

COVER PAGE

Emergency Accessibility

Amount of Request _____

Accessibility Need Start Date _____
mo. / day / yr.

Total Project Cost _____

Accessibility Need 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 _____

Summary of Request:

Authorization:

Name of top staff, board chair, or equivalent: _____

Authorizing signature: _____ Title: _____

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

EMERGENCY ACCESSIBILITY NARRATIVE

Briefly describe your group and the nature of your arts activity.

Describe the situation for which emergency accessibility funding is needed. What specific accommodation is required?

How were the disabled participants involved in defining this need?

What steps has your group taken to ensure that accessibility issues are being routinely addressed for disabled constituents?

Complete this form and attach additional sheets as needed or generate this entire section, including the headings, by computer

EMERGENCY ACCESSIBILITY BUDGET

BUDGET NARRATIVE

Does your group budget for accessibility-related costs? Explain.

Do you offer discounts or in other ways facilitate access to disabled participants?

BUDGET EXPENSES

Accessibility accommodation expenses

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

TOTAL EXPENSES \$ _____

BUDGET INCOME

Income (list source and amount)

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Total other income sources \$ _____

MRAC request \$ _____

TOTAL INCOME \$ _____

Complete this form or generate your own identical form by computer.

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 |
| 02 Music - general | 05F sculpture | 09D technology/experimental |
| 02A band | 06 Design Arts - general | 09E screenwriting |
| 02B chamber | 06A architecture | 10 Literature - general |
| 02C choral | 06B fashion | 10A fiction |
| 02D new/experimental/electronic | 06D industrial | 10B nonfiction |
| 02E ethnic/folk-inspired | 06E interior | 10C playwriting/scriptwriting |
| 02F jazz | 06F landscape architecture | 10D poetry |
| 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 | 13 Humanities |
| 04A theater, in general | 07F paper | 14 Multidisciplinary |
| 04B mime | 07G plastic | 15 Non-arts/Non-humanities |
| 04C puppetry | 07H wood | |
| 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.