



## take pART Grant Narrative Form FY 2023-2024

Name of Organization: \_\_\_\_\_

Name(s) of person(s) completing this form:

### PROJECT/PROGRAM QUALITY (40% of total score)

1. Briefly summarize your proposed project or program including your goals, the date(s), venue(s) and estimated number or participants or attendees:

2. Briefly describe how this project aligns with your mission and values:

3. Briefly describe the lead staff and/or artists that will lead this project, their characteristics, and artistic practice:

4. Please briefly describe what makes your project unique and creative and how you selected the artists or other creatives for this project:

5. Please describe how the project(s) or program is participatory and what kind of outreach you will do to engage the community:

6. Please describe how your project achieves artistic excellence and/or how the project impacts social systems through art:

**COMMUNITY IMPACT (30% of score)**

7. Briefly describe how your project or program serve or meet a community need that might not otherwise be met such as engaging underserved neighborhoods, economically disadvantaged communities, and/or communities of color:

**ORGANIZATIONAL CAPACITY (20% of score)**

8. Briefly describe your volunteer base and/or paid staff and any other people or organizations that will help you carry out the project or program successfully:

9. Briefly describe how you will evaluate and measure the benefit or success of your project or program:

10. Please describe how you will conduct outreach and/or marketing including social media, press releases, flyers, posters, newspaper ads and other means, as applicable:



**APPROPRIATENESS OF BUDGET AND GRANT REQUEST (10 % of total score)**

11. Please describe your budget for this project or program and how you will raise the required matching funds, as take pART will not fund more than 50% of the project or program:

12. Please explain how you determined your grant request amount:

13. Describe how would you adjust your project or program if your grant award were half of the amount requested:

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**IF THIS PROJECT/PROGRAM HAS A FISCAL SPONSOR PLEASE COMPLETE THIS SECTION:**

My organization is applying as a fiscal sponsor/receiver for the following organization: Sponsored  
Organization and Program:

Sponsored Program Address:

Sponsored Program Primary Contact:

Name:

Email:

Work Phone:

Cell Phone:

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