

**SEMINOLE CULTURAL ARTS GRANTS PROGRAM**  
**as funded by the Seminole Cultural Arts Council**  
**FY 2026-2027 GRANT APPLICATION**

**I. General Information**

(1) Name of Organization \_\_\_\_\_

(2) Name of Event/Project \_\_\_\_\_

(3) Grant Contact Person \_\_\_\_\_

(4) Complete Street Address of Organization  
Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

(5) Email Address of Organization \_\_\_\_\_

(6) Email Address of Grant Contact Person \_\_\_\_\_

(7) Grant Contact Person Title: \_\_\_\_\_

(8) Grant Category:

- \_\_\_\_\_ CATEGORY I: Artistic or Cultural Event/Programming
- \_\_\_\_\_ CATEGORY II: Educational Active Learning Activity
- \_\_\_\_\_ CATEGORY III: Community Outreach to Support Arts & Culture in Underserved Populations
- \_\_\_\_\_ CATEGORY IV: Art Project/Show/Exhibition

(9) Federal Employer ID# for 501(c)3 nonprofit organizations \_\_\_\_\_

(10) Amount Requested \$ \_\_\_\_\_

(11) Event/Project Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

(12) Have you ever applied for a SCAC Grant? \_\_\_\_\_ YES \_\_\_\_\_ NO

(13) If yes, when? \_\_\_\_\_ (If yes, copies of Final Grant Report Forms for 2025-2026 grant recipients shall be included with Required Support Material in this application.

(14) Have you ever received SCAC Grant funding? \_\_\_\_\_ YES \_\_\_\_\_ NO

(15) If yes, when? \_\_\_\_\_ (If yes, copies of Final Grant Report Forms for 2025-2026 grant recipients shall be included with Required Support Material in this application.

**\*\*\*PLEASE SUBMIT PROJECT NARRATIVE AS A WORD OR PDF FILE ORGANIZED USING THIS OUTLINE.\*\*\***

## **II. Project Narrative:**

### **A. Quality of Offerings – Maximum 40 points**

**1. Project Title** (clearly identify what your project involves):

**2. Project Description – 500 word maximum word count** (What is the goal? What makes this project unique? Describe the relationship between the organization’s mission and goals, project’s goals, and activities. List any other individuals/groups/organizations involved with the project.):

**4. Merit of Project/Community Need -- 500 word maximum word count** (How will it enhance/highlight arts and culture—broadly defined--in Seminole County? Be specific in explaining why this funding will have a positive outcome or what you anticipate the benefits of this funded project for the citizens of Seminole County.):

**5. Organization Mission Statement -- 250 word maximum word count**

### **B. Impact – Maximum 40 points -- 1000 word maximum word count**

**Describe the expected impact of the grant activity and/or event on the citizens of Seminole County. In your summary include the following information:**

- Estimated number of individuals benefiting, youth benefiting, elders benefiting and artists participating;
- Estimated number of events and opportunities;
- Location and reach of project;
- Project impact (organization's economic impact and education and outreach);
- Marketing and promotion; and
- Accessibility of event facilities and programming location
- Explain how you will you increase recognition for Arts License Plates and the Seminole Cultural Arts Council? (SCAC’s ability to continue granting funds depends on proceeds from sales of arts license plates. For this reason, recognition of support is important.

### **C. Track Record – Maximum 15 points -- 1000 word maximum word count**

- Brief Project Budget;

Please note that the event budget should only include expected costs of specific materials, fees, or costs associated with the event described in the application narrative. Estimates of specific cost amounts may be used.

### **PROJECT EXPENSES ALLOWED**

- Artist/Guest Speaker Honorarium
- Artist/Performer Fees – please note that performer fees CANNOT be paid to any individual who has had any formal affiliations with the grant application group via their Board of Directors in the last 2 years.
- Personnel- Technical or Production (fees)
- Venue Rental (EX. theater, hall, gallery, rehearsal venue, park, classroom, etc.)
- Marketing-Publicity/Promotion (newspapers, radio/television advertising, posters, printing, mailings)
- Other Logistical Costs (scripts, scores, supplies specific to this project, equipment rental, sets, props).

- Plan for Collecting Post Event Guest Data;
- Grant reviewers will also consider the applicant's reporting history and compliance status as of the panel meeting

**D. Uniqueness of Project Design and Gauged Effectiveness of Project Goals (5 points) -- 250 word maximum word count**

Please explain, in summary as you wrap up the conclusion of your grant application narrative answers to the following questions:

- A. Why is your project unique when compared to other arts/culture projects in Seminole County?
- B. Explain why you feel you have designed an event/project/program that effectively meets unmet needs of Seminole County residents.

**III. CERTIFICATION - Authorizing Official**

I have reviewed this application for funds from the Seminole Cultural Arts Council (SCAC) for FY 2025-26. I am in full agreement with the information contained herein. I am authorized to submit this application and certify that the organization meets all eligibility requirements as described in the grant guidelines and that all information contained within this application is true to the best of my knowledge.

**TREASURER** \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name** **Date**



**SEMINOLE CULTURAL ARTS GRANTS PROGRAM  
GRANT FINAL REPORT FORM  
FY 2026-2027**

Email to: [info@seminoleculturalarts.org](mailto:info@seminoleculturalarts.org)

*You must return this Final Grant Report Form to SCAC no later than sixty (60) days after the completion of your project. Failure to do so will deem your organization ineligible for future grants from the SCAC. Final Grant Report must include photographs of the progress or end product of your program or project in a form which can be used in advertising and promotion.*

**Organization:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Grant Category:** \_\_\_\_\_

**Grant Amount Funded:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please provide complete and accurate answers to the following:**

**1. Date project began:** \_\_\_\_\_ **Date project ended:** \_\_\_\_\_

**2. Total Cost of Project:** \$ \_\_\_\_\_ **Amount of Grant Award:** \$ \_\_\_\_\_  
**(Please Note: Any unused grant funds must be returned to SCAC)**

**3. Did you have to change any aspect of the project as originally designed?**  
\_\_\_\_ YES \_\_\_\_ NO If Yes, briefly explain.

**4. Do you plan to repeat this project or continue it in some modified version?**  
\_\_\_\_ YES \_\_\_\_ NO If Yes, when? \_\_\_\_\_  
If No, briefly explain.

**5 Briefly describe your project - What did you do? When did you do it? Where did you do it? (Use an attached sheet if more space is needed.)**

**6. Briefly explain the organization’s use of the grant monies for programs, projects, other activities funded, and summarize the impact of this grant to the organization.** (Use an attached sheet if more space is needed).

**7. How did your organization promote State of the Arts License Plates? Does your organization want information about the “State of the Arts” license plates?**       YES       NO

**8. How many individuals benefited from this project?** \_\_\_\_\_

**9. What was the attendance at the grant project? (If applicable).**  
Paid admissions \_\_\_\_\_ + Complimentary admissions \_\_\_\_\_ = Total \_\_\_\_\_

**10. Support Materials: You must attach support materials and submit them with this Grant Final Report. Include copies of reviews, articles, brochures, programs, support letters, etc.** (Please Note: Credit to the Seminole Cultural Arts Council must be reflected in your marketing and support materials.)

I certify that the above information presents an accurate and complete description of the grant activity within the report dates shown above.

\_\_\_\_\_  
**Signature of Authorizing Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Authorizing Official**