

**What is your clientele?**

- Check one of the boxes or fill in the blank with an answer of your own

**Other:**

Check one of the boxes above or fill in another choice here

**Non-Profit Organization Name**

Put your organization's name here

**Tax ID (EIN)**

If you are non profit, put your number here. If you are using a Fiscal Sponsor, fill in their information below

**Amount Requested**

Any amount between \$500 and \$10,000 is acceptable. We will most likely award several applicants with a grant.

**Title**

Fill in - put "none" if not applicable. You cannot leave blank

**Prefix**

Fill in - put "none" if not applicable. You cannot leave blank

**First Name**

Fill in

**Middle Name**

Fill in - put "none" if not applicable. You cannot leave blank

**Last Name**

Fill in

**Suffix**

Fill in - put "none" if not applicable. You cannot leave blank

**Principle Contact Phone Number**

Fill in

**Principle Contact Email**

Fill in

**Organization Address**

Put your address here and below  
Fill in if needed  
City, California 95677  
United States

**Please describe your organization, its programs and services, and its impact on the community you serve.**

Give us an idea of what your organization does. Please remember that we have the following requirements:

- Must be an arts organization physically located in and serving Placer County residents.
- Must be a non-profit organization or have a non-profit fiscal sponsor.
- Must have a mission of providing arts programs or services to a "community of color" or have a primary clientele that are people of color.
- Must have been negatively impacted by the COVID-19 crisis.
- Must not have received CARES Act re-granting support.

**Approximately how many people does your organization serve annually?**

Estimated number

**Please describe how your nonprofit has been affected by and has responded to the COVID-19 crisis.**

This is your chance to tell your story and how this pandemic has affected your organization

**If awarded, how do you intend to use the Grant funds?**

Another chance for us to understand exactly how you will be using this grant money and the effect it will have on the communities you serve.

**Fiscal Sponsor Organization**

Leave blank if you are not using a Fiscal sponsor

**Contact at Fiscal Sponsor Organization**

Leave blank if you are not using a Fiscal sponsor


**Fiscal Sponsor Tax ID (EIN)**

Leave blank if you are not using a Fiscal sponsor

**Fiscal Sponsor Address**

Leave blank if you are not using a Fiscal sponsor  
Leave blank if you are not using a Fiscal sponsor

**Permission to Submit Proposal**

 I certify that I am authorized by the Executive Director and / or Board of Directors to submit this proposal on behalf of the organization.

**Electronic Signature**

 I agree that the insertion of data into the following fields constitutes an electronic signature.

**Name**

Fill in - do not leave blank

**Title**

Fill in - do not leave blank

**Date**

Fill in - do not leave blank

**IF YOU NEED ANY HELP AT ALL WITH COMPLETING YOUR APPLICATION,  
PLEASE EMAIL:**

[executivedirector@placerarts.org](mailto:executivedirector@placerarts.org).

**You may also contact ACPC Executive Director Jim Crosthwaite at (916)  
257-1872**