



P.O. Box 633  
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**FY2022 General Operating Support Grant Application**

**For activities occurring July 1, 2021 - June 30, 2022**

**Application Deadline: Monday, April 11, 2022 at 11:59pm**

**Garrett County Arts Council, Inc. is supported in part by  
Maryland State Arts Council (msac.org) and the Garrett County Board of Commissioners**

**Application:**

The deadline to apply for a General Operating Support Grant is **Monday, April 11, 2022 at 11:59pm**. The applications for General Operating Grant funding are reviewed once annually.

**ORGANIZATION INFORMATION:**

- Organization Name
- Organization Mailing Address
- Organization Website
- Organization Social Media Sites/Handles (Facebook, Instagram, Twitter, YouTube, etc.)
  
- Organization Fiscal Year Start Date
- Organization Fiscal Year End Date
  
- Federal ID Number
  
- Name of Individual Completing Application
- Applicant Title
- Applicant Email Address
  - Please use the email address that will serve as the point of contact for receiving notifications regarding the grant application.*
- Applicant Phone Number
  
- Does your applicant organization have a board or staff member who is also a member of the Garrett County Arts Council?
  - If yes, please indicate name of membership.*

## **ORGANIZATION NARRATIVE**

### Organization Mission Statement

Please provide the organization's mission statement. Maximum text length of 250 words.

Summarize the organization's proposed activities for the fiscal year.

*Clear, specific, and thorough explanation of the proposed arts activities with detailed evidence of significant impact to Garrett County's arts community. Maximum text length of 2500 words.*

What specific arts activity(ies) will be supported with this funding request? *Be detailed.*

*Maximum text length of 1000 words.*

### Focus Area

Please select the focus area(s) that your organization's programming addresses.

- Arts in Education
- Visual Arts
- Music
- Dance
- Theatre
- Creative Writing
- Culinary Arts
- Equity, Diversity and Inclusion

### Population Served

*Please provide the demographic breakdown of who this project will serve.*

### Geographic Area Served

*Please select the area(s) of Garrett County that your project will impact.*

- Accident
- Bittinger
- Friendsville
- Grantsville
- Kitzmiller
- McHenry
- Oakland
- Pleasant Valley
- Swanton

What professional development needs has the organization identified over the past year? How can GCAC be of assistance? *Maximum text length of 500 words.*

### Grant Amount Requested

*Please note that the maximum grant request for a GCAC General Operating Support Grant is \$3500.*

#### Total Match

*FY22 grant applicants are required to provide a minimum 1:1 cash match for all grant funds awarded. Sources of cash match can include cash in hand, federal grants, other non-state grants, and donations. Due to the COVID-19 pandemic, in FY22, volunteer hours can be included as a source up to 25% of the cash match.*

#### **FORM UPLOADS**

##### Organization Budget

Please upload the current fiscal year budget vs. actual showing all income and expenses for the applicant organization. (Please upload a PDF or Excel attachment.)

##### Completed W9

Please upload your W9 to this section. Blank W9 can be found here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

##### IRS Determination Letter

Please provide a copy of your organization's IRS determination letter verifying your organization's tax status as a 501(c) 3 or similar (if applicable).

##### Organization Board and Staff Members

Please upload a copy of your organization's board members and staff for this fiscal year.

##### Supportive Materials (Optional)

*Please include copies of any supportive materials (examples include but are not limited to a Letter of Support from a State Legislator; Local municipal letter; Organizational newsletter; Partner organization support letters; News articles; Publications; and other materials pertinent to the application).*

#### **ELECTRONIC SIGNATURE:**

*The name typed here is authorized to sign this Garrett County Arts Council application on behalf of the applicant and certifies that all information contained in this report is true and accurate. Checking this box verifies that the applicant agrees to complete and submit this application by electronic means, including the use of an electronic signature.*

Signature:

Date: