

# COVER PAGE

## ECAC ARTS PROJECT GRANT APPLICATION FY 2009

APPLICANT ORGANIZATION:

Address:

Mailing Address (if different):

City, State, Zip:

County:

Project Director:

Title:

E-mail address:

Website URL:

Phone (day):

(other):

(fax):

U.S. Congressional District: 8<sup>th</sup>

MN House District:

Tax Exempt Number:

(does not apply if the applicant organization is using a fiscal agent or is a local unit of government or Independent School District)

**Note:** Unless a local unit of government or Independent School District you **must** attach a copy of either your organization's or your fiscal agent's IRS Letter of Determination of tax-exempt status. If your group is not using a fiscal agent, the following section will be blank:

FISCAL AGENT:

Address:

City, State, Zip:

Contact Person:

Phone (day):

(other):

(fax):

Fiscal Agent Tax Exempt Number:

BRIEF PROJECT DESCRIPTION: describe your project in 50 words or less.

PROJECT TITLE:

Project Start Date:

m/d/y

Amount of Request: \$

Project End Date:

m/d/y

Total Project Cost: \$

Total Arts Budget for the Previous Fiscal Year: \$

# PROPOSED PROJECT DESCRIPTION

## ECAC ARTS PROJECT GRANT APPLICATION

**DETAILED PROJECT DESCRIPTION:** Describe the arts project for which you are requesting grant funds. Include descriptions of all activities involved in completing the project, dates, number of performances, names of artists or companies, and any other information that will help the Arts Council understand your project. Explain here how you will advertise for the project. You must also explain what exactly the requested ECAC grant monies will provide for your project.

# PROPOSED PROJECT DESCRIPTION

## ECAC ARTS PROJECT GRANT APPLICATION

### ARTISTIC QUALITY:

1. Briefly describe the artistic mission of your organization. How will the proposed project help your organization fulfill that mission? Attach supporting documents for artists and/or artistic companies to the application.
2. List the specific artistic outcomes for this project.
3. How will you determine or evaluate how well the above outcomes have been achieved?
4. If your organization received grant support from the East Central Arts Council in one or more of the past three fiscal years, please answer the following: How does this project differ from the past projects – is it more challenging, original, or a change in direction from past projects? Please explain.

# PROPOSED PROJECT DESCRIPTION

## ECAC ARTS PROJECT GRANT APPLICATION

### APPLICANT ABILITY:

1. What year was your organization started?
2. Describe the planning process and who was involved for this project, and also your plans for promotion and publicity for the project.
3. If applicable, why did you select the artist(s) or companies participating in this project?  
(Attach resumes and/or other supporting materials.)
4. Describe the governing body of your organization. (attach supporting information on board members)
5. How is your organization staffed?
6. Summarize the qualifications of the Project Director. (attach résumé)
7. List any projects your organization has completed in the past three years.

# PROPOSED PROJECT DESCRIPTION

## ECAC ARTS PROJECT GRANT APPLICATION

### NEED OR DEMAND FOR THE PROJECT:

1. Describe how this project meets one or more of the following needs:
  - a. Art in a rural area or small community/ies.
  - b. Providing a high quality artistic experience for the region.
  - c. Encouraging a form of art that has not had much exposure in the region.
  - d. Providing local artists with opportunities to practice their art.
  - e. Serving a special constituency or geographic area having limited artistic resources.
  - f. Other (*describe*).
  
2. Describe the community involvement with or support for the project.
  
3. List any previous grant support received from East Central Arts Council. Contact ECAC staff if needed.

<u>Project</u>	<u>Year</u>	<u>Amount Of Support</u>
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4. List the communities and/or counties that will be served by this project.

note: you may use one additional page for the Project Description per the instructions

# PROJECT BUDGET/EXPENSES

## ECAC ARTS PROJECT GRANT APPLICATION

<i>Estimated Expenses</i>	<i>Amount</i>	<i>Explanatory Notes</i> (you must explain the ECAC request or any in-kind in this column)
1. Personnel (Include title and rate of pay or equivalent.)		
a. Employee salaries & wages		
b. Artist(s) fees		
c. Artist(s) travel and expenditures		
2. Publicity Expenses		
3. Rental Fees		
4. Expendable Supplies and Materials		
5. Printing and Postage		
6. Other expenses (list)		
7. TOTAL EXPENSES		\$ _____

# PROJECT BUDGET/INCOME

## ECAC ARTS PROJECT GRANT APPLICATION

<i>Estimated Income</i>	<i>Amount</i>	<i>Explanatory Notes</i>
1. Earned income		
Subtotal earned income	\$	
2. Grants and contributions <small>(Not the ECAC request which goes on line 5.)</small>		
a. Individual contributions		
b. Foundations and corporations		
c. Government		
d. Other (explain)		
Subtotal grants and contributions	\$	
3. Other- including cash and in-kind (list)		
Subtotal other	\$	
4. Add subtotals 1, 2 & 3- total income (match) for the project	\$	
5. ECAC request-may not exceed 50% of the total project cost	\$	
6. Total income (add lines 4 & 5) <small>This must be equal to Line 7 from Expenses on the previous budget page.</small>		\$ _____

Note- Eligible applicants have at least a 10% cash (i.e. not in-kind) match for the project. In-kind income should be significant items such as donated materials, labor, or space that can be given a dollar value. Documentation for in-kind must be available.

# CERTIFICATION

## CERTIFICATION SIGNATURES

We, the undersigned, certify that our board of directors supports the project as described in this application and that all the information in the attached application is true and correct to the best of our knowledge. Further, we resolve to carry out the project as it is described in the attached application and to abide by program guidelines if funding is awarded by ECAC.

\_\_\_\_\_  
print name of board officer/fiscal agent

\_\_\_\_\_  
print name of project director

\_\_\_\_\_  
board officer/fiscal agent signature

\_\_\_\_\_  
project director signature

\_\_\_\_\_  
board officer/fiscal agent title

\_\_\_\_\_  
title

\_\_\_\_\_  
date signed

\_\_\_\_\_  
date signed

note: Two separate signatures are required. One signer must be a board officer or if using a fiscal agent one signer must be the fiscal agent.

# PROJECT APPLICATION CHECKLIST

Check the boxes below as each item in your application is completed and ensure that you have numbered the grant application pages as noted below. Boxes left blank will flag your application as potentially incomplete and therefore ineligible. If you do not see boxes below, the rtf file may not be compatible with your computer. Reference the ECAC pdf version to ensure that your application is in the correct format.

**THIS CHECKLIST IS A REQUIRED PART OF THE APPLICATION.**

## I. COMPLETENESS

- A. Submit ONE one-sided copy of the following required materials, collated in the following order (paper clips only -- no staples please!):
- Cover page- page 1 (Use form provided or generate identical form by computer.)
  - Narrative- pages 2 - 5 (Use form provided or generate identical form by computer.)
  - Board of Directors Information (to be provided by applicant.) page 5a
  - Résumés of artists, project director, and key project personnel (from applicant.) pages 5b - ?
  - Project Budget- pages 6 & 7 (Use form provided or generate identical budget format.)
  - Copy of letter **from the IRS** documenting your group's tax-exempt status unless a local unit of government **OR** letter of agreement with fiscal agent AND a copy of fiscal agent's tax-exempt letter. Page 7a - ?
  - Certification Form, signed and dated- p. 8 (Submit original copy.)
  - Application Checklist- p.9 (Submit original copy.)
  - RAC Data Collection Form (Submit original copy.)

## II. ELIGIBILITY

- A. Our group/organization:
- Has no overdue final reports with ECAC.
  - Is incorporated as a nonprofit or has an official fiscal agreement with a nonprofit and, unless a local unit of government, a copy of the IRS Letter of Determination of tax-exempt status.
  - Is located in and serves the East Central Minnesota Region (the Counties of Chisago, Kanabec, Isanti, Mille Lacs, or Pine)
- B.  This grant will NOT be used for:
- ◆ Activities of a for-profit organization.
  - ◆ Projects where funds are requested to account for deficits in projects or programs begun prior to the project start date.
  - ◆ Organizations with a past due report to ECAC.
  - ◆ Applications where funds are to be used to match other ECAC grant applications.
  - ◆ Requests for construction or capital improvements, purchase of real property or endowment funds.
  - ◆ Projects in which total state funding is more than 50% of the project costs.
  - ◆ Fundraising events.
  - ◆ Activities which are not open to the public.
  - ◆ In-school projects by students or projects carried out exclusively by/for student organizations.
  - ◆ Programs by schools that are limited in access to the public or serve only schools or staff.
  - ◆ Projects which are for the religious socialization of the participants.
  - ◆ Activities that engage in political lobbying.
  - ◆ Projects where artists are required to pay entry or exhibition fees in order to exhibit or perform in the project for which funds are sought.