

PART II APPLICATION

How to Apply for Funds

Complete the enclosed Management Consulting Fund grant application and mail or hand-deliver to:

Metropolitan Regional Arts Council
2324 University Avenue West, Suite 114
St. Paul, MN 55114

- Your application must include ALL required materials.
- **Applications must be RECEIVED by 5:00 P.M. on the deadline date (the last working day of any month). This is not a post mark deadline.** Applications received after this time will not be considered during the next month. There are no exceptions to this policy.
- Applications will not be accepted by fax or e-mail.

Reminder: Keep a copy of your entire application for your files.

What to Include

Two (2) one-sided copies of the following materials are required. These are the only materials the panel will use to evaluate your Management Consulting Fund grant application. Prepare application materials in the following format: 8½x 11 white paper, a text font equivalent to Times 12-point or larger (15 characters per inch), at least 3/4 inch margins, and black ink only. Forms provided by MRAC may be completed by hand.

1. **Cover Page**
2. **Narrative**
3. **Personnel Biographies**
4. **Board of Directors**
5. **Organizational Income-and-Expense Statement**

MRAC's application forms are available in PDF format on our website www.mrac.org. You may download and fill out the application form on your computer. PDF budget pages are designed to automatically calculate as you fill them out. When you are finished, be sure to print a copy for your records, as work can not be saved using Adobe Freeware, Acrobat Reader.

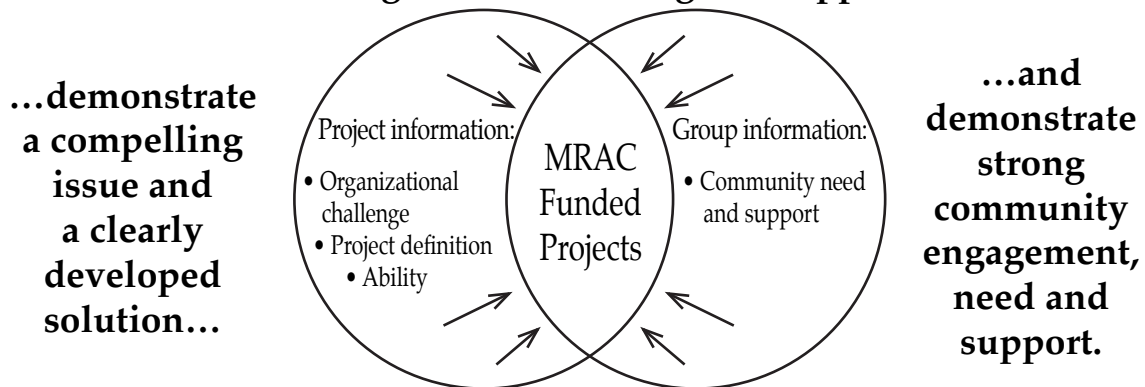
1. Cover Page

Complete the attached Cover Page, page 11. This will be the first page of your application. Print or type on the form provided or generate your own form with the same information in the same format. Type or print in black ink only. The Executive Director or an Officer of the Board of the applying group (not the fiscal sponsor) must sign the cover page.

About project start date: Projects may not begin until the month following the panel consideration period and a final decision is made by the MRAC Board of Directors (see deadlines section page 2).

About fiscal sponsors: If your group is not an IRS-tax-exempt organization, you must apply using a fiscal sponsor. Include in your application a signed letter of agreement with your fiscal sponsor, as well as the fiscal sponsor's IRS 501(c)3 form.

MRAC funds Management Consulting Fund applications that...



Submit a narrative of no more than two (2) pages, addressing all the numbered points below. The review panel will evaluate your application based on the four criteria organized into the two areas below. These two areas carry equal weight in the review panel's deliberations. Panelists will evaluate your application on how clearly and thoroughly you address the criteria. The narrative portion of your application is designed to help you address these criteria.

You may complete the attached narrative form (pages 13 and 15) or generate your own two page narrative with the section headings shown in boldface type. Typed narratives are preferred, but not required. Use 12-point font or larger, with at least half-inch margins on the page.

I. Project information

1. Definition of organizational challenge (*What's your underlying issue?*)
2. Project definition/ quality and merit of the project (*What's your solution?*)
3. Ability to carry out the project (*Is your project achievable?*)

II. GROUP INFORMATION

4. Community need and support (*Whom do you serve; do they want/need your work?*)

3. Project Personnel

Attach a one-page biography or resume of your consultant. Attach a one-page biography or resume per person for all other key individuals involved in your consulting project.

4. Board of Directors

Attach a one-page list of your board members, indicating their profession, organizational affiliation or area of expertise.

5. Organizational Income-and-Expense Statement

Submit a one-page annual income-and-expense statement. Include only actual income and expenses for your most recently completed year.

Additional Inclusions

One (1) copy of each of the following materials is required. These materials will not be presented to the review panel.

- 6. IRS-Tax-Exempt Status or Fiscal Sponsor Information**
- 7. RAC Data Collection Form**

6. IRS-Tax-Exempt Status

Furnish proof of your group's IRS-tax-exempt status.

OR

Furnish a letter of agreement with your fiscal sponsor AND proof of your fiscal sponsor's IRS-tax-exempt status.

7. RAC Data Collection Form

Complete and submit the original form on pages 19 and 21. Unless marked "optional," all information on this form is required. Without it, your application will be incomplete.

APPLICATION CHECKLIST

Use the checklist below to assist you in preparing your application. The checklist does not need to be submitted as part of your application. (For more application content and format requirements, see pages 7-9.)

FORMAT

Prepare application materials in the following format:

- 8½ x 11 white paper
- A text font equivalent to Times 12-point or larger (15 characters per inch). Forms provided by MRAC may be completed by hand
- Margins of 3/4 inch or more
- Black ink only
- Section headings in narrative formatted with bold or underlined type

REQUIRED APPLICATION MATERIALS

Your application must include ALL of the following materials, collated in the following order (paper clips only – no staples please!)

Submit TWO one-sided copies of the following materials:

- Cover Page form, page 11
- Narrative (may not exceed two pages)
- Project Personnel (one page or less/person)
 - Consultant
 - Key Personnel
- Board of Directors list (one page only)
- Organizational Income-and-Expense Statement form, page 17 (one page only)

Submit ONE each of the following materials:

- Copy of letter from IRS documenting your group's tax-exempt status OR letter of agreement with fiscal sponsor AND a copy of fiscal sponsor's tax-exempt letter (format requirements do not apply)
- RAC Data Collection form, pages 19 and 21

Eligible applications received after 5:00 P.M. on the last regular working day of the month will be reviewed in 3-4 weeks. For example, an eligible application received after 5:00 P.M. on the last regular working day of April will be reviewed in late May, with the earliest project start date being June 1.

COVER PAGE

Management Consulting Fund

Total Project Expenses _____

Project Start Date _____
mo. / day / yr.

Total Consultant Fee _____

Project End Date _____
mo. / day / yr.

Amount of MRAC request _____ (May not exceed Total Consultant Fee)

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 _____

Approval of the Applicant group's Executive Director or Board Officer is required.

Signature _____ Title _____

Print Name _____ Date _____

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

Definition of Organizational Challenge:

What's the underlying situation (problem, opportunity, issue or need) that this project is intended to address? *Note: you must be able to name the problem before you seek funding for a solution!* How will exploring/solving this situation lead to a significant or long-term benefit to your group? What's compelling? Why is this a priority?

Project Definition – Quality and Merit of the Project:

Now that you've outlined the problem or opportunity, what's the solution? What outcome do you plan to achieve with this funding? What are the specific activities for which you seek funding? When will these activities take place and how long will they take to complete? Who are the personnel who will participate in the project? Who is the consultant?

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

Ability to carry out the project:

Does your group have a demonstrated ability to carry this project out? The MRAC panel will assess the answer to this question based on information provided elsewhere in this narrative. Use this section to provide any additional information to demonstrate that this is a well-planned project that you can clearly accomplish, given your resources, the allotted time, etc.

Community need/support for the group:

Why do you exist? What is your compelling or unique work? (1) State your group's primary *purpose or mission*. (2) Clearly define your current audience (artists, attendees, participants) and the community from which the audience is drawn. (3) Tell the panel how that community and/or audience benefits from your programs and services. (4) Tell the panel how your community and/or audience has shown its support for your group. Finally, (5) tell the panel in what ways your group ensures that activities are accessible to your audience, and how accessibility is communicated.

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

ORGANIZATIONAL INCOME-AND-EXPENSE STATEMENT

Arts groups provide actual income and expenses for your most recently completed 12-month fiscal year. Non-arts groups provide only actual income and expenses from arts programming in your most recently completed 12-month year. †

Financial statement for the fiscal year beginning _____ ending _____

INCOME

Support (contributors)	Amount
Individual contributions	_____
Foundations/corporations	_____
Government grants	_____
Other (specify)	_____
_____	_____
_____	_____

Revenue

Earned income (List major sources such as admissions, sales and fees)	_____
_____	_____
_____	_____
Other (specify)	_____
_____	_____
_____	_____

TOTAL INCOME \$ _____

EXPENSES

	Amount
Employee salaries & wages	_____
Employee benefits & payroll taxes	_____
Independent contractor, consultant & professional fees	_____
Supplies	_____
Printing and copying	_____
Postage & shipping	_____
Rent, utilities, equipment	_____
Transportation	_____
Other (specify)	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES \$ _____

Income less expenses \$ _____

Please describe the circumstances surrounding a substantial year-end surplus or deficit:

† Organizations with annual expenses nearing \$300,000 may be asked for additional information such as an audit.

*If you already have an income-and-expense statement that contains this information on **one page**, you may submit it in its original form.*

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:



- | | | |
|--|--|--|
| <p>01 Dance - general
01A ballet
01B ethnic/jazz/folk-inspired
01C modern</p> <p>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</p> <p>03 Opera/Musical Theater - general
03A opera
03B musical theater</p> <p>04 Theater - general
04A theater, in general
04B mime
04C puppetry
04D theater for youth
04E storytelling
10C playwriting/
scriptwriting</p> | <p>05 Visual Arts - general
05A experimental
05B graphics (includes
drawing, cartooning,
printmaking and book arts)
05D painting
05F sculpture</p> <p>06 Design Arts - general
06A architecture
06B fashion
06D industrial
06E interior
06F landscape architecture
06G urban/metropolitan</p> <p>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</p> <p>08 Photography
(Includes Holography)</p> | <p>09 Media Arts - general
09A film
09B audio
09C video
09D technology/
experimental
09E screenwriting</p> <p>10 Literature - general
10A fiction
10B nonfiction
10C playwriting/
scriptwriting
10D poetry</p> <p>11 Interdisciplinary
(includes performance art
and collaborations)</p> <p>12 Folklife/Traditional Arts
12A dance
12B music
12C crafts and
visual arts
12D oral traditions</p> <p>13 Humanities</p> <p>14 Multidisciplinary</p> <p>15 Non-arts/Non-humanities</p> |
|--|--|--|

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.