



A PUBLIC ART NON-PROFIT

**Community Art Grant
APPLICATION**

February 1, 2025- January 31, 2026

We encourage all applicants to carefully read the Community Grant Guidelines and requirements before completing and submitting the application. Applications that are not adequately completed will be automatically dismissed.

Date: _____

Individual/Organization/Group (circle)

Wiregrass Resident: ___ yes ___ no **County:** _____

Applicant/Organization: _____
(check made payable to)

Address: _____
(where funds will be mailed)

___ **Individual Artist Grant** ___ **Project or Program** (please indicate the grant type.)

Grant funding request: \$ _____

Project Proposal or Request Summary

Please describe your project, program, or request. Projects or program summaries should be up 2500 characters. Individual artist requests should be up to 1500 characters.

This section should be sent as an attachment with your application.

Outcomes

What are your expected short and long-term outcomes?

Funding Budget and Description

Please describe the expenses you are proposing in your budget, including details about specific item purchases, the relation to proposed activities, and any contingency plans for expenses that cannot be fully funded. You may attach a budget if preferable.

Cash Match

Please list other sources of sponsorship, grants, or other funding you have or will acquire to help cover all proposed expenses.

Timeline

Please describe your proposed timeline from inception to completion. This includes individual artist grants.

Proof of Residency

Please attach proof of one year of Wiregrass residency. Proof of residency may be a copy of your driver's license, utility bill, or lease agreement.

Other Attachments

Artists, please attach your bio, artist statement, and CV/Resume.

Conflict of Interest Policy

Please read and sign the Conflict of Interest Policy. Submit your application.

Signature: _____

ART IN PUBLIC PLACES

Conflict of Interest Policy

This *Conflict of Interest Policy* protects the integrity of the community art grant program. It ensures that all decisions regarding grant applications are made in the community's best interest, free from undue influence or personal interests. A conflict of interest arises when a person's personal, professional, or financial interests may interfere with their duty to act in the best interests of the grant program or the community it serves.

This policy applies to all individuals involved in the community art grant program's administration, evaluation, or decision-making processes, including board members, staff, and selection committee members.

Policy Guidelines:

1. Disclosure Obligations
 - Applicants must disclose any potential conflicts of interest as soon as they become aware of them. This includes relationships with APP's Board of Directors or staff, financial interests in the projects, or any other situation that may be perceived as a conflict.
2. Recusal Requirements
 - If an individual has a conflict of interest regarding a specific grant application, they must recuse themselves from discussing and making decisions related to that application.
3. Review and Resolution
 - The governing body or designated committee will review the disclosed conflicts and determine whether additional actions are required to address the conflict and ensure impartiality in the decision-making process.
4. Confidentiality
 - All disclosures and discussions regarding conflicts of interest will be confidential, except where disclosure is necessary to resolve the conflict.
5. Failure to Disclose
 - Failure to disclose a conflict of interest may result in disciplinary action, including removal from the selection committee or revocation of grant eligibility.
6. Periodic Review
 - This policy will be reviewed annually to ensure its effectiveness and make any necessary updates.
7. Acknowledgment
 - Upon their appointment or engagement, all individuals involved in administering the community art grant program must sign an acknowledgment of this Conflict of Interest Policy.

Signature: _____

Name: _____

Organization/Title: _____