



Ocala Municipal Arts Commission Grant Program

OMAC GRANT APPLICATION

Applicant Information:

Applicant Name (Organization or Individual Artist): LEAP

Name of individual to receive correspondence: Judith Carasco

Applicant Mailing Address: 4900 SW 46th Court apt 1605

City: Ocala State: FL Zip Code: 34474

Phone Number: 3522145656

Email Address: carasco1377@gmail.com

Application Type:

- ☐ Arts Organization
- ☐ Attached 501 (c) (3) tax-exempt certificate.
 - ☐ Employer Identification Number (EIN): _____
- ☐ Educational Institution
- ☐ Attached IRS or tax-exempt certificate.
 - ☐ Employer Identification Number (EIN): _____
- ☒ Individual Artist
- ☐ Social Security Number (SSN): 063-98-3702

Project Information:

Project or Program Name: Launching Equal Access to the Performing Arts

Grant Amount Requested: \$ 2,000.00

Can proposed project/program continue with partial funding from OMAC? ☒ Yes ☐ No

Does this project/program have other funding sources? (If yes, please provide details.) ☒ Yes ☐ No

Additional Funding Sources: Personal Fund

- ☐ Attach itemized budget for proposed project/program. (Can submit own budget sheet or utilize and edit provided budget template. Template provided at end of the application.)



Ocala Municipal Arts Commission Grant Program

OMAC GRANT APPLICATION

Project Description:

****Provide any additional attachments necessary to elaborate on proposed project/program.****

Project/Program Category:

- ☒ Performing Arts (i.e., music, dance, drama, etc.)
- ☐ Visual Arts
- ☐ Literature
- ☐ Other: _____

Provide description of proposed program/project.

LEAP (Launching Equal Access to the Performing Arts) is a community-driven initiative committed to breaking down financial and social barriers that prevent children and teens from participating in the arts. We believe every young person should have the opportunity to explore their creativity, build confidence, and develop life skills through dance, music, theater, and other performing arts — regardless of their economic background. Through workshops, mentorship programs, and scholarship opportunities,

Describe anticipated benefits of proposed project/program in Ocala and/or Marion County.

Your support will: - Give at least 15 students direct access to professional performing arts training they could not otherwise afford. - Create safe, creative spaces for youth to build confidence, communication skills, and discipline. - Strengthen the local arts community by fostering the next generation of dancers for now and actors, musicians moving forward - Provide visible, measurable outcomes through community showcases and participant feedback.

Previous OMAC Grant Funding:

Provide details of last project/program funded by OMAC regardless of time. (If applicable.)

Date of funding: _____

Grant amount awarded: \$ _____

Name of Project/Program: _____



Tick box if applicant (Arts Organization, Educational Institution, or Individual Artist) received OMAC funding in the last 12 months.



Ocala Municipal Arts Commission

Grant Program

OMAC GRANT APPLICATION

Recipient, individual, or authorized agent of the designated organization warrants and guarantees to the City of Ocala that the funds will be used only for the purpose herein specified, at and on the time, dates and location as herein specified, or, if not so used, will be returned to the City of Ocala.

Recipient also agrees to defend, indemnify, and hold harmless, the City of Ocala and all officers and employees of the City of Ocala from and against loss, damage, demand, liability or expense by reason of any damage or injury to property or persons which may be claimed to have arisen as a result of or in connection with these services.

NT
Applicant Signature

Nehyssa Turenne
Applicant Name (Organization or Individual Artist)

Judith Carasco President

Organization Contact Name & Title

08/08/2025

Date

OFFICE USE ONLY

Date Application Received: _____

Received previous OMAC funding? ☐ Yes ☐ No ☐ In the last 12 months?

OMAC Action:

☐ Approved

Date: _____

Amount: _____

☐ Not Approved

Invoice Received Date: _____

Invoice Processed Date: _____

Invoice #: _____

Final Report Received Date: _____