

**Westport Cultural Council**

**Application for the Helen E. Ellis Charitable Trust Grant for 2014-2015**

**Date:** \_\_\_\_\_ **Application period: Saturday, February 1, 2014 to Monday, March 17, 2014**

The following must be typed. Information can be provided as an attachment if you cannot use this printed form. This form can be downloaded from [www.westportculturalcouncil.org](http://www.westportculturalcouncil.org).

**Applicant Information:**

**Federal Employee ID #:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City/State/Zip**  
( ) \_\_\_\_\_

\_\_\_\_\_  
**Applicant Phone**

\_\_\_\_\_  
**Applicant e-mail Address**

\_\_\_\_\_  
**Applicant Website**

\_\_\_\_\_  
**Contact Person**

\_\_\_\_\_  
**Contact Mailing Address**

\_\_\_\_\_  
**Contact City/State/Zip**  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_  
**Contact Phone Day/Evening**

\_\_\_\_\_  
**Contact e-mail address**

**Project Information:**

1. **Project Title:** \_\_\_\_\_
2. **Name of venue/organization:** \_\_\_\_\_  
**Location:** \_\_\_ Central Village \_\_\_ Route 6 \_\_\_ Route 177 \_\_\_ Other: (Please specify) \_\_\_\_\_
3. **Date of Event:** \_\_\_\_\_
4. **Name of Director and Westport Sponsor (see Instructions #3)** \_\_\_\_\_  
**Sponsor Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Check if sponsor letter is enclosed
5. **Target Audience:** \_\_\_ Adults \_\_\_ Children \_\_\_ Seniors (see Instructions, #3) Please estimate projected number of participants \_\_\_\_\_.
6. **Briefly describe your activity (see instructions #5)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **Please note the following two questions: Is it participatory?** \_\_\_ yes \_\_\_ no. **Will this result in a permanent installation?** (see Instructions #6 and FAQ) \_\_\_ yes \_\_\_ no.
8. **Describe the public benefit for Westport. Please review "public benefit criteria" in Instructions #7.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. In approximately 100 words or less describe your plan for promoting this project to target audiences and your community. Include information on planned outreach and publicity activities (see Instructions #8).

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10. Qualifications of key personnel: summarize and include supporting material as attachments (see Instructions #9).

- a. Individual artists must include resume and examples of work and any pertinent information that might impact on the evaluation of this proposal.
- b. Arts organizations must include resume of personnel, background information, examples of work and any information that would assist the Council in evaluation this proposal.

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|----------------------------|
| <b>Budget Information:</b> |
|----------------------------|

Total Project Cost: \$ \_\_\_\_\_  
 Matching Funds\*: \$ \_\_\_\_\_ Source of Matching Funds: \_\_\_\_\_

\*Capital expenditures must have a 2:1 match. Check with the local cultural council to see if there are any additional match requirements

**PROJECT EXPENSES**

A. Salaries/Fees \$ \_\_\_\_\_  
 1. Artist/Humanist/ Interpretive Scientist \$ \_\_\_\_\_  
 2. Administrative \$ \_\_\_\_\_  
 3. Other? \$ \_\_\_\_\_  
TOTAL Section A \$ \_\_\_\_\_

B. Space Rental \$ \_\_\_\_\_

C. Travel \$ \_\_\_\_\_

D. Marketing \$ \_\_\_\_\_

E. Remaining Project Expenses  
 1. Equipment Rental \$ \_\_\_\_\_  
 2. Project supplies or consumables \$ \_\_\_\_\_  
 3. Printing \$ \_\_\_\_\_  
 4. Shipping/Postage \$ \_\_\_\_\_  
 5. Utilities/Telephone \$ \_\_\_\_\_  
 6. Insurance \$ \_\_\_\_\_  
 7. Other \$ \_\_\_\_\_  
 8. Ensuring Access \$ \_\_\_\_\_  
TOTAL Section E \$ \_\_\_\_\_

F. Capital Expenditures \$ \_\_\_\_\_  
 G. TOTAL PROJECT EXPENSES\* \$ \_\_\_\_\_

**PROJECT INCOME**

A. Earned Income \$ \_\_\_\_\_

B. Non-Government  
 1. Corporate/Business \$ \_\_\_\_\_  
 2. Clubs and Organizations \$ \_\_\_\_\_  
 3. Other \$ \_\_\_\_\_  
TOTAL Section B \$ \_\_\_\_\_

C. Government  
 1. Other Grants \$ \_\_\_\_\_  
 (Attach list specifying names and amounts)  
TOTAL Section C \$ \_\_\_\_\_

D. Applicant Cash \$ \_\_\_\_\_

E. Amount Requested from Helen E. Ellis \$ \_\_\_\_\_

F. In-Kind Contributions \$ \_\_\_\_\_  
 (donated space, materials and/or services)

G. TOTAL PROJECT REVENUE\* \$ \_\_\_\_\_

\*NOTE: Total Project Expenses and Total Project Revenue must be equal.

Total request for expenses from the Helen E. Ellis Grant: \$ \_\_\_\_\_

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|                      |                         |      |
|----------------------|-------------------------|------|
| Authorized Signature | Project leader or Title | Date |
|----------------------|-------------------------|------|

**Please submit 1 original and 7 copies of this application, sponsor letter and supporting data. Other items, such as resume, large brochures, etc. please submit ONE copy.**