

Bath County Arts Association P.O. Box 974 Hot Springs, VA 24445 www.bathcountyarts.org education@bathcountyarts.org

Date: _____

Primary Grant Request Form Education (\$1,001 - \$15,000)

Section I: Individual Requests/Contact Person Details			
Name			
Position (if applicable)			
Address			
Telephone number			
Mobile phone number			
Email address			
Section II: Organization Detai	ls		
Name of organization			
Date established			
Address			
Website			
Number of paid staff	Full time:	Part time:	
Number of volunteers			
Point of Contact			
Authorized Representative	Name:	Title:	
Contact Information	Email:	Phone:	
Mission			
What is your organization's mission?			
What is your geographical area of operation? Who do you serve?			
Activities			
Please give a summary of present key activities and the number of people these are benefiting.			



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Section III: Request for funds		
Please describe the project and/or activity.		
2. How will the grant funding be used?		
3. What is the timeline of your project?		
4. How will your project / activity impact the Bath County arts community? How will you evaluate the results?		
5. How did you find out about BCAA?		
Financial		
Amount requested from BCAA		
By what date do you need the funds?		
Project Budget (attach to form)		
All grant recipients must agree to BCAA terms and conditions, which will accompany all award letters. A brief follow-up report will be required, with photos if applicable.		
Applicant Signature: Date:		
☐ By checking this box, you agree that your electronic signature is the legal equivalent of your manual signature and your school principal is aware of this grant application.		
Applications for funding may be submitted by email to: education@bathcountyarts.org		