

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.
- **Please allow extra travel time when coming to visit our office, as the Central Corridor LRT line is currently under construction along University Avenue.** This will cause delays as traffic is re-routed and/or streets are closed. You can find out current street closures by checking the Metropolitan Council Central Corridor LRT Construction webpage: <http://www.metrocouncil.org/transportation/ccorridor/construction/overview.asp>
- Applications will not be accepted by fax or e-mail.
- 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.
- Contact your program director to get questions answered and to receive assistance on your application.
- 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.

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 Creative Intersections grant application. 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), 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. **Project Personnel**
4. **Partners**
5. **Board of Directors or Advisory Committee**
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 17. 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 8, 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 8).

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

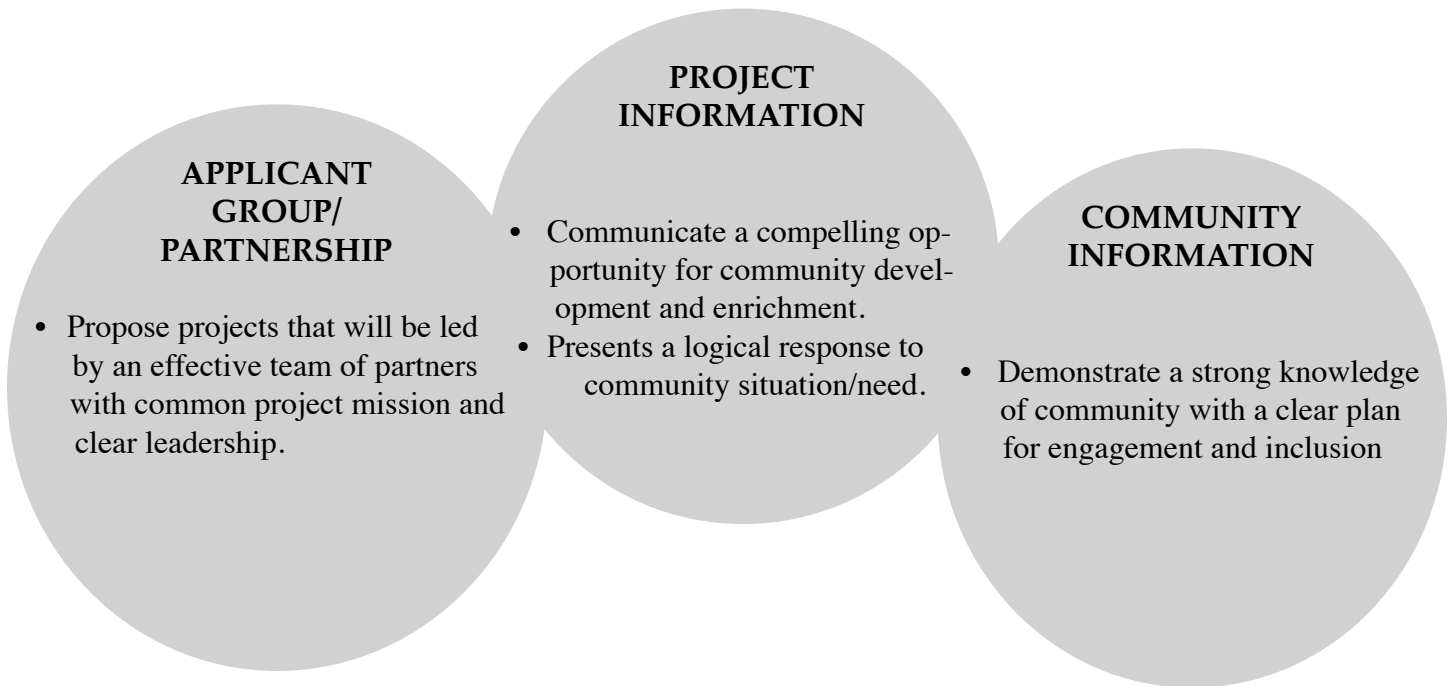
2. Narrative

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 three areas as noted on the following page. These three areas carry equal weight in the review panel's deliberations.

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 relationship to each of the six criteria. Assume that the panel is not familiar with your group or the community you intend to serve.

MRAC funds Creative Intersections applications that...



What Criteria Will Be Used to Evaluate Proposals?

Applications are assessed using the following six criteria addressed within the three major project components outlined in the three boxes above:

- Project Team Readiness/ Ability
- Community Opportunity or Challenge
- Quality and Merit of the Project
- Community Need and Support
- Diversity and Outreach
- Access

1. *Applicant Group/Partnership Information*

- Project Team Readiness/ Ability

2. *Project Information*

- Community Opportunity or Challenge
- Quality and Merit of the Project

3. *Community Information*

- Community Need and Support
- Diversity
- Outreach/ Access

(Narrative continued on next page)

The following information includes questions or statements that reflect the ideas behind the six criteria. You are not required to answer the questions or respond directly to the statements but to use this information to inform your responses. It would be helpful to the review panel if you organized your application to follow the three major project components (Applicant Group/Partnership Information, Project Information and Community Information).

I. Applicant Group/Partnership Information

Project Team Readiness/Ability

- Summarize your group's purpose/ mission for this project.
- Clearly define the collaboration and the respective roles of the partners. Is it clear that individual partners have a stake in the success of the project?
- What was the planning process for this project? Were the personnel key to the success of this project involved in the planning?
- Is there a clear delineation of roles and responsibilities outlined for this project?

II. Project Information

Community Opportunity/Challenge

- Describe the underlying situation, opportunity, issue or need your partnership is intending to address.
- What is compelling about this situation/ opportunity? How will addressing this important need have an impact on and enrich the community you are serving?

Quality and Merit of the Project

- Clearly state your project design. What is the overall intention of your project? What does your group intend to accomplish? Does your project have a clear relationship to the community opportunity/ challenge as you've described?
- What are the specific goals of your project and is there a relationship between your specific project goals and your overall intention?
- Does your project personnel have the qualifications to ensure a high quality outcome?

III. Community Information

Community Need/Support

- Describe the individuals / community this project will serve (artists, participants, community members / residents)
- Describe the community from which these individuals are drawn. Your description may include its general geographic, racial / ethnic, cultural, economic, age and gender makeup, and / or any special needs its members have.
- How will the project contribute to the goals for community enrichment?
- In what ways have you assessed the community need for this project? What evidence do you have that there is a need for this community enrichment / development?

Diversity

- Every community has diversity. In what ways will your project design fully embrace the geographic, racial / ethnic, cultural, age, gender and economic diversity of the community as you've described?
- Describe how your community's diversity will be represented in your project among your partners, artists, attendees or participants.

Access

- In what ways will your group work to make this project accessible to all members of your community as you've described?
- Have you considered the potential barriers to participation? How will you address these barriers?
- MRAC grant recipients must be working to include people with disabilities in their project participation / audience. In what ways does your project ensure that people with disabilities can participate? How will accessibility be communicated?
- Is it clear that persons with disabilities are a part of your community description / the community you intend to serve?

3. Project Personnel

Attach a biography or resume no longer than one page per person for all key individuals involved in your project including consultants, if applicable.

4. Partners

- Attach one page for each partner identifying the partner and their role in the planning and implementation of the project.
- Attach a one-page letter from each of the partners included in the project stating their support and connection to the project.

5. Board of Directors or Advisory Committee

Attach a one-page list of your board members or advisory committee members, indicating their profession, organizational affiliation or area of expertise. Advisory committee members may include leaders representing the individual project partners.

6. Project Budget

Complete the budget forms on pages 19-21. Print or type on the forms provided or generate your own form with the same information in the same format (one page for Project Budget/Expenses and one page for Project Budget/Income). Include all eligible project costs. If you need additional space, attach one page with more detailed line-item descriptions.

Check your math and budget figures carefully. Errors may significantly affect your MRAC request.

7. Organizational Income-and-Expense Statement

Submit a one-page annual income-and-expense statement for the applicant organization only. You may complete the form on page 23 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. If the applicant group is a non-arts organization, the annual income-and expense statement should include income and expense for arts programming only.

Additional Inclusions

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

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

8. 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.

9. ADA Access Planning Progress

Indicate on the ADA Access Planning Progress form, page 25, whether or not your group has an ADA access plan (see definition, page 10) 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.

10. 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 (page 25) and submit the original with signatures.

11. RAC Data Collection Form

Complete and submit the original form on pages 27 and 29. 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 application material and format requirements, see pages 12-16.)

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 17
- Narrative (may not exceed five pages)
- Personnel Biographies (up to one page/person)
 - Key personnel
 - Consultant (if included in the project)
- Partner role in the project (one page per partner)
- Partner letter of support (one page per partner)
- Board of directors or advisory committee list (one page only)
- Project Budget/Expenses form, page 19 (one page only)
- Project Budget/Income form, page 21 (one page only)
 - Project Budget explanation, if necessary (one page only)
- Organizational Income-and-Expense Statement form, page 23 (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, page 25
- Signed Certification form, page 25
- RAC Data Collection form, pages 27 and 29

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

Creative Intersections

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

Creative Intersections

Estimated Expenses	Amount	Explanatory Notes
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1. Personnel (employee or contract)

*Please break down by individual position.
Indicate number of hours or full-time equivalent.*

a. Artistic

b. Administrative & other personnel

c. Employee benefits & payroll taxes

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2. Supplies

3. Printing & postage

4. Space & equipment rental

5. Transportation

--	--	--

6. ADA-related costs (e.g., sign language interpreters, signage, printing)

--	--	--

7. Other (explain)

8. TOTAL EXPENSES

\$ _____

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

PROJECT BUDGET/INCOME

Creative Intersections

<u>Estimated Income</u>	<u>Amount</u>	<u>Explanatory Notes</u>
1. Grants and contributions <i>(Place MRAC request on line 4. Indicate secured funds with an *)</i>		
a. Individual contributions	_____	
_____	_____	
b. Foundations and corporations (be specific)	_____	
_____	_____	
c. Government	_____	
_____	_____	
d. Other (explain)	_____	
_____	_____	
_____	_____	
Subtotal grants and contributions (add lines 1a-d)	\$ _____	
2. Earned income		
a. Sales _____	_____	
b. Admissions _____	_____	
c. Other (explain) _____	_____	
Subtotal earned income (add lines 2a-c)	\$ _____	
3. Add subtotals for parts 1 & 2		\$ _____
4. MRAC request (cannot be more than 67% of line 8, Total Expenses)		\$ _____
5. TOTAL INCOME (Add lines 3 & 4)		
*** <u>Must be equal to line 8, Total Expenses</u> ***		\$ _____

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 \$400,000 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 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. 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 | 07 Crafts - general | 12 Folklife/Traditional Arts |
| 02I orchestral | 07A clay (includes ceramics) | 12A dance |
| 03 Opera/Musical Theater - general | 07B fiber (includes basketry) | 12B music |
| 03A opera | 07C glass | 12C crafts and visual arts |
| 03B musical theater | 07D leather | 12D oral traditions |
| 04 Theater - general | 07E metal | |
| 04A theater, in general | 07F paper | 13 Humanities |
| 04B mime | 07G plastic | 14 Multidisciplinary |
| 04C puppetry | 07H wood | 15 Non-arts/Non-humanities |
| 04D theater for youth | 07I mixed media | |
| 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.