

PART II APPLICATION

How to Apply for Funds

Complete the enclosed application and mail or hand-deliver to:

Metropolitan Regional Arts Council
2324 University Avenue West, Suite 114
St. Paul, MN 55114

- Your application must include ALL required materials. See checklist, page 13, for a summary of the materials you must submit. Incomplete or inaccurate materials may result in your application being deemed ineligible or reduce your request.
- **Applications must be RECEIVED by 5:00 P.M. on the deadline date. This is not a postmark deadline.** Applications received after this time are INELIGIBLE and will not be reviewed. There are no exceptions to this policy.
- Applications will not be accepted by fax or e-mail.

Reminder: Keep a copy of your entire application for your files.

HELPFUL HINTS

- Plan ahead! It takes time to plan a project and write a good application.
- Attend an MRAC application workshop to get questions answered and to receive assistance on your application. It makes a difference!
- Get a friend who is not involved in your project to read your application. It helps to have a fresh set of eyes look at your work.
- Visit the MRAC office to review past applications. Learn from others' success.

What to Include

Two (2) one-sided copies of the following materials are required. These are the only materials the panel will use to evaluate your Capital grant application. Prepare application materials in the following format: 8 x 11 white paper, a text font equivalent to Times 12-point or larger (15 characters per inch), at least 3/4 inch margins, and black ink only. Forms provided by MRAC may be completed by hand.

1. **Cover Page**
2. **Narrative**
3. **Equipment/Capital Improvement Specifications / 3 Competitive Estimates or Bids**
4. **Project Personnel**
5. **Board of Directors**
6. **Project Budget**
7. **Organizational Income-and-Expense Statement**

MRAC's application forms are available in PDF format on our website www.mrac.org. You may download and fill out the application form on your computer. PDF budget pages are designed to automatically calculate as you fill them out. When you are finished, be sure to print a copy for your records, as work can not be saved using Adobe Freeware, Acrobat Reader.

1. Cover Page

Complete the attached Cover Page, page 15. This will be the first page of your application. Print or type on the form provided or generate your own form with the same information in the same format.

About project start date: see guidelines, page 3, for earliest allowable start dates.

About fiscal sponsors: if your group is not an IRS-tax-exempt organization, you must apply using a fiscal sponsor (see definition, page 6).

About project summary: be sure to complete this section. In your summary statement, describe your project in fewer than 50 words.

2. Narrative

Submit a narrative of no more than five (5) pages, addressing all six of MRAC's criteria below. Use a text font equivalent to Times 12-point or larger (15 characters per inch). We suggest that you include the section headings shown in boldface type.

The review panel will use these six criteria to evaluate your application. These criteria are organized into two areas as noted. These two areas carry equal weight in the review panel's deliberations.

Group information

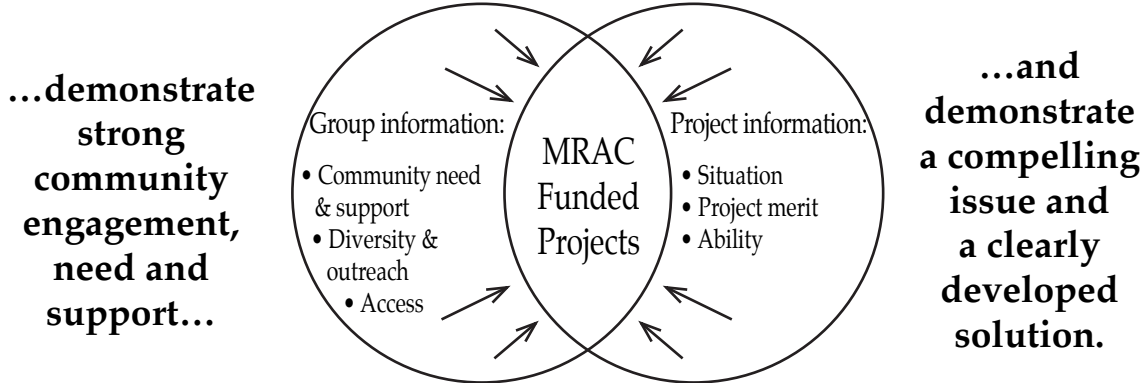
- Community need and support
- Diversity and outreach
- Access

Project information

- Situation (problem/ opportunity)
- Project merit
- Ability

The narrative portion of your application is designed to help you address these criteria. Please provide enough information to help the panel evaluate your project in relation to each of the six criteria. Assume the panel is not familiar with your group, your discipline or the community you intend to serve. The panel will apply all criteria to the application as a whole.

MRAC funds Capital applications that...



I. Group information and audience involvement

Community need and support

- State your group’s primary *purpose or mission*. Why do you exist? What is your compelling or unique work? Provide a brief statement of your organization’s history.
- Describe your group’s *current program(s) and activities* - those taking place in the current year or within the most recently completed fiscal year, as evidenced by your organization’s income and expense statement (page 21). Please write with the assumption that the review panel is not familiar with your group and/or your arts discipline.
- Describe and quantify the *current audience* (artists, attendees, participants) for your programs and services – its general geographic, racial/ethnic, cultural, economic, age and gender make-up, as well as any special needs your audience members may have.
- Describe the *community* from which your audience is drawn. Be specific.
- Explain how your audience and community *benefit* from your programs and services.
- In what ways has your audience and/or members of your community shown their *support* for your group and its activities – Attendance? Feedback? Financial contributions? Volunteer time? Donation of goods and services or space?

Diversity and outreach

- What efforts has your group made to more fully embrace the racial/ethnic, cultural, gender, economic and/or age diversity within your community?
- In what ways has your outreach succeeded in increasing diversity among your current audience?

Access

Part A

In what ways does your group ensure that your activities are accessible to your audience? For example, do you offer reduced ticket prices or educational enhancements? How does your group communicate your accessibility?

Part B

In what ways does your group provide accessibility for persons with disabilities? How is your group moving forward to improve your ADA related accessibility? In what ways does your group communicate the accessibility of your activities to people with disabilities?

(Narrative continued on next page)

II. Project information

Problem/opportunity/organizational challenge

- Describe the underlying situation – problem, opportunity, issue or need – that your capital purchase/improvement is intending to resolve. *Note: you must be able to name the problem/opportunity before you define a project and seek funding!*
- What is compelling about this situation? Why, given all the ways your group could use capital, have you decided on this project? How will addressing this important opportunity/need by making this capital purchase or improvement have a significant long-term impact? Why is it a priority?

Quality and merit of the project

- Goals and outcomes: describe your project. What are you trying to achieve? What are your project goals? Describe how this Capital request will help you meet those goals.
- Work plan and timeline for your project. What are you going to purchase (or what improvements are you wishing to make)? How did you arrive at the specific equipment configuration and/or specific capital improvements you are requesting? Who was involved in the planning? What are the specific activities or steps in this capital project? When will these activities take place and how long will they take to complete? Who will participate in this project (e.g. purchasing, installing and end-users).
- Evaluation: what mechanism will you use for evaluating the success of this project? How will you know when you are done? How will you know if this project is a success?

Other Requirements

- Bids. Before submitting a Capital grant application, your group must obtain three bids. Detailed bid information need not be submitted. However, the names of at least three vendors that provided bids must be included in your narrative, as well as the rationale for why you selected the final bid.
- Equipment or capital improvement specifications. Attach a one-page detailed description of the equipment and related supplies and services, including all estimated costs. If your request is for building-related improvements, attach a one-page detailed description, including all estimated costs.
- Consultant. If requesting funds for a consultant whose skills and experience will help you carry out your project, name the consultant and explain how that individual was selected, as well as how that individual will be used. A one-page bio is required as an attachment in the project personnel section of your application.
- Lease. If you are requesting funds to install permanent equipment or to make capital improvements to a space or facility you do not own, include a description of the terms of your lease, addressing such issues as remaining time on your lease, renewal options and the process required to obtain the landlord's approval.

Ability

Does your group have a demonstrated ability to carry this project out? The MRAC panel will find many answers to the questions below in the sections above. Use this section to provide any additional useful information to demonstrate that this is a well-planned project that your group can accomplish. The panel will consider such things as:

- What was the planning process for this project? Who was involved in the decision making? Were decision-makers and personnel key to the success of this project involved in the planning?
- Are the group's staff and/or volunteers adequately involved and qualified for their roles in this project?
- Was there a reasonable process for selecting a vendor or contractor?
- Is the project clearly "doable" given your group's resources, identified project budget, allotted

3. Equipment/Capital Improvement Specifications

Attach a one-page detailed description of the equipment and related supplies and services, including all estimated costs. If your request is for building-related improvements, attach a one-page detailed description, including all estimated costs.

4. Project Personnel

Attach a list of the key people/groups involved in your project, including any outside consultants. Briefly describe their qualifications for the project. Submit no more than one page of information per person/group.

5. Board of Directors

Attach a one-page list of your board members, indicating their profession, organizational affiliation or area of expertise.

6. Project Budget

Complete the budget forms on pages 17 and 19. Print or type on the forms provided or generate your own forms with the same information in the same format (one page for Project Budget/Expenses and one page for Project Budget/Income). Include all project costs. If you need additional space, attach one page with more detailed line-item descriptions.

If you have received or are applying for project support from other Minnesota State funding sources for the same activity, you may not receive more than 80% of the total cost of the project from the combination of MRAC and other State funds. Check your math and budget figures carefully. Project budget errors or ineligible expenses may affect your MRAC request or result in your application being deemed ineligible.

About matching funds: for every four MRAC dollars requested, you must match or raise one dollar from a source other than MRAC (see guidelines, page 2).

7. Organizational Income-and-Expense Statement

Submit a one-page annual income-and-expense statement. You may complete the form on page 21 or generate your own form with the same information in the same format. Include only actual income and expenses for your most recently completed fiscal year. Do not include in-kind.

Additional Inclusions

One (1) copy of each of the following materials is required. These materials will not be presented to the review panel.

- 9. **IRS-Tax-Exempt Status Determination Letter**
- 10. **ADA Access Planning Progress**
- 11. **Certification Signatures**
- 12. **RAC Data Collection Form**

9. IRS-Tax-Exempt Status

Furnish a copy of your group's IRS-tax-exempt status determination letter.

OR

Furnish a letter of agreement with your fiscal sponsor and a copy of your fiscal sponsor's IRS-tax-exempt status determination letter.

10. ADA Access Planning Progress

Indicate on the ADA Access Planning Progress form, page 23, whether or not your group has an ADA access plan (see definition, page 6) approved by your board of directors.

About accessibility planning: to ensure that all members of your community can partake of your programs and services, your organization should be accessible to people with disabilities. MRAC offers an easy-to-use self-survey tool, the Accessibility Planning Guide, to help you assess your organization and programs and develop an access plan. You can download the guide from our website, www.mrac.org, or call 651-645-0402 to receive a copy of this guide or to discuss access issues.

11. Certification Signatures

You must certify that your board of directors supports this application, that it is accurate, and that the board will carry out the project as described if funding is awarded. Two signatures are required; one signer must be a board officer. Complete the certification form and submit the original with signatures.

12. RAC Data Collection Form

Complete and submit the original form on pages 25 and 27. Unless marked "optional," all information on this form is required. Without it, your application will be incomplete. This information is not provided to the review panel.

APPLICATION CHECKLIST

Use the checklist below to assist you in preparing your application. The checklist does not need to be submitted as part of your application. (For more about application material and format requirements, see pages 7–12.)

FORMAT

Prepare application materials in the following format:

- 8½ x 11 white paper
- A text font equivalent to Times 12-point or larger (15 characters per inch). Forms provided by MRAC may be completed by hand
- Margins of 3/4 inch or more
- Black ink only

REQUIRED APPLICATION MATERIALS

Your application must include all of the following materials, collated in the following order. Paper clips only – no staples please!

Submit two (2) one-sided copies of the following materials.

- Cover Page form, page 15
- Narrative (may not exceed five pages)
- One-page Equipment or Capital Improvement Specifications and 3 estimates/bids
- List of Project Personnel (up to one page per person/group)
 - Consultant, if necessary (one page only)
- Board of Directors list (one page only)
- Project Budget/Expenses form, page 17 (one page only)
- Project Budget/Income form, pages 19 (one page only)
 - Project Budget explanation, if necessary (one page only)
- Organizational Income-and-Expense Statement form, page 21 (one page only)

Submit one (1) each of the following materials.

- Copy of letter from IRS documenting your group's tax-exempt status OR letter of agreement with fiscal sponsor AND a copy of fiscal sponsor's tax-exempt letter (format requirements do not apply)
- ADA Access Planning Progress form and Certification Signatures form, page 23
- Signed Certification form, page 23
- RAC Data Collection form, pages 25 and 27

Review your project budget carefully. Errors may significantly reduce the amount of your MRAC request. Please check your math.

**Applications received after 5:00 P.M. on the deadline date will be ineligible.
This is not a postmark deadline.**

COVER PAGE

Capital

Amount of Request _____

Project Start Date _____
mo. / day / yr.

Total Project Cost _____

Project End Date _____
mo. / day / yr.

Applicant Group _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-mail _____ Web Address _____

County _____ MN House District _____

(District numbers are required. Call House Information at 651-296-2146 or visit <http://www.gis.leg.mn/openlayers/districts>)

Project Contact _____

(The contact person should be available to answer questions about this application.)

Phone (w) _____ (h) _____ (fax) _____

E-mail _____

If your group is not using a fiscal sponsor, this section will be blank:

Fiscal Sponsor _____

Address _____

City, State, Zip _____

Contact Person _____

Phone (w) _____ E-mail _____

Project Summary: Describe your project in fewer than 50 words.

*Complete this form or generate your own form
with the same information in the same format.*

PROJECT BUDGET/EXPENSES

Capital

<u>Estimated Expenses</u>	<u>Amount</u>	<u>Explanatory Notes</u>
---------------------------	---------------	--------------------------

1. Equipment

2. Capital improvements

3. Supplies

4. Personnel *(Include title and rate of pay or equivalent. For eligible personnel expenses, see page 4.)*

5. Other expenses

6. TOTAL EXPENSES

\$ _____

Complete this form or generate your own form with the same information in the same format.

ORGANIZATIONAL INCOME-AND-EXPENSE STATEMENT

Arts groups provide actual income and expenses for your most recently completed 12-month fiscal year. Non-arts groups provide only actual income and expenses from arts programming in your most recently completed 12-month year. †

Financial statement for the fiscal year beginning _____ ending _____

INCOME

Support (contributors)	Amount
Individual contributions	_____
Foundations/corporations	_____
Government grants	_____
Other (specify)	_____
_____	_____
_____	_____

Revenue

Earned income (List major sources such as admissions, sales and fees)	_____
_____	_____
_____	_____
Other (specify)	_____
_____	_____
_____	_____

TOTAL INCOME \$ _____

EXPENSES

	Amount
Employee salaries & wages	_____
Employee benefits & payroll taxes	_____
Independent contractor, consultant & professional fees	_____
Supplies	_____
Printing and copying	_____
Postage & shipping	_____
Rent, utilities, equipment	_____
Transportation	_____
Other (specify)	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES \$ _____

Income less expenses \$ _____

Please describe the circumstances surrounding a substantial year-end surplus or deficit:

† Organizations with annual expenses nearing \$300,000 may be asked for additional information such as an audit.

*If you already have an income-and-expense statement that contains this information on **one page**, you may submit it in its original form.*

ADA ACCESS PLANNING PROGRESS

Our group has:

- An ADA access plan approved by our board of directors
- Begun ADA access planning and expects a plan to be approved by the board of directors by the following month/year: _____
- No ADA access plan

CERTIFICATION SIGNATURES

We, the undersigned, certify that our board of directors / advisory committee supports the project as described in this application and that all 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 if funding is awarded by MRAC.

Two signatures from members of your group are required. One signer must be a board officer or advisory committee member. You must submit original signatures with your application.

print name of board officer

print name of board member or staff

board officer signature

board member or staff signature

board officer title

board member or staff title

date signed

date signed

METROPOLITAN REGIONAL ARTS COUNCIL GRANT DATA COLLECTION FORM

TO THE APPLICANT: Please take a moment to fill out the collection form. This information is compiled for the Minnesota State Arts Board by the eleven Regional Arts Councils and is used to present a statistical picture of arts applicants in the state of Minnesota. The review panel does not see this form nor use this information to evaluate your application.

All applicants must complete this form. If your group is using a fiscal sponsor, please complete the form as it pertains to the applicant group, not the fiscal sponsor.

Organization Name: _____

SPECIAL CHARACTERISTICS (Optional): Select one code that best represents **50% or more** of your staff or board or membership.

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> Other (describe) | |

Additional Characteristics (Optional): Also mark these items if they apply.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Older Adult (60+) |
| <input type="checkbox"/> Veteran | |

STATUS: Select the one code that best describes the legal status of your group or organization:

- | | |
|--|--|
| <input type="checkbox"/> 02 Organization - Nonprofit | <input type="checkbox"/> 07 Government - County |
| <input type="checkbox"/> 04 Government - Federal | <input type="checkbox"/> 08 Government - Municipal |
| <input type="checkbox"/> 05 Government - State | <input type="checkbox"/> 09 Government - Tribal |
| <input type="checkbox"/> 06 Government - Regional | <input type="checkbox"/> 99 None of the above |

INSTITUTION: Select the one code that best describes your group or organization:

- | | | |
|--|--|--|
| <input type="checkbox"/> 03 Performing Group | <input type="checkbox"/> 16 Arts Council/Agency | <input type="checkbox"/> 36 Seniors Center |
| <input type="checkbox"/> 05 Performing Group - Community | <input type="checkbox"/> 17 Arts Service Organization | <input type="checkbox"/> 37 Parks & Recreation |
| <input type="checkbox"/> 06 Performing Group - Youth | <input type="checkbox"/> 20 School - Parent/Teacher Assn | <input type="checkbox"/> 42 Media - Periodical |
| <input type="checkbox"/> 07 Performance Facility | <input type="checkbox"/> 25 Community Education | <input type="checkbox"/> 43 Media - Daily Newspaper |
| <input type="checkbox"/> 08 Museum - Art | <input type="checkbox"/> 27 Library | <input type="checkbox"/> 44 Media - Weekly Newspaper |
| <input type="checkbox"/> 09 Museum - Other | <input type="checkbox"/> 28 Historical Society/Commission | <input type="checkbox"/> 45 Media - Radio |
| <input type="checkbox"/> 10 Gallery/Exhibition Space | <input type="checkbox"/> 29 Humanities Council/Agency | <input type="checkbox"/> 46 Media - Television |
| <input type="checkbox"/> 11 Cinema | <input type="checkbox"/> 32 Community Service Organization | <input type="checkbox"/> 47 Cultural Series Organization |
| <input type="checkbox"/> 12 Independant Press | <input type="checkbox"/> 33 Correctional Facility | <input type="checkbox"/> 48 School of the Arts |
| <input type="checkbox"/> 13 Literary Magazine | <input type="checkbox"/> 34 Health Care Facility | <input type="checkbox"/> 49 Arts Camp/Institute |
| <input type="checkbox"/> 14 Fair/Festival | <input type="checkbox"/> 35 Religious Organization | <input type="checkbox"/> 50 Social Service Organization |
| <input type="checkbox"/> 15 Arts Center | <input type="checkbox"/> 36 Seniors Center | <input type="checkbox"/> 99 None of the above |

DISCIPLINE: Select one code that best describes your group or organization's primary area of interest in the arts:



- | | | |
|------------------------------------|--|--|
| 01 Dance - general | 05 Visual Arts - general | 09 Media Arts - general |
| 01A ballet | 05A experimental | 09A film |
| 01B ethnic/jazz/folk-inspired | 05B graphics (includes drawing, cartooning, printmaking and book arts) | 09B audio |
| 01C modern | 05D painting | 09C video |
| | 05F sculpture | 09D technology/experimental |
| 02 Music - general | | 09E screenwriting |
| 02A band | 06 Design Arts - general | 10 Literature - general |
| 02B chamber | 06A architecture | 10A fiction |
| 02C choral | 06B fashion | 10B nonfiction |
| 02D new/experimental/electronic | 06D industrial | 10C playwriting/scriptwriting |
| 02E ethnic/folk-inspired | 06E interior | 10D poetry |
| 02F jazz | 06F landscape architecture | |
| 02G popular | 06G urban/metropolitan | 11 Interdisciplinary (includes performance art and collaborations) |
| 02H solo/recital | | 12 Folklife/Traditional Arts |
| 02I orchestral | 07 Crafts - general | 12A dance |
| | 07A clay (includes ceramics) | 12B music |
| 03 Opera/Musical Theater - general | 07B fiber (includes basketry) | 12C crafts and visual arts |
| 03A opera | 07C glass | 12D oral traditions |
| 03B musical theater | 07D leather | |
| | 07E metal | 13 Humanities |
| 04 Theater - general | 07F paper | 14 Multidisciplinary |
| 04A theater, in general | 07G plastic | 15 Non-arts/Non-humanities |
| 04B mime | 07H wood | |
| 04C puppetry | 07I mixed media | |
| 04D theater for youth | | |
| 04E storytelling | 08 Photography (Includes Holography) | |
| 10C playwriting/scriptwriting | | |

ORGANIZATION ACTIVITY INFORMATION

_____ **Adult Audience Benefiting.** Record the number of adult audience members, excluding employees or paid performers, expected to benefit directly from your group's activities **this year**. Do not double-count repeat attendees.

_____ **Children/Youth Benefiting.** Record the number of children and youth under the age of 18 expected to participate in and/or benefit directly from your group's activities **this year**. Do not double-count repeat attendees.