SOLIVITA PERFORMING ARTS COUNCIL, INC.
ARTS ENRICHMENT GRANT PROGRAM

2026/2027 GRANT APPLICATION

A. GENERAL APPLICATION INFORMATION

SCHOOL NAME:	
DATE OF APPLICATION:	
SCHOOL ADDRESS:	

CITY: _____ STATE: _____ ZIP: _____

B. CONTACT INFORMATION

PRIMARY CONTACT NAME:	
TITLE OR POSITION:	
CONTACT PHONE:	
CONTACT FAX:	
CONTACT EMAIL:	

SECONDARY CONTACT NAME:	
TITLE OR POSITION:	
CONTACT PHONE:	
CONTACT FAX:	
CONTACT EMAIL:	

C. PAYEE INFORMATION

GRANT AWARD PAYABLE TO:	
ADDRESS:	

CITY: _____ STATE: _____ ZIP: _____

ATTENTION OF: _____

D. GRANT INFORMATION

GRANT OR ACTIVITY NAME:

BRIEF ACTIVITY DESCRIPTION:

E. FUNDS REQUESTED: **(Grants may be requested up to a maximum of $2,000 per grant. *Amount awarded may not be equal to full amount requested*.)**

TOTAL AMOUNT REQUESTED: $

Is any funding for this project/activity available through your local school district?

F. PROPOSAL FOR SPAC, INC. FUNDING:

1. Describe the nature of the project/activity and estimated number of students who will benefit from this project/activity.

2. Describe the goals and objectives of this project/activity in terms of outcomes and impacts for the students who will be involved.

3. Indicate the name(s) of the teachers(s) who will be involved in the project and their role(s).

G. ANTICIPATED RESULTS AND OUTCOMES

1. Describe the anticipated results and benefits students will receive from your proposed project.

H. PROPOSED BUDGET:

Budget Breakdown: *Provide an attachment showing the anticipated budget for the program/project described in this application.*

I . SIGNATURES

AUTHORIZED SIGNATURE:	
PRINT NAME:	
TITLE OR POSITION:	

Application form should be returned no later than ***Friday, December 4, 2026***

Form and budget information should be sent to:

Solivita Performing Arts Council, Inc.
c/o Margaret A. Hepworth
771 Portofino Drive
Poinciana, FL 34759

NOTE: This form can also be emailed to mahepworth12@gmail.com.

Solivita Performing Arts Council, Inc. is a 501(c)(3) nonprofit organization.