



GRANT PROGRAM

The purpose of the Ocala Municipal Arts Commission Grant Program is to provide non-profit organizations and individual artists financial support to pursue artistic endeavors that will benefit the community by fostering the awareness and development of the cultural climate in Marion County, Florida.

ELIGIBLE RECIPIENTS:

1. Individual Artists - Minimum of one year residency in Marion County, Florida and a project proposal that demonstrates a dedication to promoting the arts within the community.
2. Arts Organizations - Non-Profit organizations or educational institutions with one year of dedicated service to promoting the arts in the community.

The following are non-allowable expenditures:

- expenses incurred or obligated prior to becoming a recipient of funds
- lobbying or attempting to influence federal, state, or local legislation
- building, renovation, or remodeling of facilities
- capital expenditures (includes acquisitions, building projects, renovations, etc.)
- bad debts, contingencies, fines and penalties, interest, and other financial costs
- private entertainment, food, beverages
- projects which are restricted to private or exclusive participation, which shall include restricting access to programs on the basis of sex, race, color, national origin, religion, handicap, age, or marital status
- contributions and donations

SUBMITTAL REQUIREMENTS:

1. Provide an Ocala Municipal Arts Commission Grant Application filled out in its entirety.
2. Provide a written description of your project, event, or activity, **including the timeline of the project or program**, and how it will help benefit the community and foster the cultural climate of Marion County, Florida.
3. **Provide a specific itemized listing of expenses required for your project or program and a detail of additional sources of funding to offset expenses.**
4. A presentation to the Commission of any visual documentation (slides or photographs), published literature or music, and any promotional material and accolades explaining the program or project.
5. Presentations must be scheduled in advance of the project/event/activity. OMAC typically meets bimonthly at the Ocala Recreation and Parks Administration office (828 NE 8th Avenue). These meetings are held on the first Wednesday of each month at 4:00 p.m. in February, April, June, August, October, and December.

6. **Applications should be submitted well in advance (preferably 1 month) to allow sufficient time for review and processing.**
7. You will be contacted when a decision has been made regarding the funding of the grant application.

FUNDING CRITERIA:

1. The maximum grant amount is typically \$500; however, the Commission maintains a degree of flexibility based upon the expected cultural impact of the project or program throughout the community.
2. The Commission typically awards only one grant per year to an Arts Organization or Individual Artist.
3. The Commission will not award grants to organizations or individuals who have not closed out previous grants by providing the proper follow up documentation and/or who failed to carry out their grant projects or programs as anticipated.
4. **Recipient agrees to provide the Ocala Municipal Arts Commission with a follow-up Grant Recipient Report Form within six months from the date of receipt of grant funds.** As a minimum, the recipient is required to use the Grant Recipient Form provided in this application packet. Photos, newspaper documentation, and community testimonials are also encouraged.
5. Non-profit organizations must be officially registered tax-exempt organizations. A copy of IRS letter or certificate **must** be attached to, and submitted with, this application.

MAIL OR HAND DELIVER APPLICATION TO:

Ocala Municipal Arts Commission
828 N.E. 8th Avenue
Ocala, FL 34470

FOR MORE INFORMATION CALL:

Melissa @ 352-629-8447

The Ocala Municipal Arts Commission typically meets bi-monthly at 4:00 p.m. the first Wednesday of February, April, June, August, October, and December at Ocala Recreation and Parks Administration Office, 828 NE 8th Avenue. Meeting dates and location may change. Call to confirm.

Funding for the Ocala Municipal Arts Commission Grant Program is provided from the State of Florida through revenues received from the sale of Arts License Plates.

The Ocala Municipal Arts Commission is an advisory agency of the City of Ocala established by the City to provide for the artistic and cultural development of the City. The Ocala Municipal Arts Commission is designated as the Local Arts Agency for Marion County by the Marion County Commission to serve all art forms and cultural groups throughout Marion County. (Resolution 92-R-129)

OCALA MUNICIPAL ARTS COMMISSION GRANT APPLICATION

Name of Organization or Individual Artist: _____

Name of Program or Project: _____

Grant Amount Requested \$ _____

Application for:

Arts Organization Must provide copy of IRS letter or Tax Exempt Certificate.

Individual Artists Must provide Social Security # _____.

Has the Art Organization or Individual Artist previously received funds from the Ocala Municipal Arts Commission? If so, provide the below listed information regarding the last project/program for which funding was received from the Arts Commission.

Date: _____ Amount \$ _____

Name of Program/Project: _____

Address: _____

Telephone: _____ Email: _____

Contact Person: _____

Discipline Category: Performing Arts (i.e., dance/drama)
 Visual Arts
 Literature
 Music
 Other _____

Recipient, individual or authorized agent of the designated organization warrants and guarantees to the City of Ocala that the funds will be used only for the purpose herein specified, at and on the time, dates and location as herein specified, or, if not so used, will be returned to the City of Ocala.

Recipient also agrees to defend, indemnify and hold harmless, the City of Ocala and all officers and employees of the City of Ocala from and against loss, damage, demand, liability or expense by reason of any damage or injury to property or persons which may be claimed to have arisen as a result of or in connection with these services.

_____ Print Name: _____
Applicant Representative Signature Print Title: _____

Applicant Name: _____

Program Name: _____

OFFICE USE ONLY

Date Application Received _____

If this organization/individual previously received OMAC funding, has all follow-up documentation been received? Yes No, Explain _____

OMAC Action:

Approved Date of Approval _____ Amount Approved \$ _____
 Not Approved for Funding

Date Paid _____ Check # _____