

Area 7 Regional Workshop Grant Application

Applicants for an Area 7 Regional Workshop Grant must agree that:

1. The event must be handbell or handchime related, have educational value, strive for musical integrity and encourage cooperation among choirs representing various organizations.
2. The event must promote benefits of membership in Area VII and the AGEHR, Inc. To that end, the event planner shall distribute membership in AGEHR, Inc. materials at the event.
3. The event will encourage participation in the various educational and ringing events of AGEHR and shall not be scheduled on a date in close proximity to another AGEHR activity unless it cooperates with that activity.
4. The event planner will actively enforce the copyright laws and not allow the use of any duplicated copyrighted materials.
5. A report shall be sent within 30 days after the event to the Grant Coordinator giving an accurate accounting of all income and expenses. This report should also include an evaluation, suggestions for future events and contain a roster of registrants' names and addresses.

To apply, please fill out the Area 7 Regional Workshop Grant application and Grant Budget forms and mail these to the Grant Coordinator/Past Chair (address can be found on the Area 7 website).

If the applicant desires and the event qualifies, insurance and royalty coverage may be obtained through the AGEHR, Inc. Endorsed Event Application. These forms are available at the AGEHR website <http://handbellmusicians.org/> or by contacting the national office at 1-800-878-5459.

Area 7 Regional Workshop Grants are not to be considered a fundraising device for any organization. These grants are intended to enable the applicant to offer a successful, sponsored event without incurring significant financial liability. If a profit is made, no attempt will be made to reclaim the grant money, unless the final report shows an extremely large profit. If this were to be the case, the incident should be brought before the Area 7 Board of Directors for evaluation and possible action.

Area 7 underwritten events may not be sponsored by a manufacturer, publisher or retailer. Specific product endorsements may not occur as any part of the event. When approved by the Area 7 Grant Coordinator, a request for the grant amount, of up to \$250, will be sent to the Area 7 Chair. The Chair will then send the requisition to the Area 7 Treasurer for processing. The Treasurer will send the check on to the grant recipient.

Funds sent to the applicant will be credited to the budget of the year in which they were sent, rather than the date of the grant request or the date of the actual event.

An application packet should include:

1. A cover letter signed by the Grant Coordinator
2. Area 7 Regional Workshop Grant Application Form and Budget Worksheet
3. Guidelines for Area 7 Regional Workshop Grant Approval
4. Evaluation Summary for Grant Recipients

The maximum amount for grants is contingent on the availability of funds and subject to change by the Area 7 Board of Directors without notice.

Grant Coordinator's Name: _____ Signature: _____ Date: _____

Area 7 Regional Workshop Grant Application

Name of event: _____

Day(s) of event: _____

Location of event: _____

Name of clinician/conductor: _____

Your name: _____ AGEHR membership: _____

Your mailing address: _____

Primary phone: _____ E-mail: _____

Is this a fundraising device for your group? Yes _____ No _____

What type event? _____

How many choirs, directors, or ringers are expected to attend? _____

What amount of grant do you need? (Up to \$250): _____

I agree to send a report and actual expense report to the Grant Coordinator/Past Chair within 30 days following this event. Refer to the Area VII website for the mailing address.

Applicant's signature: _____ Date: _____

Grant Coordinator's signature: _____ Date: _____

This workshop may qualify as an Endorsed Event ___ YES ___ NO, which requires additional paperwork.

Information can be found on the National website:

<http://handbellmusicians.org/events-networking/events/sponsored-endorsed-event-information/>

Area 7 Chair's signature: _____ Date: _____

Return this form to the Past Chair/Grant Coordinator

Area 7 Regional Workshop Grant Application - Budget

To be submitted to the Grant Coordinator at the time of application.

Name of event: _____

Date(s) of event: _____

Location of event: _____

Number of anticipated paid registrants: _____ Others: _____

Projected Income:

Registration fees	\$ _____
Vendor fees	\$ _____
Sales	\$ _____
Grants & Gifts	\$ _____
Advertising	\$ _____
Other	\$ _____

Projected Total Income: \$ _____

Projected Expenses:

Site/facility rental	\$ _____
Cleaning/site personnel	\$ _____
Clinician(s) Honoraria	\$ _____
Travel, lodging, meals	\$ _____
Administration:	
Postage/mailings	\$ _____
Telephone/fax	\$ _____
Printing/promotion	\$ _____
Equipment rental	\$ _____
Meals	\$ _____
Other (please itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Projected Total Expenses: \$ _____

Projected Profit (Loss): \$ _____*

Event planner signature: _____ Date: _____

* If a grant was received from Area 7, the projected profit cannot exceed the amount of the grant.

Grant Coordinator initials: _____ Date: _____

Return this form to the Past Chair/Grant Coordinator

Area 7 Regional Workshop Grant Application - Budget

To be submitted to the Grant Coordinator at the time of application.

Name of event: _____

Date(s) of event: _____

Location of event: _____

Number of anticipated paid registrants: _____ Others: _____

Projected Income:

Registration fees	\$ _____
Vendor fees	\$ _____
Sales	\$ _____
Grants & Gifts	\$ _____
Advertising	\$ _____
Other	\$ _____

Projected Total Income: \$ _____

Projected Expenses:

Site/facility rental	\$ _____
Cleaning/site personnel	\$ _____
Clinician(s) Honoraria	\$ _____
Travel, lodging, meals	\$ _____
Administration:	
Postage/mailings	\$ _____
Telephone/fax	\$ _____
Printing/promotion	\$ _____
Equipment rental	\$ _____
Meals	\$ _____
Other (please itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Projected Total Expenses: \$ _____

Projected Profit (Loss): \$ _____*

Event planner signature: _____ Date: _____

* If a grant was received from Area 7, the projected profit cannot exceed the amount of the grant.

Grant Coordinator initials: _____ Date: _____

Return this form to the Past Chair/Grant Coordinator

Area 7 Regional Workshop Grant - Event Evaluation

To be sent to the Grant Coordinator within 30 days following your event.

Name of Event: _____

Date(s) of Event: _____

Location of Event: _____

Clinician(s): _____

Your name (event planner): _____

Total Paid registrants: _____ Others: _____

Number of Directors: _____ Number of Ringers: _____

Total Income: _____

Total Expenses: _____

Profit (Loss): _____ Date this form Completed: _____

Did this event meet your expectations? _____

Suggestions for future events: _____

Any comments about the clinicians you hired? _____

Please include a separate list of registrants (either churches and directors, or individuals).

Send all forms to the Area 7 Grant Coordinator/Past Chair. Refer to website for address.