



## **Fall 2017 Grant Application**

**Organization:**  
**Project Title:**  
**Project Dates:**  
**Total Project Cost:**  
**Amount of Funding Request:**

**Grant Category:**

**Creative Education**

To support creativity for all ages and disciplines throughout our community and school programs that encourage teaching, learning and experiencing the arts.

**— Artists-in-Residence**

To support artist-in-residency programs in all disciplines that encourage the creation, presentation and sharing of art in Jackson.

**Art Experiences**

Festivals, temporary events, art gatherings/happenings, temporary installations.

**Storytelling**

Giving voice to the stories that connect and inspire us.

**Project Summary (150 words max):**

**Lead Project Director/Contact Person**

**Name:**  
**Organization:**  
**Address:**  
**Email:**  
**Phone:**  
**Organization's Mission:**

**List any collaborating partners:**

## **Project Narrative**

Note: The boxes on this form will expand to allow space to answer all questions.

### ***Project Description:***

Describe the project in detail. Who will be involved? What is the time-frame of this project? Be sure to indicate start and end dates and suggested dates for mid-process and final meetings.

### ***Project Goals:***

Describe the goals of this project. How are the arts integral to this project? How will this project strengthen or add vibrancy to our community?

### ***Project Impact:***

Who will be most impacted by this project? How many people/participants do you expect to reach through this project? Describe the potential impact of a grant from Center of Wonder on the organization, program and people served. Will your plans change if you do not receive the amount requested?

## **Leadership & Collaboration Narrative**

Tell us about the leaders and artists in this project. If this is a collaboration, how are all the partners integral to the project?

## **Evaluation**

How will you evaluate the success of your project? What criteria will you use? How will you assess your impact on the community?

Submit your application and budget no later than 5 pm, October 27, 2017 by using either the submit button in the top right-hand corner of this form or emailing as an attachment to [Lyndsay@centerofwonder.org](mailto:Lyndsay@centerofwonder.org). This is a fillable pdf form, please be sure to save it. If you would prefer a word document or if you have any questions, 307-413-1800 or email.