



Organizational Small Grant Program

Guidelines and Application Form

LAKE REGION ARTS COUNCIL
133 Mill South Mill Street,
Fergus Falls, MN 56537

For further information, please call the LRAC office:
Telephone: 218/739-5780
Toll free in Mn: 1-800/262-ARTS

[Effective July 2002 through May 2003]

**LAKE REGION ARTS COUNCIL
ORGANIZATIONAL SMALL GRANT PROGRAM**

PURPOSE

The purpose of the Organizational Small Grants Program is to encourage new grant seekers and to enable community groups to take advantage of artistic opportunities. Examples of Organizational Small Grant requests could include:

- 1) a group sponsoring its first artistic performance for which the Organizational Small Grant Program provides a simplified procedure.
- 2) a group wishing to take advantage of the presence of a touring performer in a nearby community, "booking" that performer for a local performance.
- 3) a group planning a smaller event for which the regular grant process would be too cumbersome.
- 4) a "piggyback" situation, for example: having a visiting artist provide an additional service, such as giving a public lecture or providing a workshop in addition to an original project.

BASIC PROVISIONS

1. An organization can receive one Organizational Small Grant per year. Call the LRAC office to determine whether your organization has already received a Organizational Small Grant for the current fiscal year.

An "organization" is defined as:

- a) an organization with a 501(c)3, non-profit designation from the IRS.
 - b) an organization which has its Articles of Incorporation on file with the state of Minnesota.
 - c) a school district.
 - d) a university, college or technical college.
 - e) a unit of government, inclusive of all departments.
 - f) a public library, inclusive of any "friends of" organizations.
2. The applicant organization can request up to \$500.00.
3. No match is required, either in cash or in-kind contributions.
4. One \$500.00 grant is reserved for each county per year. The balance of the funding is placed in a pool which is open to applicants from any of the nine LRAC counties.
5. In the event that the Organizational Small Grant funds are not used within one year, the unexpended balance would revert to the general fund.

REVIEW PROCESS

Grant applications will be reviewed, and funding decisions made by the two Lake Region Arts Council members of the county in which the event is to take place. The advice and/or consultation of the LRAC Director should be utilized when necessary.

The following review standards will be used to determine funding:

1. merit and artistic quality, and the degree of service to the arts.
2. ability of the organization to accomplish the project.
3. demonstrated demand or need for the project.

In the event one county representative is unavailable, or has a conflict of interest, the LRAC Director will select a representative from a neighboring county. Funding of the request requires the approval of both the Council members to whom the request is submitted. The two LRAC members reviewing the request report the grant approval or denial decision to the Lake Region Arts Council.

APPLICANT ELIGIBILITY

To be eligible for funding, the grant applicant must:

1. be a federally designated, non-profit, 501(c)3 organization, or, apply through a fiscal agent that has such status. A fiscal agent may be used for the organization's first application. To make any subsequent applications, the applicant must be in the process or have obtained 501(c)3 status.
2. have Articles of Incorporation on file with the State of Minnesota.
3. hold the event within the LRAC boundaries.
4. not have received any other Organizational Small Grant from the LRAC during the same fiscal year. (July 1 to June 30)
6. not have received any other grant from the LRAC for the same project.
7. submit a complete and accurate application on the form provided by the LRAC.
8. not be a recipient of General Operating support or Series Presenter support from the Mn. State Arts Board.

(Note: Items 1 & 2 are not required for public schools, public libraries, colleges or units of government)

LRAC ORGANIZATIONAL SMALL GRANT

APPLICATION PROCESS

1. The organization should submit their request on the current Organizational Small Grant application form. There is no calendar deadline for applications **but the application must be received by the LRAC office at least four weeks prior to the event.**
2. If funding is approved, the applicant will receive 80% of the grant upon submission of the Contract and the Request for Payment form.
3. The final 20% payment will be sent to the applicant when the LRAC office receives the final report form.

GRANT RECIPIENT RESPONSIBILITIES

The grant recipient must:

1. include the following credit line in all advertising, news releases, printed programs and promotional material: **"This activity is funded in part by a grant from the Lake Region Arts Council through a Minnesota State Legislative appropriation."**
2. expend granted funds only for the project described in the grant application.
3. be responsible for completion of the project and for proper management of grant funds.
4. maintain reports showing evidence of grant income, expenditures and matching funds or "in-kind" contributions.
5. submit the Organizational Small Grant final report form provided by the LRAC within 30 days of completion of the project. The final 20% payment will be sent when LRAC office receives the final report form.
6. not limit access to the project on the basis of national origin, race, religion, age or sex.
7. comply with requirements of the federal Americans with Disabilities Act (ADA).

PROJECT ELIGIBILITY

The Organizational Small Grant Program cannot be used to fund the following:

1. general operating support or requests, which would reduce or eliminate accumulated deficits.
2. capital improvement or construction projects, endowment funds, or purchase of land or buildings.
3. purchase or long-term rental of property or equipment costing over \$200.00, or with an estimated life of over one year.
4. support of employee salaries, benefits or insurance.
5. projects essentially for the religious socialization of the participants.
6. projects in which the arts are not given primary emphasis.
7. projects involving payment of exhibition/booth fees by artists. However, it is recommended that groups charge reasonable jury/entry fees or fees for workshop/learning activities, including those which involve a public performance of skills learned in that workshop.
8. projects which limit any component to students, staff or members. Artist residency projects in the schools are eligible, however.
9. general operating support of any kind, including for arts festivals or fairs.
10. organizations with overdue final reports not yet submitted to the LRAC.
11. events from which proceeds will benefit a secondary group.
12. activities intended solely for fundraising.
13. hospitality costs.

If you have any questions about any of the above, please call the LRAC office:
toll-free (in Mn.): 1-800/262-2787 or 218/739-5780.

**ORGANIZATIONAL SMALL GRANT PROGRAM
APPLICATION FORM**

All responses must be typed and confined to the space provided.

1. Applicant organization:

Full Legal Name: _____

Complete Address: _____

2. Project Director (person who will oversee this project from inception to completion):

Name: _____

Daytime phone: _____

(Project Director **must** be available at this phone # during business hours.)

Complete Address: _____

Email address: _____

3. Fiscal Agent: If applicant organization is not yet officially recognized as tax-exempt and is applying through a fiscal agent, complete this section. **A copy of the contract between the applicant and the fiscal agent must be attached to this application.**

Name of organization: _____

Complete address: _____

Name of Authorizing Official: _____ Daytime phone: _____

4. Complete description of project, including dates, times, etc. of scheduled activities.

5. Project starting date: _____ Project ending date: _____
(mo, day, year) (mo, day, yr)
(Starting date **must** be at least four weeks after date application is received by the LRAC.)

6. List key artistic personnel, groups or professional consultants to be funded by this request. Résumés are required and must be attached to this application.

7. Location of project: _____ Maximum capacity (if applicable)

8. Geographic area to be served by this project:

9. **Ticket information:**

- a. List ticket prices for this event:
- b. List ticket prices you have charged for similar events the past two years:
- c. If you are not charging, list the reasons:

10. What are the specific goals of this project:

11. Why did you select the artist(s) participating in this project?

12. **Background information:**

- a. Has this artist (or group) performed in your community previously?
- b. If so, when?
- c. If this project repeats a previous event, how has it been expanded to assure continued development of the audience and/or participants?

13. Briefly list the arts related projects undertaken by your organization in the past two years:

Dates:

Activities:

14. How will you publicize this event? Describe methods and range of publicity.

15. Describe any fundraising efforts for this project other than this grant request.

16. In terms of its merit and artistic quality or service to the arts, what is the artistic need for this project?

17. How will you evaluate how well this project has met the artistic needs of your community?

FINANCIAL BUDGET:

18. PROJECT COSTS:

A. Artists' fees, contracts, honoraria

Name of artist(s) or group: _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

B. Salaries or wages: Estimate non-professional work at the prevailing min. wage. Calculate professional services at the regular rate for that service. **A brief bio must be attached to this application for anyone receiving a cash payment.** Salaried employees of the applicant org. may not receive cash payments from this grant request.

Employee title: _____ Hours: _____ Rate: _____

_____ @ _____ \$ _____ \$ _____

_____ @ _____ \$ _____ \$ _____

C. Travel and subsistence: for artists, project director or key administrative personnel.

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

D. Publicity Expenses: includes postage, printing, ads, graphic design, typesetting, etc.

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

E. Rental fees: includes space, equipment, etc. not owned by the applicant organization.

_____ \$ _____ \$ _____

F. Supplies or materials: include only expendable, art-related items. Can include equipment costs of less than \$200 or with a useful life of less than one year.

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

G. Other: explain and itemize.

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

19. TOTAL PROJECT COST: (Sum of items 18-A thru 18-G) \$ _____ \$ _____

20. PROJECT REVENUES:

A. Other Grants: Do not include this request. \$ _____ \$ _____

B. Earned Income: \$ _____ \$ _____

of tickets or fees: @ Cost each:

_____ _____

_____ _____

C. Other Revenues: (Applicant's contribution, etc.) \$ _____ \$ _____

Explain: _____

21. TOTAL PROJECT REVENUES: (Sum of 20-A thru 20-C) \$ _____ \$ _____

22. AMOUNT OF REQUEST: (May not exceed \$500.00) \$ _____ \$ _____

(Item #19 minus items #21 plus #22 should balance.)

Grantee must maintain all records or receipts which document match and use of grant funds.

LRAC reserves the right to audit project records if necessary.

23. Value of "in-kind" contributions (donated goods or services) involved with this project. Will not affect funding. \$ _____

24. Number of paid artists participating in this project **Estimated:** _____ **Actual:** _____

25. Number of audience or participants attending this project _____

26. Subsidy: (Amt of request \$ _____ ÷ total people served: _____ = Subsidy per person: _____

(audience \$ particip) _____

REQUIRED ATTACHMENTS

Be sure you have included the following:

26. Check the required items which are attached to this application:

- _____ A. Résumé’s or bios for artistic personnel listed in item #6.
- _____ B. Résumé’s or bios for personnel listed in item #18-B, if applicable.
- _____ C. A copy of the IRS letter specifying the 501(c)3 status of the applicant organization (or of the fiscal agent). *Not required for public schools, libraries, colleges or units of government.*
- _____ D. A copy of the certificate verifying that the applicant's Articles of Incorporation are on file with the State of Minnesota. *Not required for public schools, libraries, colleges or units of government.*
- _____ E. A copy of the contract between the applicant and the fiscal agent, if applicable. (see item #3)
- _____ F. The Grant Data Collection form.

CERTIFICATION: I certify that the information in this application is true and accurate.

Typed or printed name:

Signature:

Date:

Project Director

Authorizing Official of applicant org.

Authorizing Official/Fiscal Agent

Send this application with attachments to:

**Lake Region Arts Council
133 South Mill Street
Fergus Falls, Mn 56537**

RAC GRANT DATA COLLECTION FORM – FY03

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, ZIP _____

Day phone (_____) _____

Contact person and title _____

County _____ MN House district _____ US Congressional district _____

Fiscal agent name (if applicable) _____

2. SPECIAL CHARACTERISTICS:

For individuals applying (optional)

Select any combination that applies describing your racial/ ethnic characteristics

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

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

- Mentally or Psychologically Disabled(E)
- Deaf/Hard of Hearing (D)
- Blind/Low Vision (Q)
- Physically Disabled (P)
- Other Disability (I)
- Senior Citizen—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 | 08 Government-Municipal |
| 03 Organization-Profit | 06 Government-Regional | 09 Government-Tribal |
| | | 99 None of the Above |

4. INSTITUTION:

Select the one code which best describes the applicant

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

THISBOX FOR MSAB
ONLY Serial

APPLICANT INFO. CONTINUED

Individual or Organization Name _____

5. DISCIPLINE:

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

- 01 Dance—general
 - 01A ballet
 - 01B ethnic/jazz/folk-inspired
 - 01C modern
- 02 Music—general
 - 02A band
 - 02B chamber
 - 02C choral
 - 02D new-experi-mental, elec-tronic
 - 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 and 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 and 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 INFORMATION

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. _____ **Adult Audience Benefiting** Record the number of adult audience expected to benefit directly from these grant activities (excluding employees, paid performers, artists participating, children/youth, and broadcast figures). Do not double-count repeat attendees.
8. _____ **Children/Youth Benefiting** 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.
9. **Project Discipline** Using the same discipline coding listed above, select one category which best describes the grant activity.

TO BE COMPLETED BY REGIONAL ARTS COUNCIL STAFF ONLY

Total Project Revenue (cash only-include grant request) \$ _____	Total Project Cost (cash only) \$ _____	In-Kind Contributions \$ _____	Total Org. Expenses (most recently completed FY) \$ _____ FY _____
------------------------------------------------------------------------	--------------------------------------------	-----------------------------------	-----------------------------------------------------------------------

FISCAL YEAR _____	GRANT REQUEST \$ _____	FUNDING SOURCE
REGIONAL ARTS CNCL _____	AMOUNT RECOMMENDED \$ _____	State \$ _____
APPLICATION # _____	AMOUNT AWARDED \$ _____	Federal \$ _____
		Other \$ _____

- GRANT PROGRAM
- Organization Arts Project/Production Assistance
 - Sponsorship Activity
 - Organizational Management Support
 - General Operating Support
 - Arts in Education—Touring/Performance
 - Arts in Education-School Residency
 - Individual Artist Participation
 - Other _____

APPLICATION WITHDRAWN APPLICATION INELIGIBLE

Reason for ineligibility or withdrawn application _____

Comments _____

ALL INFORMATION ON THIS FORM HAS BEEN REVIEWED AND IS COMPLETE AND CORRECT.