



INDIVIDUAL ARTIST GRANT

Grant limit: Up to \$1,000 per Grantee

Directions: All applications must be typed. Complete this fillable PDF form. This fillable PDF form must be saved to your computer. Use only the latest version of Adobe Reader to complete the fillable PDF. Avoid completing the form online within your web browser using a built-in PDF viewer, or by using MAC Preview (Macintosh OS). Information can be lost using these methods. You may then email this form to [dwac4arts@hotmail.com](mailto:dvac4arts@hotmail.com) along with other grant materials.

Artist Name _____

Street Address _____

City _____

State _____

Zip _____

Day Phone _____

Alternate Phone _____

E-mail address _____

Web Site _____

Project Title _____

Artistic Discipline of Proposal _____

Project Start Date _____ Project End Date _____

Project description:

Goals of the Project:

Describe the goals of the project/event and how the event is relates to arts and culture.

Audience and Impact:

Describe your event's target audience, estimated attendance and economic impact to the Bismarck Community.

Artist resume or bio:

Project timeline in your own format:

Community Partners:

List any community partners and what their financial and/or in-kind contribution is, if any.

Work samples:

Use of Funds:

Describe specifically how Dakota West Arts Council grant funds will be used.

Budget Information:

Expenses

Please itemize your expenses for the proposed project. (Remember to include your fee as an artist).

Expense Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES	\$ _____

Income

Please itemize your income, including in-kind donations) for the proposed project. (Remember to include your fee as an artist).

Expense Description	Amount
<u>Dakota West Arts Council</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL INCOME	\$ _____

Certification and Release

I certify that all statements made in this application are true to the best of my knowledge;

I certify that I am a current resident of Bismarck, ND, and will remain a resident throughout the duration of this project.

I certify that I am twenty-one years of age or older and am not a graduate or undergraduate student;

I understand that all the application information has to be completed, if not, the application is considered to be incomplete and ineligible for funding;

I acknowledge that Dakota West Arts Council (the Arts Council) is not liable for loss or damage of materials submitted; and

I understand that the terms and conditions of this project may vary, pending changes made by Dakota West Arts Council due to unusual circumstances, errors, and/or newness of this grant category

Signature _____

Date: _____

Name (printed) _____