GUTIERREZ MEMORIAL FUND

Igniting the Arts and Community in Maryland

Legacy Grant: Request For Funding **Deadline:** October 30th

A. GENERAL INFORMATION- for Artists & Organizations

Name of Artist or Org	anization		
Mailing Address	TAAA	NI CONTRACTOR OF THE CONTRACTO	
City	State	Zip code	
County	.111		
Telephone (include ar	ea code and extension)		
Email Address	III.		
Website URL (if applic	able)	M.	
Organization's Federa	l Tax Payer Identification N	umber (if applicable)	
Organization's Fiscal Y	ear mo/day – mo-day (if ap	pplicable)	
Organization's Foundi	ng Year (if applicable)	M	
	////	M	
B. ADDITIONAL CONTA	ACT INFORMATION – for Org	ganizations	
Contact Name - *Dr. N	Лr. Mrs. Ms.		
Contact's Title		11/1/1	
Contact's Direct Phon	e # (include area code and	extension)	
Contact's Email Addre	SS	TITT	
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Executive Director or Authorizing Official's - *Dr. Mr. Mrs. Ms.	Title
Executive Director or Authorizing Official's Phone	
Executive Director or Authorizing Official's Email Address	
TAAAAN	
"有事事情况"	
C. FISCAL SPONSOR – if Applicable	
Name of Fiscal Sponsor	
Fiscal Sponsor Contact Name - *Dr. Mr. Mrs. Ms.	Title
Fiscal Sponsor Contact's Direct Phone (include area code and ex	ktension)
Fiscal Sponsor Contact's Email Address	
Fiscal Sponsor's Federal Tax Payer Identification Number	
D. PROPOSAL and PROJECT NARRATIVE	
Please See Attached	
Must not exceed four (4) pages	
E. GRANT APPLICATION ATTACHMENTS	
Please See Attached	
F. BUGDET WORKSHEET	
Please See Attached	

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Igniting the Arts and Community in Maryland

G. How did you hear about the Gutierrez Memorial Fund's Legacy Grant?

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		-411		
		11111		
H. CERTIFICATION		4447		
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all the supporting mat	ormation contained erials, illustrations			
all the supporting mat organization.				
all the supporting mat				
all the supporting mat organization.				
all the supporting mat organization. Signature				
all the supporting mat organization. Signature Printed Name				

Background

- 1. For Organizations briefly describe your organizations history, mission and goals.
- 2. *For individual artists, artisans or educators* briefly describe your artistic vision, development and the concepts addressed in your work.

Purpose of Request

Describe the program or project for which you are seeking funds.

- 1. Describe the inspiration for the project and/or program and how it was developed.
- 2. Indicate the amount required to fund the program and attach a project budget.
- 3. Describe the duration of the project and provide a detailed timeline for implementation.
- 4. For public arts projects, describe the construction and installation method and site location.
- 5. If the site has been determined, can you provide a letter of support from the property owner?
- 6. Identify any collaborative partners & their responsibilities.
- 7. Identify who will have ownership & responsibility for maintaining the 'work'.
- 8. Is there a target audience or community being served by your project?
- 9. Is there an educational or skill-building aspect to your work/project?
- 10. Will your project enhance the physical environment? If so, please describe.
- 11. Will your project raise the quality of life in the community? If so, how will it achieve that?
- 12. Discuss your goals and ideal outcomes for the request.
- 13. What process will you implement to measure the success of your project?
- 14. Explain how your proposal fits with GMF's mission and goals.

Resume & Financial Information -for Organizations Only

- 1. Number of years the organization has been in operation and your fiscal year.
- 2. Identify your board of directors and key people involved in your organization or program.
- 3. Describe the community your organization serves.
- 4. Describe the organization's current programs and activities.
- 5. Describe your organizations financial position for the current and past year.
- 6. Describe how your organization is funded and the % breakdown foundation grants, government funding, corporate gifts, individual donations and/or memberships, etc.

Challenges and Opportunities

- 1. Describe potential challenges that you may face in implementing the project. And provide possible solutions or alternative options.
- 2. What other organizations or individuals are doing similar work? Will that impact your project?
- 3. Will the people or communities served be involved in the project, its planning or evaluation?
- 4. Indicate if timing is a factor or specific timeframe is required that impacts the project's success.
- 5. Is this specific proposal under review with any other funders, and if so, which funders?

Required Attachments -for Artists and Organizations

1. Program Budget

Required Attachments -for Organizations Only

- 1. Proof of nonprofit status: 501(c)(3) IRS Letter of Determination.
- 2. A copy of the organization's registration with the Charitable Organization Division of the Office of the Secretary of State for the State of Maryland.
- 3. A copy of the organization's most recent annual report (if available).

Supporting Documents -for Artists and Organizations

- 1. Applicants are encouraged to email one (1) zip file of additional supporting documents, including a portfolio and/or project images, illustrations, or other supplementary materials as necessary to explain their concept.
- 2. Optional items may include awards, newspaper articles, letters of support and other items that help to demonstrate you or your organization's ability to successfully complete the project.
- 3. Each Item must be numbered and titled using the following format:

Applicant Last Name / Organization Name_Description_Item#

Example:

Smith_Portfolio_Image_#1

Smith_BmoreArt_Article_#2

- 4. A maximum of ten (10) images and/or supporting documents are allowed.
- 5. Supporting materials must be received with your application by the deadline of October 30th.

Contact Information

If you have any questions or need assistance with your application, please email us at Board@GutierrezMemorialFund.com.

Thank you for your application!

GMF Legacy Grant Budget Worksheet

Please provide a financial budget for your project and itemize all expenses needed to complete your project successfully. Please include the source for your materials (i.e., vendor) and include quote, if applicable. GMF understands that final purchases may be from a different vendor than originally noted.

Description (Examples)	Purpose	Name /Vendor	Qty /Hours	Rate	Shipping	Total Cost
Salaries / wages*	*Identify position or scope of work					
Salaries / wages*						
Salaries / wages*						
Subcontractors*						
Consultants*						
Project Materials (specify)						
Tools						
Equipment						
Rentals						
Insurance						
Tax expenses						
Travel						
Printing & Copying						
Postage & Delivery						
Other (specify)						
					TOTAL:	