

South Dakota Arts Council

711 E. Wells Ave., Pierre, SD 57501
 (605) 773-3301 or 1-800-952-3625
 Website: www.artscouncil.sd.gov

Excursion Grant Application

Applicant Organization (Please type or print)

Address _____ City/State/Zip Code _____ County _____

Telephone _____ E-mail Address _____

The person in charge of this excursion:

Contact Person _____ Daytime Phone _____ Evening or Message Phone _____

Address _____ City/State/Zip Code _____ E-mail Address _____

<p>Grant Application Codes</p> <p>Applicant Status _____</p> <p>Applicant Institution _____</p> <p>Applicant Discipline _____</p> <p>Project Discipline _____</p> <p>Type of Activity _____</p> <p>Arts Education _____</p> <p>Project Descriptors _____</p> <p>Project Race _____</p> <p>Grantee Race _____</p>	<p>Event to be attended: _____</p> <p>Date: _____</p> <p>Location: _____</p> <p>Sponsor: _____</p> <p>Mileage from: _____ to _____</p> <p style="text-align: center;">(Our Town) (Location of Event)</p> <p>and back (round trip) is _____</p> <p>We will transport _____ persons in _____ vehicles</p> <p>Total transportation cost is \$ _____</p> <p>Grant Request \$ _____</p> <p>(No more than 50% of total transportation cost up to maximum of \$500.)</p>
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If approved, the authorizing official will be sent an Excursion Evaluation form. Payment will be made upon receipt of the Evaluation form in the South Dakota Arts Council office.

No funding will be granted unless the Evaluation is received within 30 days after the Excursion.

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set forth herein. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC *Guide To Grants*. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process.

Authorizing Official: _____ Signature & Title _____ Date _____

Address _____ City/Town _____ Zip _____ Telephone _____