



CMAB
Central MN Arts Board

COMMUNITY ARTS SUPPORT GRANT APPLICATION

Application Deadlines:

FY 2011

Wednesday November 3, 2010
Review Date: December 13, 2010

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

320-968-4290

220 4th Avenue North, PO Box 458
Foley, MN 56329

866-345-7140

www.centralmnartsboard.org

fax: 320-968-4291



COMMUNITY ARTS SUPPORT GRANT APPLICATION

DO NOT HAND WRITE THIS APPLICATION. You may recreate this application on a blank piece of paper if you are unable to download that 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

Applicant Organization (Name, Address, And Zip Code): _____

Website: _____

Executive Director: _____ Daytime Telephone: _____
Email Address: _____

Project Director: _____ Daytime Telephone: _____
Email Address: _____

Dates of Fiscal Year:
Begins Month/Day/Year _____ Ends Month/Day/Year _____
Total Expenses from All Sources: \$ _____ Total Revenue \$ _____

General Operating Grant Request: \$ _____

*** Grant request may not exceed \$10,000 or 20% of the actual annual operating REVENUES of your most recently completed fiscal year, whichever is less.**

Certification. We certify that the information on this application is true and correct:

Board Chair Signature Title Date

Project Director Signature title Date

Application must be signed by two different officials.

The CMAB reserves the right to reject any application that is incomplete or improperly filled out. **This especially applies to mathematical errors; check your calculations carefully!**

Grant Recipients Will Be Notified Within Two Weeks Of The CMAB 's Funding Decision

PROGRAM INFORMATION

1. What is your organization's mission statement?
2. What is your organization's artistic discipline area(s), and type of organization, i.e., service, producing, exhibiting, professional, etc?
3. What year was your organization granted tax-exempt status by the Internal Revenue Service?
4. Provide the date your board last **formally** re-established its goals and re-evaluated its mission:
5. Describe your constituency and describe how you have determined that your organization's purpose and mission is needed by them.
6. What are the **most** important issue(s) facing your organization in the next one year period?
7. What are the **primary** successes and disappointments for your past one year period?

8. How do you evaluate your programs?

FINANCIAL INFORMATION

9. Answer the financial information questions as completely as possible. Supply the CMAB with the following financial information based on your most recently completed fiscal year:

A. Total cash revenues provided only by **direct programming**. Examples are ticket sales, tuition fees, lesson fees, user fees, etc.:

\$ _____

B. Total cash revenues provided only by **fundraising**. Examples are grants, fundraising events, cash donations (not in-kind):

\$ _____

C. All other sources of income. Examples are interest earned on investments, bequests, donated goods, etc.:

\$ _____

10. **TOTAL REVENUE (A + B + C) = \$ _____** (This number must agree with line 12 of the IRS 990 Tax Return or line 9 on the Short Form if you are required to file a 990.)

A copy of your 990 must be attached to this grant application. (If you are not required to file a 990 you must attach your financial statement from your last completed fiscal year.)

11. **TOTAL EXPENSES FROM ALL SOURCES = \$ _____** (This number must agree with line 17 of the IRS 990 Tax Return if you are required to file a 990.)

12. If you **DID NOT** finish the most recently completed fiscal year with revenues equaling or exceeding expenses please answer the following two questions:

- Why did you finish the year with greater expenses than revenues?

- How did you meet your obligations to your creditors?

13. Did you finish the fiscal year **previous** to your most recently completed fiscal year with revenues equaling or exceeding expenses? Yes No

14. What is the size of your organization's current endowed or invested cash reserves, if any?

15. How does your organization decide on the price to charge for its programs/services?

16. Describe your organization's financial planning methods used to ensure fiscal responsibility.

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:

Select the one code which best describe the applicant's legal status

- | | | |
|---------------------------|---|-------------------------|
| 01 Individual | 04 Government-Federal | 07 Government-County |
| 02 Organization-Nonprofit | 05 Government-State (includes public schools) | 08 Government-Municipal |
| 03 Organization-Profit | 06 Government-Regional | 09 Government-Tribal |
| | | 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)

Three empty boxes for selecting a code.

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

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.

Three empty boxes for selecting a discipline code.

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

\$ _____ FY _____

APPLICATION CHECKLIST

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

- Application is complete & Original is signed by two different officials with RAC DATA Form attached and labeled “**original**”.

- The ORIGINAL application includes:
 - **Application cover page and complete answers to all requested information**
 - **Supporting materials**
 - **501 (c) 3 non-profit status letter** dated within the past four years. Non profit art organizations without nonprofit 501 (c) 3 status but can prove a long-standing service to the arts in their community do not have to submit a 501 (c) 3 letter.
 - **RAC DATA Form**

- 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 included an **up-to-date** 501(c) (3) non-profit status letter, regardless of whether you have sent one in the past.

- Your organization has no outstanding final reports due to the CMAB.

- A copy of your most recent IRS Form 990 is attached to your grant application. (if you are not required to file a 990 you must then attach a financial statement, approved by your board of directors, from your last completed fiscal year.

- You have checked your mathematical 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 days 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 prior to coming to make sure someone is in the office.)

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 the specific date as it relates to the deadline under which you applied.