



ARTIST CAREER DEVELOPMENT GRANT MENTORSHIP APPLICATION

Application Deadlines:

FY 2010

Wednesday, March 24, 2010

Review: April 26, 2010

FY 2011

Wednesday, March 23, 2011

Review: April 25, 2011

Applications must be in the CMAB office by 4:30pm on the deadline date

220 4th Avenue North, PO Box 458

Foley, MN 56329

320-968-4290

1-866-345-7140

fax: 320-968-4291

www.centralmnartsboard.org



CMAB

Central MN Arts Board

ARTIST CAREER DEVELOPMENT GRANT
MENTORSHIP APPLICATION

DO NOT HAND WRITE THIS APPLICATION. You may recreate this application on a blank piece of paper if you are unable to download the application form. Submit **1 ORIGINAL and 11 COPIES of the whole application** to the CMAB, 220-4th Avenue North, P.O. Box 458, Foley, Minnesota 56329 by 4:30 P.M. on deadline date.

SECTION A: Artist Information

FULL NAME: _____ **DATE:** _____

ADDRESS (STREET, CITY, STATE, and ZIP CODE): _____

TELEPHONE: _____

EMAIL ADDRESS: _____

COUNTY WHERE APPLICANT LIVES: (Benton, Sherburne, Stearns & Wright only) _____

SECTION B: Artist Mentor Information

NAME OF ARTIST/MENTOR: _____

ARTIST ADDRESS: _____

CONTACT PHONE NUMBER: _____

MENTORSHIP ART AREA: _____

GRANT AMOUNT REQUESTED: _____

Certification:

My signature below certifies that I meet all the eligibility requirements listed in the guidelines, that all the information contained in this application and its attachments is true, the work samples are created solely by me, and that I have submitted a complete application.

Applicant Signature: _____ **Date:** _____

SECTION C: Applicant Questionnaire (the following questions can be answered on a separate sheet of paper)

1. Why do you need this mentorship?

2. What past training or learning experiences have you completed in this art area?

3. Your answers to the following questions, a. b. c. & d., will be used to evaluate the effectiveness of your mentorship proposal. Address your future artistic goals using the SMART model evaluation method when responding to these questions:

S= Specific

M= Measurable

A= Achievable

R= Realistic

T= Time-bound

- a. Why did you decide on this artist for your mentorship?

- b. What do you expect to achieve from this mentorship?

- c. How will you know that this mentorship is a success?

- d. What is your time frame for completing your artistic goals?

SECTION D: Mentorship Schedule

Provide us with a schedule of potential dates and times you intend to meet with your mentor.

Section D: Mentorship Budget

Provide us with a summary of costs to support the mentorship grant. Once your application is approved a more detailed budget will be developed between the artist, mentor and the CMAB

| Description | Budget Expense |
|-------------------------------------|-----------------|
| A. Artist Mentor | |
| _____ | \$ _____ |
| _____ | _____ |
| B. Supply Costs | |
| _____ | \$ _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| C. Travel Costs | |
| _____ | \$ _____ |
| _____ | _____ |
| D. Other Costs | |
| _____ | \$ _____ |
| _____ | _____ |
| TOTAL COST OF THE MENTORSHIP | \$ _____ |

Fill out as completely as you can. Some items may be estimates.

- Only expendable supplies will be allowed (clay, paint, canvas, paper, etc.) No capital purchases (digital camera, potter’s wheel, computer, etc.) will be approved. All expenses must have prior approval.
- Mileage will be reimbursed at the current IRS rate during the dates of the mentorship. You may calculate mileage in your budget if your mentorship destination is more than twenty (20) miles roundtrip.

RAC GRANT DATA COLLECTION FORM

TO THE APPLICANT: This form is used to gather information about grant applicants to the Minnesota Regional Arts Councils (RACs). The data is maintained by the Minnesota State Arts Board in cooperation with the RACs, and may be distributed to others in accordance with the Minnesota Data Practices Act. Complete information is necessary to ensure the reliability of our data. *Note: If you are using a fiscal agent, please fill out this first page as it pertains to the arts organization conducting the activity, not the fiscal agent.*

1. APPLICANT INFORMATION

Date _____

Legal name of organization or individual _____

Professional or other name _____

Address _____

City _____ State _____ Zipcode _____

Day phone _____

E-mail address _____

Contact person name and title _____

County _____ MN House district _____ U.S. Congressional district _____

Fiscal agent name (if applicable) _____

2. SPECIAL CHARACTERISTICS:

For individuals applying (optional)
 Select any combination that applies describing your racial/ ethnic characteristics. This information is not made public.

- American Indian/Alaska Native (N)
- Asian (A)
- Native Hawaiian/Pacific Islander (P)
- Black/African American (B)
- Hispanic/Latino (H)
- White (W)
- Other _____

For individuals, mark these items if they apply (optional)

- Disability (I)
- Older Adult - 60+ (S)
- Veteran (V)

For organizations applying
 Select the one code that best represents 50% or more of your staff or board or membership

3. STATUS:

| | | |
|---------------------------|--|-------------------------|
| 01 Individual | 04 Government-Federal | 07 Government-County |
| 02 Organization-Nonprofit | 05 Government-State | 08 Government-Municipal |
| 03 Organization-Profit | 06 Government-Regional (includes public schools) | 09 Government-Tribal |
| | 09 Government-Regional | 99 None of the Above |

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4. INSTITUTION:

Select the one code which best describe the applicant

| | |
|--|--|
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| | | |
|--|-------------------------------------|---------------------------------|
| 01 Individual artist | 18 Union/Professional Association | 36 Seniors Center |
| 02 Individual non-artist | 19 School-District | 37 Parks & Recreation |
| 03 Performing Group | 20 School-Parent/Teacher Assn | 38 Government-Executive |
| 04 Performing Group-College/University | 21 School-Elementary | 39 Government-Judicial |
| 05 Performing Group-Community | 22 School-Middle | 40 Government-Legis (House) |
| 06 Performing Group-Youth | 23 School-Secondary | 41 Government-Legis (Senate) |
| 07 Performance Facility | 24 School-Vocational or Technical | 42 Media-Periodical |
| 08 Museum (Art) | 25 School-Other (incl Community Ed) | 43 Media-Daily Newspaper |
| 09 Museum (Other) | 26 College/University | 44 Media-Weekly Newspaper |
| 10 Gallery/Exhibition space | 27 Library | 45 Media-Radio |
| 11 Cinema | 28 Historical Society/Commission | 46 Media-Television |
| 12 Independent Press | 29 Humanities Council/Agency | 47 Cultural Series Organization |
| 13 Literary Magazine | 30 Foundation | 48 School of the Arts |
| 14 Fair/Festival | 31 Corporation/ Business | 49 Arts Camp/ Institute |
| 15 Arts Center | 32 Community Service Organization | 50 Social Service Organization |
| 16 Arts Council/Agency | 33 Correctional Facility | 51 Child Care Provider |
| 17 Arts Service Organization | 34 Health Care Facility | 99 None of the Above |
| | 35 Religious Organization | |

Legal name of organization or individual _____

5. DISCIPLINE:

Select one code which best describes the applicant's primary area of interest in the art (e.g. ballet 01A)

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

PROJECT ACTIVITY

6. _____ Adult Artists Participating Record the number of adult artists expected to be directly involved in providing art or artistic services for these grant activities.

7. _____ Children/Youth Benefiting (*Individual Artist need not complete.*) Record the number of children and youth under the age of 18 expected to participate in and/or benefit directly from these grant activities, or were included in the audience (*excluding broadcast figures*). Do not double-count repeat attendees.

8. _____ Total Audience Benefiting (*Individual Artist need not complete.*) Record the number of audience members, **adult and youth**, expected to benefit directly from these grant activities (excluding employees, paid performers, artists participating, and broadcast figures. Do not double-count repeat attendees.

9. Project Discipline Using the same discipline coding listed above, select one category which best describes the grant activity.

| | | |
|--|--|--|
| | | |
|--|--|--|

10. For organizations applying, total organization expenses for most recently completed fiscal year: (*Individual Artist need not complete.*)

\$ _____ FY _____

CENTRAL MN ARTS BOARD ARTIST CAREER DEVELOPMENT

APPLICATION CHECKLIST

APPLICANTS ARE STRONGLY ENCOURAGED TO REVIEW AND PLACE AN "X" IN THE FOLLOWING BOXES PRIOR TO SUBMITTING YOUR APPLICATION TO CMAB:

- The ORIGINAL application includes:
 - Completed application with all questions answered
 - Mentorship schedule
 - Mentorship Budget
 - Artist Work Samples
 - Artist Work Sample Description sheet
 - Artist Statement
 - Mentor information
 - RAC DATA Form
 - Application is signed and marked as "Original"

- 11 COLLATED/STAPLED copies of THE ORIGINAL of the application

- Do not include application instructions or guidelines in your original or any of your copies

- You have made a copy for your records.

- You have checked your budget calculations! Mathematical errors will result in a reduction in your grant request and may result in rejection of your application.

- Your application is not being submitted more than 30 day prior to the application deadline.

- Mail application to: Central MN Arts Board, 220 - 4th Ave N, PO Box 458, Foley, MN 56329
(If you would like to hand deliver the application to the CMAB please call 320-968-4290 to make arrangements).

Once the CMAB receives your application staff will check for eligibility. Applications will be sent to the CMAB Board of Directors or CMAB Grant Panel at least two weeks prior to the review date. Review of eligible applications typically takes place within one month of the deadline. Check the CMAB website for specific date as it relates to the deadline under which you applied.