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).

Scott Watson, Director City of Charleston Office of Cultural Affairs 75 Calhoun Street Suite 3800 Charleston, SC 29401 (843) 720-3885

Kyle Lahm, Director City of North Charleston Cultural Arts Department P.O. Box 190016 North Charleston, SC 29419 (843) 740-5850

Please visit our website to print grant application forms and guidelines at www.charlestonarts.org or www.charleston-sc.gov or contact

Rachel D. Workman, LQAGP Administrator at WorkmanR@charleston-sc.gov

Lowcountry Quarterly Arts Grants Program APPLICATION

Serving Berkeley, Charleston and Dorchester Counties

1. Applicant Name:	•,		
Fiscal Agent Name if applicab	le:		
Mailing Address	C	City:	Zip:
County:	How long have you lived	I in the county?:	
2. Daytime Telephone	Email:		
3. Project Director/Contact Per	rson:		
4. Project Title:			
5. List the beginning and endi	ng date of the project:		
Circle corresponding grant per	iod for which you are applying	Quarter 1: July - September Quarter 2: October - Decemb Quarter 3: January - March Quarter 4: April - June	per
6. Indicate the specific date(s)	, time and locations of your	performance(s)/activitie	s:
7. Amount Requested (maximu	um \$1,000):		
8. If you or your organization rethis fiscal year, please indic	eceived any funds from the ate the amount and title of p		mmission for
9. If artist or organization has and sources below:	received previous funding, p	olease indicate which ye	ear/s, amounts
Year Awarded: FY 19 FY 18 FY 17	Amount Awarded: S	ources:	
10. Project description. Description do? Indicate the nature of	ibe the nature of the project		

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 wil you utilize to reach underserved groups?
14.How will you evaluate the success of your project? Submit a sample evaluation form and describe how it will be distributed.

SUMMARY OF DETAILED PROJECT BUDGET * Indicate Lowcountry Quarterly Arts Grant Applicable 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):	
EXPENSES:			
	1		
In-Kind:			
Prof. Services		TOTAL CASH INCOME:	
Good & Materials			
TOTAL IN-KIND:		TOTAL IN-KIND:	
		LQAGP GRANT REQUEST:	
TOTAL EXPENSES:		TOTAL INCOME:	

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

BUDGET NARRATIVE

Your budget should show project expenses of at least double your grant request. That is, if you are requesting a \$1,000 grant your budget should show at least \$2,000 in project expenses.
15. Explain how your costs were estimated. Explain the sources of your income. You should only explain expenses and income directly associated with this project.
16. How, SPECIFICALLY, will your grant funds be used:

17. How many individuals will benefit Please list below	directly from the project and the prop	osed grant?
Personnel: Full-time	Part-time	
Number of Participating Artists	Technical Production Crew	
Total Audience (estimate)	_	
Others (such as entire community), pl	ease describe:	
be accessible to the following: Persons with disabilities? Under	omically disadvantaged?	•
19. If applicable, please explain how facility accessibility for physically characters, wheelchair access; outreach special audiences and cultural minori	methods to underserved; non-tradition	sportation for senior
20. Certification We certify to the C eligibility requirements, and ALL inforbest of my knowledge; 2. The filing or governing body of the applicant; 3. The administered by or under the superprograms; and 4. The applicant and a Federal and State laws when conduct financial assistance from the Commission.	rmation contained in this application if this application and signature have lead activities and services for which as rvision of the applicant solely for the ny organization that it assists will coning any program activity for which the	is true and correct to the been authorized by the ssistance is sought will described projects and nply with all applicable
Authorized Official: Typed Name and Title	Signature*	Date
Fiscal Unit/Agent Authorized Official (Typed Name and Tile	(If Applicable): Signature*	Date

^{*}Applicant must submit an application with original inked signature to be considered.

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 orderi	nclude dates)
EMPLOYMENT/PROFESSIONAL EXPERIENCE	
ARTISTIC TRAINING/EXPERIENCE	
AWARDS/HONORS (Includes exhibitions, pub	lication etc)

Form **W-9** (Rev. August 2013)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	nent of the Treasury Revenue Service		ation	send to the IRS.
	Name (as shown or	your income tax return)		
page 2.	Business name/dis	regarded entity name, if different from above		
on pa	Check appropriate	box for federal tax classification: proprietor	Exemp	tions (see Instructions):
Print or type See Specific Instructions on	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnershlp) ▶			payee code (if any)tion from FATCA reporting
Prin:	Other (see ins	structions) ►	,	
l	Address (number, s	treet, and apt. or suite no.)	Requester's name and addr	ess (optional)
See St	City, state, and ZIP	code		
	List account number	er(s) here (optional)		
Par	Тахра	yer Identification Number (TIN)		
to avo	your TIN in the ap id backup withhol nt alien, sole prop s, it is your emplo	propriate box. The TIN provided must match the name given on the "Name" I ding. For individuals, this is your social security number (SSN). However, for rietor, or disregarded entity, see the Part I instructions on page 3. For other yer identification number (EIN). If you do not have a number, see <i>How to get</i>	a	imber -
	page 3.	Harris Harris A. Company of the Property of the Company of the Com	Employer identific	eation number
	er to enter.	n more than one name, see the chart on page 4 for guidelines on whose		
Par	III Certifi	cation		
Under	penalties of perju	ry, I certify that:		
1. The	e number shown o	on this form is my correct taxpayer identification number (or I am waiting for a	number to be issued to	me), and
Se	vice (IRS) that I a	ackup withholding because: (a) I am exempt from backup withholding, or (b) n subject to backup withholding as a result of a failure to report all interest or backup withholding, and		
3. I ai	n a U.S. citizen o	other U.S. person (defined below), and		
4. The	FATCA code(s) e	ntered on this form (if any) indicating that I am exempt from FATCA reporting	is correct.	
interes gener instru	se you have failed st paid, acquisition ally, payments oth ctions on page 3.	ns. You must cross out item 2 above if you have been notified by the IRS that to report all interest and dividends on your tax return. For real estate transact or abandonment of secured property, cancellation of debt, contributions to the than interest and dividends, you are not required to sign the certification, the certification is a secure of the certification.	ctions, item 2 does not a an individual retirement	apply. For mortgage arrangement (IRA), and
Sign Here			9 ▶	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) Indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An Individual who is a U.S. citizen or U.S. resident allen,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, In certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Befo	re you submit your application please verify:	
	You are submitting a request for the appropriate granting period. Funding requests	
	outside the current granting quarter will not be considered.	
	You are either an individual artist or a representative of a non-profit organization	
	(and can documentation).	
	You have carefully reviewed allowable expenses. If you are not sure your activity	
	qualifies for funding, you should call the City of Charleston Office of Cultural Affairs or the	
	North Charleston Cultural Affairs Department (the contact information is on the cover	
	sheet of this application).	
	If you are a non-profit organization you have included your IRS Tax Exemption letter	
	or other documentation proving charitable status.	
	You signed your application. The application requires an inked signature.	
Help	ful tips for a successful application:	
	Double check the math on your budget. Your expenses should match your income. A	
	balanced budget (including your grant request) will show you have enough funds to cover	
	the costs of the project and will not lose or gain income from this project.	
	Include material which will help your grant reviewer better understand your project.	
	E.g., Painting a mural? Include samples of your work. Producing a play? Include excerpts	
	from the script.	
	Does your project involve working directly with another organization (e.g. a	
	school)? If so, it's a good idea to include a letter of support from that organization.	
	Proofread your application:	
	□ Spellcheck!	
	$\ \square$ Do you believe an impartial party would fund your request based on the	
	information you provided?	