

Guild Event Grant Application

The FSA **Guild Event Grant** of up to \$200 is available to member Storytelling Guilds and Groups. Grant funds are offered to help local groups produce events open to the public and to increase community awareness of storytelling and of the local group. Funds can be provided to assist in hiring presenters, securing an appropriate facility, renting sound equipment and publicizing the event. These event grants are designed to encourage local groups to produce an event showcasing the art and craft of storytelling.

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 15th** (Grantees will be notified by March 31st) **and August 15th** (Grantees will be notified by September 30th).

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**

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	\$
TOTAL AMOUNT REQUESTED	\$

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

EVENT INFORMATION		
Date:	Time:	
Location:		
Admission Fee (if any):		
Presenter(s):		
Name of Event:		
Format of the Event:		
Who is on the organizing com	mittee?	
Target Audience:		
Marketing Plan:		
How will you recognize FSA a	as a sponsor of the event?	
A written report must be submitted within 30 days following the event, including number of participants and an accounting of expenses.		

Applicant Signature		Date
APPROVED	NOT APPROVED	
Approved by:		Date
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