



Mass Cultural Council - Amplify - FY20

Kathe Swaback

Application #AMP0017

Primary Contact: Kathe Swaback
Phone: (555) 555-5555
Email: email@email.com

Document Generated: Wednesday, October 23rd 2019, 11:58 am

Applicant Profile

Applicant Type	Individual
Legal Name	Kathe Swaback
Date of 501(c)3 incorporation	02/02/1994
Address	1111 anywhere Whatchagot, Massachusetts 02115 UNITED STATES
Telephone	(555) 555-5555
Primary Contact	Kathe L Swaback Moi Phone: (555) 555-5555 Email: email@email.com
Applicant Status	Individual
Applicant Institution	
Applicant Discipline	Visual Arts
FEIN / TAX ID	
Web Address	https://site.com



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Contact & Eligibility Information

Applicant/ Youth Project Leader (YPL)

(Enter the First and Last Name of the primary Youth Project Leader [YPL].)

Youth Name(s) here

YPL Email Address

(Enter the Youth Project Leader's email address)

Contact for project leader

YPL Phone Number

(if available)

617-555-5555

YPL Website

(Only submit a website that is an essential part of the proposed project.)

https://site.com

Organization Name

(Select the Organization Name from the dropdown menu)

RAW Art Works, Inc. (3913) PAR-0172

Staff Contact for Amplify Project

(Enter the First and Last Name of the staff person who will be helping you with the Amplify Project)

Contact Staff at Organization

Staff Contact Title

program gal

Staff Contact Email

email address

Staff Contact Phone

555-555-5555



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Amplify Eligibility Information

Are you currently enrolled in a YouthReach or SerHacer program that receives FY19-21 grant funding from the Mass Cultural Council? If yes, which grant program?

Yes, Youthreach

Do you agree to serve as an Amplify Youth Project Leader (YPL)?

Yes

How many other Youth Project Leaders will be leading this Amplify project with you?

(If you are the only Youth Project Leader, enter "0.")

3

List the first and last name(s) of the other Youth Project Leaders, if any.

Name 1 Name 2

The proposed Amplify project will be created, led, and implemented by the Youth Project Leader(s), who receives support and guidance from program staff, as appropriate.

True

The Amplify project will take place in Massachusetts and the project activities will be conducted between January 2 - June 30, 2020.

True

Which discipline best describes your proposed project?

Arts

The proposed project will not create or provide programming that discriminates or discourages participation based on race, gender, gender identity or expression, religious creed, color, national origin, ancestry, disability, sexual orientation, or age.

True

Is the Executive Director in support of this grant application and your proposed Amplify project?

Yes



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Project Summary

Amount requested for the Amplify Project:

(Instructions: Amplify grant awards range from \$500 to \$1,500. After completing the Budget Narrative and the Project Budget, please double check this dollar amount.)

\$1,500

Amplify Project Title:

Project Title

Please provide a written summary of the proposed project:

Short summary of project

Project Start Date (anticipated)

2020-1-1

Project End Date (anticipated)

2020-6-1

Project Location

Project Activities Setting:

After school / Out-of-School

Describe the location(s) where your Amplify project activities will take place.

town or specific location where the work will happen or be presented



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Amplify Narrative Questions

Audio/ Video 1 URL for Answers to ALL Narrative Questions below.

If the answers to all 8 questions are addressed via one URL, then paste the URL in this textbox.

Address each of the questions below

Community Needs: Why are you doing this project? What community need does it address?

Need for the project

Project Goals: What do you hope to achieve?

(One goal may include skills and qualities the youth participants also wish to develop further.)

Goals for the project

Work Plan: What will you do to achieve your goals?

(When preparing your response, consider the steps that will be taken to meet the goals of the projects; when activities will happen, and the roles or tasks of the people involved in your project [e.g. YPLs, youth participants, alums, teaching artists, program staff, and the targeted audiences].)

How goals will be achieved

Budget Narrative: How much will it cost to complete your project? If the project costs more than \$1,500, describe how you will get the additional money.

How much will it cost

Public Benefit: What will be the benefit of this project for the community?

Describe the benefit

Participants and Audience: Who is the target audience for this project? Include an estimate of the number of people that will be served.

Who will participate and experience the project

Project Promotion: How are you planning to promote the project to the community and your target audience? Share information about when the project will be presented to the community, and whether there is a cost to participate.

Promotion Plan

Evaluation: How will you determine the success of the project and know when the project goals are achieved?

Evaluation plan



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Project Budget

Project Expenses: How much will it cost to complete your project?

Amount

Wages (hourly)

250

Stipends

250

Honorarium

250

Supplies/ Materials

250

SubTotals:

\$1,000

Other Expenses: Enter the Item and Cost

Amount

500

SubTotals:

\$500

Expense Totals:

\$1,500