# Community Arts Access Grants

## 2024 Grantees

Cash request form and program evaluation report for 2024 grantees.

**Deadline:** Cash request form due upon grant approval; evaluation due within three weeks of program completion.

#### CONTACT US

1276 Sun Road Washburn, Illinois 61570 309-246-8403 info@sunfoundation.org





Made possible in part by a grant from the Illinois Arts Council, a state agency, funded by the National Endowment for the Arts and matching Sun Foundation local contributors: Adams Consulting, First National Bank of Lacon, Katherine and James Weber.

#### **Cash Request Form**

For arts programing between February 1, 2024 and August 31, 2024.

CONTACT PERSON					
NAME					
PHONE	FAX	E-MAIL			
ORGANIZATION DETAILS					
NAME OF ORGANIZATION					
ADDRESS		CITY	STATE	ZIP	
COUNTY	LEGISLATIVE DISTRICT: HOUSE	SENATE	CONGRESSIONAL	DISTRICT	
PROJECT/PROGRAM DETAILS					
Applicant hereby requests th	ne sum of: \$				
	TOTAL CASH REQUEST	DATES OF PROGRAM			
FUNDS TO BE USED FOR:					
☐ Artist Salary		☐ Supplies, travel, etc. List	t, please be specific:		
Artist's Name:					
Rate per hour: \$	Number of hours:				
PROGRAM DESCRIPTION:					
DELIVERY OF PAYMENT TO WHOM	AND WHERE SHOULD THE CHECK BE SENT				
NAME		SIGNATURE			
ADDRESS		CITY	STATE	ZIP	
PHONE: PRIMARY	PHONE: SECONDARY	E-MAIL	FAX		

**NOTE** By my signature I hereby agree to include the following on all publicity material: "This program is partially funded by the Sun Foundation and the Illinois Arts Council, a state agency funded by the National Endowment for the Arts, and matching funds from Adams Consulting, First National Bank of Lacon, Katherine and James Weber"





SIGNATURE DATE

## **Evaluation & Final Report**

Please return this form within three (3) weeks of the completion of your program.

CONTACT PERSON			
NAME			
PHONE FAX	E-MAIL		
ORGANIZATION DETAILS			
URGANIZATION DETAILS			
NAME OF ORGANIZATION			
ADDRESS	CITY	STATE ZIP	
PROGRAM/PROJECT DETAILS			
PROGRAM TITLE	PROGRAM D	DATES	
Program attendance:	Type of organization (check all that apply)	Artistic disciplines (check all that apply)	
Number of events	arts organization	arts education	
Number of participating artists	individual artist	dance	
Number of paid attendees	K-12 school	ethnic and/or folk	
Number of free attendees	social service	literature	
Number of children participating	library	media arts	
Number in total attendance	park district	multi-disciplinary	
Is this an annual event? (Yes/No)	other	music	
	If other, please specify:	theater	
		visual arts	
2. Describe what actually occurred, spec	ifically noting any deviations from the original	plan. Attach copies of programs, publicity	
	s of the programs sponsors: Sun Foundation a		

## **Evaluation & Final Report, cont.**

3. mulcate problems you	i encountered a	and what you did to ov	ercome mem.		
				bout your project. Attach s	
individuals or group which	note the impac	t of this program on you	ır school or community (ie.	stories from the custodiar	n, who hears all).
5. What follow-up is plan	ned as a result	of this project? Impac	et on your community		
c. Triatronon up to plan		or and project: impac	orryour corrintarity.		
6. Did you receive other	grants? If so, fro	om whom and for how m	nuch?		
7. Population served by	this project (ind	dicate percent):			
					Physically
Underserved	Rural	over 65	Under 18	Incarcerated	challenged
Hispanic	Black	Asian	Ethnic group	Native American	
	Black		Etimo group	Nauvo / Microdin	
SIGNATURE (PROCEAM DIRECTOR)CO		·T\	DATE		

#### SUBMISSION INSTRUCTIONS

You may send your evaluation and final report via postal mail or e-mail to:

1276 Sun Road Washburn, IL 61570 info@sunfoundation.org