



## Listen and Learn Grant Application

The FSA **Listen and Learn Grant** of up to \$200 is available to member Storytelling Guilds and Groups. Grant funds are offered to help local groups create workshops of interest to storytellers in their area and/or foster social and professional interaction between storytellers in the region.

Restrictions: May NOT be used for catering or food expenses associated with the event.

FSA limits grant awards to one per year for an individual or group.

Applications are subject to review and submission does NOT guarantee a grant award.

Grant funds are NOT a consistent source of revenue and are NOT intended to be a permanent part of a recurring budget.

Applications are reviewed twice a year and are **due February 15<sup>th</sup>** (Grantees will be notified by March 31<sup>st</sup>) **and August 15<sup>th</sup>** (Grantees will be notified by September 30<sup>th</sup>).

Please complete all sections of the application and submit to:

Florida Storytelling Association  
P.O. Box 258, Mount Dora, FL 32756  
**Or preferably email to [FSA@flstory.com](mailto:FSA@flstory.com)**

APPLICANT INFORMATION
Story Group or Guild:
Contact Person:
Address:
City/State/Zip
Phone:
E-Mail:

FUNDS TO BE USED FOR	AMOUNT
Facility Fee	\$
Speaker Honorarium	\$
Sound System Rental	\$
Publicity	\$
Other Expenses _____	\$
<b>TOTAL AMOUNT REQUESTED</b>	\$

OTHER FUNDING SOURCES	AMOUNT
Group funds committed to the event	\$
Other sponsorships or donations	\$
<b>TOTAL FUNDS FROM OTHER SOURCES</b>	\$

<b>EVENT INFORMATION</b>	
Date:	Time:
Location:	
Name of Event:	
Describe the planned format for the gathering. Workshop? Story Swap? Pot Luck Meal? Guest Speaker(s)?	
Who is on the organizing committee?	
Who will be invited to participate in the gathering event?	
How will you promote attendance?	
How will you recognize FSA as a financial sponsor of the event?	
<b>A written report must be submitted within 30 days following the event, including number of participants and an accounting of expenses.</b>	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

APPROVED

NOT APPROVED

\_\_\_\_\_  
Approved by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Check #

\_\_\_\_\_  
Date Issued