to include the dollar value of in-kind donations, you may do so here or in the budget below. View

[Sample Budgets](#): (500 characters)

Projected Expenses

How much will it cost to complete your project?

Salaries/Stipends	
Space Rental	
Marketing/Promotion	
Supplies	
Capital Expenditures (If greater than \$0, also complete Section B)	
Other Expenses: (travel, equipment rental, etc.)	
Total Projected Expenses	

Projected Income

How will you pay for expenses associated with your project?

Total Projected Expenses:	
Amount Requested from this LCC: (under "Project Information")	
Additional Income Needed to Complete Project:	

Additional Income needed must cover Total Additional Income.

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
Total Additional Income:	

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.	
_____ 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.

DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION UNLESS YOU HAVE COMPLETED SECTION B AND/OR C.

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.

If your projected expenses include capital expenses, please complete this section in addition to completing the standard application. Requests to capital expenditures must meet all of the requirements on page 1 of the application and **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):
- 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:

1. **Please demonstrate that you have the required matching funds by completing the below budget:** List the specific income sources you have already identified in the full budget that will be spent on the capital expenditure." Matching Funds Required must equal Total Matching Funds – [View sample Capital Expenditure Budgets](#).

Total Cost of Capital Expenditure:	
Maximum LCC Funding Allowed for this Expense	
Matching Funds Required:	

Sources of Matching Funds:	Amount
Total Matching Funds:	

2. **Why is this one-time/special purchase necessary?** (200 characters)

3. **What longer-term public benefit will the item or group of items provide?** (200 characters)

4. **Who will have access to the item or group of items and how will the item(s) be used?** (200 characters)

