

ARTS COMMISSION

c/o Thomas Memorial Library 6 Scott Dyer Road

Cape Elizabeth, Maine 04107

Cape Elizabeth Arts Commission Arts Grant

MISSION

Cape Elizabeth Arts Commission is supported by and serves the citizens of Cape Elizabeth Maine. By promoting excellence and diversity of the arts in the community, we seek to broaden public access to the arts and foster opportunity for its creation and presentation.

GRANT PROGRAM GOAL

Through individualized funding support, we hope to provide artists or art organizations an opportunity, which they would not otherwise have had, to expand or perfect skills, enabling them to more fully realize their goals as artists.

PROGRAM STRUCTURE AND GUIDELINES

Eligibility

- 1. Cape resident or person/group that primarily serves the community.
- 2. Applicants must be 18 years of age or older or represented by an adult.
- 3. Arts Commission members and their families are ineligible.

Guidelines

1. Applicants may deal with any art form (e.g. music, dance, literature, design, theater, musical theater, opera, visual arts, film/video/audio art, folk and traditional arts, etc.).

GRANT APPLICATION

- 2. The CEAC will review all grant applications and will be solely responsible for determining awards.
- 3. School tuition requests do not qualify.
- 4. Grant award must conclude with public performance or exhibit within one year of award.

HOW TO APPLY

- 1. Fill out accompanying grant application.
- 2. Gather samples of work and/or written recommendations.
- 3. Mail application, samples and recommendations to Thomas Memorial Library at above address.
- 4. Applicants will be notified of status 2 weeks after deadline.

Grant applying for: (check one) Grant 1: Deadline May 1 Grant 2: Deadline Nov. 1

Date: Name	(person or organizat	ion)		
Address City, State, Zip				
Phone	Fax		E-mail	
Contact person (if different from above	ve) Name		Phone	
Is your organization not-for-profit?	☐ Yes ☐ No	If yes: Tax ID		
Please give a summary of request:				
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GRANT APPLICATION

What are the goals of your project/event?				
Project date(s): Is this a recurring project/event? \(\sigma\) Yes \(\sigma\) No If yes, how often?				
Dollar amount requested: Funds needed by:				
Total project budget:				
Itemized budget (attach additional sheets if necessary):				
Funds received to date:				
List of additional funders and quantities:				
Have you received funds from the Cape Elizabeth Arts Commission in the past? If so, please list dates and amounts:				
Please enclose copies of work and a self-addressed, stamped envelope for the return of your submission. Please list items accompanying this application: (No originals, please. Although all due care will be taken, the CEAC cannot accept responsibility for lost, stolen or damaged items).				

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