



## ABOUT YOUR ORGANIZATION

7. Provide your mission statement and a brief history of your organization.

Mission:

History of Organization:

## STATISTICAL INFORMATION

8. **Personnel Data** - Please indicate the total # of personnel that will be involved in this project (2010-2011).

Number of full-time staff \_\_\_\_\_ (a)

Number of part-time staff \_\_\_\_\_ (b)

Number of contract personnel (1099, not artists) \_\_\_\_\_ (c)

Number of volunteers \_\_\_\_\_ (d)

Total number of personnel involved (total of a+b+c+d) \_\_\_\_\_

Number of artists participating in project \_\_\_\_\_

Number of local artists participating in project \_\_\_\_\_

**Audience/Individuals Benefiting** - Indicate the **number** of individuals benefiting from the proposed project and last year's project if applicable:  
If your organization is a first-time applicant but you have done this project in the past please include relevant figures.

	2010 - 2011 (projected)	2009 - 2010 (actual if applicable)	2009 - 2010 (figures projected from last year's grant)
Live Audience/Participants			
Broadcast Audience (radio, tv, web, etc.)			
Total Audience (live + broadcast)			

## PROJECT DESCRIPTION

9. See Grant Guidelines page 8 for specific details you should include in this section. You may continue your response on page 4.

**Do Not Attach Additional Pages!**

**PROJECT DESCRIPTION (Continued)**

## **PROJECT PROMOTION AND MARKETING**

10. See Grant Guidelines page 9 for details.

## **IMPACT/BENEFIT/OUTREACH OF THE PROJECT**

11. Discuss what affect this project will have on the targeted audience or the community.

## ACCESSIBILITY

12. Provide a brief description of the services available to people with disabilities. MCACD encourages, where possible, the use of facilities and programs that are accessible to people with disabilities.

## PROJECT EVALUATION

13. Describe the methods (qualitative and quantitative) your organization will use to evaluate the project. See p. 9 of the Guidelines for details

## FUNDING REDUCTION

14. See Grant Guidelines page 9 for details.

# PROJECT EXPENSE BUDGET

Round all figures to the nearest dollar. See Guidelines, pages 9, 14-20 before completing. Budget definitions are on page 21.

	A MCACD Grant	+	B Other Cash Expenses	=	C Total Cash Expenses	+	D In-Kind Expenses	=	E Total Project Expenses
<b>EXPENSES</b>									
<b>Personnel</b>									
Administrative									
Artistic									
Support									
<b>Total Personnel</b>									
<b>Outside Fees</b>									
Administrative									
Artistic									
Support									
Educational									
Technical/Production									
<b>Total Outside Fees</b>									
<b>Travel</b>									
Outside Professionals									
<b>Total Travel</b>									
<b>Marketing and Publicity</b>									
Paid Advertising									
Design/Printing									
Mailing/Postage									
Other -									
<b>Total Marketing/Publicity</b>									
<b>Production/Exhibition</b>									
Transportation/Shipping									
Programs/Brochures									
Catalogs/Publications									
Equipment Rental									
Food/Bev/Hospitality									
Other -									
<b>Total Production/Exhibition</b>									
<b>Facilities Rental</b>									
Rehearsal/Meeting Space									
Theatre, Hall, Gallery, etc.									
Other -									
<b>Total Facilities Rental</b>									
<b>Accessibility (itemize)</b>									
<b>Total Accessibility</b>									
<b>Remaining Expenses</b>									
Supplies and Materials									
Telephone									
Postage									
Duplication									
Other -									
<b>Total Remaining Expenses</b>									
<b>TOTAL EXPENSES</b>									

**PROJECT INCOME BUDGET**

Round all figures to the nearest dollar. Refer to Grant Guidelines pages 9 and 14 –19 before completing. Budget definitions are on page 21.

	Projected Income	Confirmed Income (indicate dollar amounts)
<b>Earned Income</b>		
Admissions	_____	_____
Memberships	_____	_____
Contracted Services - Fees/Tuition, etc.	_____	_____
Other Revenue:		
Concessions/Sales/Rentals, etc.	_____	_____
Income on Investments/Endowments	_____	_____
_____	_____	_____
_____	_____	_____
<b>Sub-total Earned Income</b>	_____ <b>F</b>	_____
<b>Contributed Income</b>		
Corporate	_____	_____
Foundation	_____	_____
Individual Contributions	_____	_____
Government:		
Federal	_____	_____
State	_____	_____
City	_____	_____
Other Support (itemize)	_____	_____
_____	_____	_____
_____	_____	_____
<b>Sub-total Contributed Income</b>	_____ <b>G</b>	_____
<b>MCACD Request (must equal column A, p. 7)</b>	_____ <b>H</b>	_____

**TOTAL CASH INCOME** (must equal Column C, p. 7 and includes rows F+G+H on this page)

\_\_\_\_\_

**TOTAL IN-KIND** (must equal Column D, p. 7)

\_\_\_\_\_

**TOTAL PROJECT INCOME** (must equal Column E, p. 7 and includes total cash income and in-kind income).

\_\_\_\_\_

Above is your Project budget. Please also tell us the **budget for your entire organization** (and match 2b on the first page)

\_\_\_\_\_

## GRANT APPLICATION MATERIALS CHECKLIST

Contact the MCACD staff for questions on the application and support materials. Please collate copies of your application and support materials into 8 sets (1 original and 7 copies) by using paperclips, slipsheets or envelopes, IN THE ORDER LISTED BELOW, but **DO NOT STAPLE OR SEND FOLDERS**. Each applicant is responsible for submitting the following materials:

- (8) Eight (One original and seven copies) of the application form and budget (pages 1 - 9).
- (8) Eight copies of Budget Break-out. (Form created by Applicant that supports the numbers used in the application)
- (8) Eight copies of a letter of commitment or contract signed by the proposed artist(s).
- (8) Eight copies of (2) two printed materials (press clippings, brochures, etc.) about your organization and/or the project. If this application seeks support for a repeat project, include materials from the previous year.
- (8) Eight copies of no more than (2) two recent (e.g., written this year) letters of support that address the proposed project.
- (8) Eight copies of a resume or biographical information on key project personnel (artists, consultants, project coordinators, etc.).
- (8) Eight copies of a sample evaluation tool (see page 9 of the Grant Guidelines)
- (2) Two copies of most recent MCACD Final Report, if previously funded.
- (8) **Artistic documentation for Manuscripts/Publications only** – Eight copies of the 5-page excerpt (11 pages if double-spaced) from the full manuscript submitted **and 2** copies of the full manuscript/publication (see page 11 of the Grant Guidelines).
- (3) **Artistic documentation (all others)** Three copies of the appropriately cued Artistic Documentation (See Grant Guidelines pages 10 & 20).
- (3) Three copies of the Artistic Documentation Synopsis Sheet (Created by Applicant, as applicable. See Grant Guidelines page 20).
- (1) One copy of a letter(s) of agreement from the partnering fiscal agent (if applicable).
- First-time non-profit, tax-exempt applicants must include (1) **one copy** of the IRS letter of determination. Those organizations applying with a fiscal agent, must include the letter of determination from the fiscal agent organization.
- Self-addressed, stamped envelope, with correct postage, to return artistic documentation (if desired).

## CERTIFICATION

Please initial in the spaces provided.

1. \_\_\_\_\_ I have reviewed this application with the appropriate authorities within my organization and have obtained their approval of its contents.
2. \_\_\_\_\_ Completion date of this project is \_\_\_\_\_. If this project receives a MCACD grant, our organization will submit to MCACD a Final Grant Report and supporting materials within 30 days of this date.
3. \_\_\_\_\_ All artists, presenters, consultants, etc. mentioned in this proposal are aware of this application.
4. \_\_\_\_\_ If this project receives a MCACD grant, our organization will be present at the annual news conference.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (please type)

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Partnering Fiscal Agent Authorized Official (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (please type)

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Partnering Fiscal Agent Organization (if applicable)

\_\_\_\_\_  
Telephone Number

MCACD prohibits unlawful discriminatory practices based on race, color, religion, sex, national origin, ancestry, place of birth, age, marital status or disability.