



PO BOX 164
Bedford TX 76095

Grant Application
Open Period: Not accepting At This Time
Grant application Due:

APPLICANT OR ORGANIZATION INFORMATION

NAME (artist or organization) _____ Date Founded _____

Tax ID Number (if organization) _____ Web Address/URL (if applicable) _____

CONTACT INFORMATION:

Street/PO Box _____ Apt or Suite _____

City _____ State _____ Zip _____

Phone _____ Cell phone _____ Fax _____ Email _____

Mailing Address (If Different)

Street/PO Box _____ Apt or Suite _____

City _____ State _____ Zip _____

PROJECT PROPOSAL

What is the Organization's Mission, Purpose, and History? (max 200 words) _____

What is the project? Or what is the purpose of funding the request? (Max 200 words) _____

What is the length of time requested for support of the project or purpose? _____

Start Date: (00/00/20??) _____ Ending month and year: (00/00/20??) _____



Does your project have a target demographic? Yes _____ No _____ If so, indicate which ones with a check mark

Children Teen Adults (18+) Seniors (65+) Economically Disadvantaged

Is this a Single Community Event? Please name event and indicate audience you hope to reach _____

Expected number of people served directly by this proposed project:

How many Children? _____ Teens _____ Adults _____ Senior(65+) _____

Special Population (Yes or No?) _____ Which Populations will be served? _____

How many artists will conduct the project: _____ How many artists will be served by the project? _____

Race/Ethnicity – What is the approximate (%) breakout of persons to be served in the project?

_____ Native American (Recognized Tribes and Alaskan Natives) _____ Asian and Pacific Islanders

_____ Black/African-American (Not Hispanic) _____ White/Caucasian(Not Hispanic)

_____ Hispanic _____ Multi-Racial

Overview of current educational and outreach programs (max 200 words) _____

Upcoming calendar events related to this request (max 200 words) _____

Biography of applicant – artist or person leading the project (max 200 words) _____

Biography of applicant – artist or person leading the project (cont'd) _____

Biography of administrative leadership (NOTE: applicable to organization ONLY) (max 200 words)

Project Cost and Project Revenue (if any)

Total revenue goal from Proposed Project (if any) \$ _____

Earned income (tickets/admission, etc. \$ _____

Expected Donations \$ _____

Total Expected Project Expenses \$ _____

Planning & Promotion \$ _____

Operating project or events \$ _____

Administrative Costs \$ _____

For this project only, how much funding has been requested and/or received from other sources? _____

Evaluation Measures

What are the goals of the project and how will you measure if they are met? _____

What difference will the project make in the lives of its intended targets? _____



How will you measure success of project? _____

Please submit your application to us at PO Box 164, Bedford, TX 76095 or email info@artsdfw.org

Contact Us: email: info@artsdfw.org or 682 292 8269

More information: www.artsdfw.org

NOTE:

Applications accepted twice a year, on or before October 1st and April 1st. Due by 5:00pm Central Time on the said due dates. No late applications will be considered. Only one application may be funded each calendar year per artist or organization.