

# **LOWCOUNTRY QUARTERLY ARTS GRANTS PROGRAM**

## **APPLICATION**

The Lowcountry Quarterly Arts Grants Program is a subgranting program of the South Carolina Arts Commission and is administered by the City of Charleston Office of Cultural Affairs and the City of North Charleston Cultural Arts Program. LQAGP funded projects must give credit in all printed materials to the CITY OF CHARLESTON OFFICE OF CULTURAL AFFAIRS, the CITY OF NORTH CHARLESTON CULTURAL ARTS PROGRAM, the LOWCOUNTRY QUARTERLY ARTS GRANT PROGRAM, and the SOUTH CAROLINA ARTS COMMISSION which receives support from the NATIONAL ENDOWMENT FOR THE ARTS and the JOHN AND SUSAN BENNETT MEMORIAL ARTS FUND OF THE COASTAL COMMUNITY FOUNDATION OF SC.

*The LQAGP is intended to support arts organizations and projects that reflect artistic excellence and events which are well-advertised and open to the public. The LQAGP grants program provides assistance for professional or career development for individual artists and staff of cultural organizations in Berkeley, Charleston and Dorchester Counties. Funding for this program is provided by the South Carolina Arts Commission, City of Charleston and City of North Charleston. Applicants may receive only two quarterly grants per fiscal year (July 1- June 30).*

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Kyle Lahm, Director  
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**Please visit our website to print grant application forms and guidelines at  
[www.charlestonarts.org](http://www.charlestonarts.org) or [www.charleston-sc.gov](http://www.charleston-sc.gov)**

**or contact**

**Rachel D. Workman, LQAGP Administrator at [WorkmanR@charleston-sc.gov](mailto:WorkmanR@charleston-sc.gov)**

**Lowcountry Quarterly Arts Grants Program**  
**APPLICATION**  
**Serving Berkeley, Charleston and Dorchester Counties**

**1. Applicant Name:**

**Fiscal Agent Name if applicable:**

**Mailing Address:**

**County:**

**Length of Residency:**

**2. Daytime Telephone**

**Email:**

**3. Project Director/Contact Person:**

**4. Project Title:**

**5. List the beginning and ending date of the project:**

Project should take place during the corresponding grant period: Quarter 1: July-September  
Quarter 2: October-December  
Quarter 3: January-March  
Quarter 4: April-June

**6. Indicate the specific date(s), time and locations of your performance(s)/activities:**

**7. Amount Requested:**

**8. If you or your organization received any funds from the South Carolina Arts Commission for this fiscal year, please indicate the amount and title of project:**

**9. If artist or organization has received previous funding, please indicate which year/s, amounts and sources below:**

<b>Year Awarded:</b>	<b>Amount Awarded:</b>	<b>Sources:</b>
<b>FY 16</b>		
<b>FY 15</b>		
<b>FY 14</b>		

**10. Project description. Describe the nature of the project. What is it specifically that you want to do? Indicate the nature of the project (e.g., produce a play, photo exhibit, publish a book, present a concert, etc.); the scope of the project (e.g., to produce new plays, reach underserved audiences, etc.); and other formation which will help the committee to understand what you propose to do. Please be as specific as possible.**

**11. Describe the artists and/or organizations involved with the project.**

**12. Describe the short and long term benefits that you or your organization expect to derive from the project.**

**13. How will you promote the project? Be SPECIFIC - list media organizations and include the kinds of promotional materials to be generated. What non-traditional promotional methods will you utilize to reach underserved groups?**

**14. How, specifically, will the grant funds be used?**

**15. How will you evaluate your project? Submit a sample evaluation form and describe how it will be distributed.**

**16. How many individuals will benefit directly from the project and the proposed grant?**

**Please list below**

**Personnel: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_**

**Number of Participating Artists \_\_\_\_\_ Technical Production Crew \_\_\_\_\_**

**Total Audience (estimate) \_\_\_\_\_**

**Others (such as entire community), please describe:**

**17. If your project involves public performance, exhibition, reading, event, etc., will the activity be accessible to the following:**

**Persons with disabilities?      Under-served individuals?      Cultural minorities?**

**Senior adults?      Economically disadvantaged?**

**Other special audiences please identify:**

**18. If applicable, please explain how the project will be accessible to the above groups. Describe facility accessibility for physically challenged; interpreter for the deaf; transportation for senior citizens, wheelchair access; outreach methods to underserved; non-traditional marketing to special audiences and cultural minorities.**

**19. Certification We certify to the Commission that: 1. The applicant is in compliance with stated eligibility requirements, and ALL information contained in this application is true and correct to the best of my knowledge; 2. The filing of this application and signature have been authorized by the governing body of the applicant; 3. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant solely for the described projects and programs; and 4. The applicant and any organization that it assists will comply with all applicable Federal and State laws when conducting any program activity for which the applicant receives financial assistance from the Commission.**

**Authorized Official:**

**Typed Name and Title**

**Signature\***

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fiscal Unit/Agent Authorized Official (If Applicable):**

**Typed Name and Title**

**Signature\***

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Applicant must submit an application with original inked signature to be considered.**

## SUMMARY OF DETAILED BUDGET

\* Indicate Lowcountry Quarterly Arts Grant Expenses

Expenses	Total	Income	Total
Personnel (list below):		Applicant Cash	
Administrative		Admissions/Sales	
Artistic		Private Support (list below):	
Technical/Production		Corporate	
Outside Fees & Services		Foundation	
Space Rental		Individuals	
Travel		Other	
Marketing		Government Support/Grants:	
Subgranting		Federal	
Remaining Operating Expenses (list below:)		State/Regional	
		County ATAX	
		County Other	
		City ATAX	
		City Other	
		Capital Expenditures (may be used only as part of cash match.)	
		Other Revenue (list below):	
<b>TOTAL CASH</b>			
In-Kind:			
Prof. Services		<b>TOTAL CASH INCOME:</b>	
Good & Materials			
<b>TOTAL IN-KIND:</b>		<b>TOTAL IN-KIND:</b>	
		<b><i>LQAGP GRANT REQUEST:</i></b>	
<b>TOTAL EXPENSES:</b>		<b>TOTAL INCOME:</b>	

Note: Expenses should match income.  
 Required Match 1:1 (Applicant/LQAGP)  
 50% of the Applicant's Match must be cash.

**Lowcountry Quarterly Arts Grants Program  
STANDARD RESUME FORM**

*Please use this form (or submit your resume) for all key individuals involved in project.  
Attach additional sheets if necessary.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

**EDUCATION** *(please list in chronological order--include dates)*

**EMPLOYMENT/PROFESSIONAL EXPERIENCE**

**ARTISTIC TRAINING/EXPERIENCE**

**AWARDS/HONORS** *(Includes exhibitions, publication, etc.)*