



MIDDLETOWN COMMISSION ON THE ARTS
P.O. BOX 1300 • MIDDLETOWN, CT 06457



MATCHING FUNDS APPLICATION

**APPLICATION MUST BE PRINTED OUT
PRIOR TO CLOSING THE DOCUMENT
ON YOUR SCREEN, AS IT CAN'T BE
SAVED TO YOUR COMPUTER.**

Questions? Call 860.344.3520 or
stephan.allison@cityofmiddletown.com

Email:

APPLICANT: Phone:

ADDRESS: City: State: Zip:

Contact Person: Grant Request: Total Project Cost:

PERSON RESPONSIBLE FOR PROJECT: Phone:

SPONSORING ORGANIZATION: Phone:
(Individual applicants only)

ADDRESS: City: State: Zip:

Project Start Date:

Project Completion Date:

Does the project fall within the MCA's designated theme? YES NO If YES, include reason(s) below:

PROJECT DESCRIPTION (Limit response to space provided):

(Long-term projects should be described in portions/phases for which funding is or will be required.)

What is the main objective of the project?

Briefly state how the proposed project is new/innovative for you/organization(s), arts, culture, and/or the community. Why is it important?

Applicants for long-term projects *(more than 10 months)* complete the following:

Is requested funding for entire project? YES NO For a portion/phase of project? YES NO

If portion: START DATE: COMPLETION DATE: for which funding is requested.

Have you received, or anticipate receiving, any in-kind commitments for this project? YES NO

If YES - list source, value, and check off in the appropriate box whether it is anticipated or confirmed:

SOURCE	VALUE	Anticipate	Confirmed
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Can you supply proof of revenue and in-kind commitments? YES NO

Please check the areas that reflect the make-up of your intended audience:

Senior Minority Handicapped Adults Youth Children General

Number of people served (audience, students, etc)? For Project: Annually:

How many participants (not including audience) will be involved in the project?

How will your project impact the citizens of Middletown? Please explain in the space provided.

ORGANIZATION APPLICANTS: Date founded: If member org., number of members:

Purpose of organization:

List major programs and/or services of organization:

FISCAL INFORMATION: What is your fiscal year? FROM: TO:

Please attach a copy of organization's budget for the fiscal year coinciding with the duration of the project for which you seek funds.

INDIVIDUAL APPLICANTS: Briefly identify yourself and describe your qualifications for completing the project:

NOTE: APPLICANTS ARE ADVISED TO RETAIN A COPY OF THE COMPLETED APPLICATION AS SUBMITTED TO THE MCA.

Date:

Authorized Applicant Signature

Authorized Applicant Name

Authorized Applicant Title

RETURN COMPLETED MATCHING FUNDS APPLICATION TO:
MCA
P.O. BOX 1300
MIDDLETOWN, CT 06457-1300