

DARKE COUNTY  
ENDOWMENT  
FOR THE ARTS, INC.  
P.O. Box 155  
Greenville, Ohio 45331

Received \_\_\_\_\_  
Number \_\_\_\_\_  
Decision \_\_\_\_\_  
Amount \$ \_\_\_\_\_

**DARKE COUNTY ENDOWMENT  
FOR THE ARTS, INC.**

**GRANT APPLICATION**

**Information Concerning Grant**

The purpose of this Endowment is to assist donors, organizations and individuals to achieve their charitable, literary or educational purposes in areas related to the arts; and to meet needs that cannot otherwise be met. To be eligible to receive funding, an applicant must be located in or provide artistic related programs or services in Darke County, Ohio. Eligible applicants include organizations, individuals or governmental units which further the presentation of or education in the arts. Projects appropriate for consideration may include: innovative plans and programs which increase the quality and stature of the arts; plans for increasing accessibility to the arts for more residents; programs that enable collaboration between arts groups; programs which increase opportunities for residents to participate in the arts; and the recognition of exceptional artistic achievement and for the maintenance and development of art facilities.

Applications **MUST** be received on or before April 29, 2022. Completed application forms may be delivered to Greenville Public Library, 520 Sycamore Street, Greenville, Ohio 45331 or mailed to DCEA at P.O. Box 155, Greenville, Ohio 45331.

**1. APPLICANT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

**IF TAX EXEMPT, PLEASE ATTACH A COPY  
OF IRS LETTER ESTABLISHING 501(c)(3)  
QUALIFICATION**

**2. CONTACT PERSON:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**3. AMOUNT REQUESTED: \$ \_\_\_\_\_**

**4. INFORMATION ABOUT APPLICANT:**

If an organization, please describe your organization and its purpose. If an individual, please provide resume.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please be sure to complete the next page of this form.)

**5. USE OF FUNDS REQUESTED:**

Please give a specific description of how the requested funds will be used, including a budget for the project and other anticipated support. (You may attach additional information if more space is required.)

---

---

---

---

---

---

---

**6. BUDGET:**

Please provide Incomes and Expenses information for your organization or art activities.

	Last Fiscal Year (Actual)	Current Fiscal Year	Next Fiscal Year (Projected)
Beginning Balance	_____	_____	_____
Total Income	_____	_____	_____
Total Expenses	_____	_____	_____
Ending Balance	_____	_____	_____

**7. GRANT REPORTS:**

A report outlining the use of funds granted should be submitted to DCEA within thirty (30) days following completion of the project. If possible, the report should include photos documenting grant activity which may be used to publicize DCEA's activity and goals. Additionally, Darke County Endowment for the Arts should be recognized in all public announcements and/or news releases concerning programs and events receiving grant awards.

**8. CERTIFICATION:**

I hereby certify that all facts, figures and representations made in this application are true and correct to the best of my knowledge. (If organization:) I further certify that the organization's governing board has given a requisite approval for submission of this application.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title