



Madison Arts Commission | 2024-25 Annual Grants Application

ABOUT

The Madison Arts Commission (MAC) invites Madison artists and nonprofits to apply for the 2024-25 grant cycle.

There are three grant categories:

- Project (\$1,000 - \$5,000)
- Legacy (\$1,500)
- Individual fellowship (\$1,000 - \$2,000)

Applicants may only submit one application per year for one of the three categories.

GUIDELINES

All grants use the same guidelines & application. Read the guidelines before submitting your application:

[ADD LINK HERE ONCE PUBLISHED]

PREPARE YOUR MATERIALS IN ADVANCE.
THE APPLICATION FORM CANNOT BE SAVED.

TIMELINE

- Application deadline: March 1 by 11:59 PM
- Grants reviewed by MAC: March 18, 20, & 21.
- MAC recommendation sent to Common Council: May
- Contracts sent to recipients: Late May
- Grant period: June 1, 2024 - May 31, 2025

ELIGIBILITY

See the guidelines for specific eligibility. In general, MAC funds:

- Individuals who are residents of the City of Madison.
- Nonprofits registered to an address in Madison who provide proof of tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

THIS APPLICATION COULD BE DISCLOSED PURSUANT TO A PUBLIC OPEN RECORDS REQUEST.

Photo: 2023 Musique Electronique at McPike Park, Credit Jason Van Nurden

If you need an interpreter, translator, materials in alternate formats or other accommodations to access this information, please call (608) 266-4635 immediately.

Si necesita un intérprete, traductor, algún material en otro formato u otras adaptaciones para acceder a esta información, llame al (608) 266-4635 de inmediato.

Yog tias koj xav tau ib tug neeg txhais lus, tus neeg txhais ntawv, los sis xav tau cov ntaub ntawv ua lwm hom ntawv los sis lwm cov kev pab kom paub txog cov lus qhia no, thov hu rau (608) 266-4635 tam sim no.

如果您获取此类信息时需要口译人员、翻译人员、不同格式的材料, (608) 266-4635

Are you applying as an individual or organization? *

- ☐ Individual
- ☒ Organization

Is this the first time your or your organization has applied for a Madison Arts Commission Annual Grant? *

- ☐ Yes
- ☐ No

SECTION 1: ABOUT THE PROJECT CONTACT

Legal Name of Organization *

Contact Person *

Pronouns

Optional. For example: she/her, he/him, they/them

Address *

City *

State *

Zip *

Email *

Phone *

Website

How much is your annual organizational budget? *

SECTION 2: FISCAL AGENT

Will you be using a fiscal agent? *

A fiscal agent (also called a fiscal receiver) is a 501(c)(3) organization that accepts grant funds on behalf of another organization or individual.

- ☒ Yes, I will use a fiscal agent
- ☐ No, I will not use a fiscal agent

Legal Name of Organization Serving as Fiscal Agent *

Contact Person for Fiscal Agent *

Email of Fiscal Agent *

Phone Number of Fiscal Agent

Address of Fiscal Agent *

City of Fiscal Agent *

State of Fiscal Agent *

Zip of Fiscal Agent *

SECTION 3: ABOUT THE PROJECT

Which grant are you applying for? *

Review the grant guidelines linked above if you are unsure of which grant to apply for.

- ☒ Project Grant
- ☐ Legacy Grant
- ☐ Individual Fellowship

Project Title *

Primary Artistic Category *

Select the category that best describes your project. Commissioners will review applications in groups based on this category.

- ☐ Arts Education (PreK-12)
- ☐ Dance & Movement
- ☐ Festival
- ☐ Literary Arts
- ☐ Music
- ☐ Other
- ☐ Theater
- ☐ Video/Film
- ☐ Visual

Secondary Artistic Category *

Select the category that next best describes your project. Your application may need to be moved to this category pending the quantity of applications.

- ☐ Arts Education (PreK-12)
- ☐ Dance & Movement
- ☐ Festival
- ☐ Literary Arts
- ☐ Music
- ☐ Other
- ☐ Theater
- ☐ Video/Film
- ☐ Visual

Short Project Description *

Describe your project in 1-2 sentences for promotional purposes.

Project Start Date *

If your project occurs on more than one date, choose the span, with start date being the first event and end date being the last. Projects cannot start before June 1, 2024.

Project End Date *

If your project occurs on more than one date, choose the span, with start date being the first event and end date being the last. Projects cannot start before June 1, 2024.

In which Alder District(s) will the project occur? *

Check all that apply. Use this map to determine the appropriate district:

<https://www.cityofmadison.com/council/councilmembers/map.cfm>

- ☐ District 1
- ☐ District 2
- ☐ District 3
- ☐ District 4
- ☐ District 5
- ☐ District 6
- ☐ District 7
- ☐ District 8
- ☐ District 9
- ☐ District 10
- ☐ District 11
- ☐ District 12
- ☐ District 13
- ☐ District 14
- ☐ District 15
- ☐ District 16
- ☐ District 17
- ☐ District 18
- ☐ District 19
- ☐ District 20

Estimated Total Project Cost *

Enter total project cost in dollars

Grant Request from MAC *

Enter total grant request in dollars. See grant guidelines for maximum request amounts.

Expected Hotel Rooms Generated

If your project will generate stays at hotels, enter an estimate of overnight stays below. Part of the annual grant funding comes from room taxes generated by local hotels. If your event generates hotel stays, we may be able to allot grant money from that funding source.

Estimated Number of Project Participants *

Artists, performers, students actively involved in creating the project. Whole number only.

Estimated Number of Audience Members *

If this project will provide transportation from or occur within a community served by a Neighborhood Resource Team (NRT), describe which NRT(s) and how.

See a map of NRTs here: <https://www.cityofmadison.com/civil-rights/documents/neighborhood-resource-teams/nrtLocatorMap.pdf>

Explain how your project will provide transportation from or occur within one or more communities served by an NRT.

What format is your Project Narrative? *

- ☐ Video (URL)
- ☒ Text (Enter Below)

Artistic & Educational Merit *

In 250 to 500 words, explain the artistic and educational merit of your project, including:

- How will the project advance the quality of arts in our community or advance the artists professional development?
- How will the grant contribute to you or your organization's artistic goals or expand your capacity?
- Is the project innovative?

Access *

In 250 to 500 words, explain how your project will be accessible to the community, including:

- Who is your target audience?
- How will the project reach and engage your target audience?
- What partnerships or collaborations are you building to ensure that the project reaches its target audiences?
- What element of your project is free to the public?*
- How will you stretch yourself to make the artistic experience accessible to more diverse audiences?

*For Individual Fellowship applicants, this could be an exhibition, workshop, performance, school or library presentation, street performance, etc.

Feasibility *

In 250 to 500 words, explain the feasibility of your project, including:

- Who are the key personnel on the project, what is their role, and what are their qualifications?
- Will they have capacity to manage the project and meet the project goals?
- What is the project timeline?

- Where will the project occur?
- What are your intended outcomes and evaluation methods?
- What is the communication plan to maximize reach of the project?
- Are any permits, permissions, or partnerships required for the project to succeed? If yes, what are they and how far are you in the process towards permissions?

Importance *

In 250 to 500 words, explain the value this project provides to the audience/public, including:

- Are any other organizations or entities relying on this, and if so have they provided a letter of support?
- How will the project fill an identified community need?
- Will the project provide access to an underrepresented area of the arts?
- How will the project advance the visibility of arts in the community?
- Will the MAC grant have a significant and effective impact on the project?

A. Project Budget *

You must use the provided budget template found here:

https://www.cityofmadison.com/dpced/planning/documents/Arts_Budget_Template.pdf.

Title the file A_budget_ApplicantName.pdf

⬇ Drop files here

B. Letters of Support *

Letters should be relevant to the project, and/or proof of partnership - PDF files only. 3 letters maximum. Title the file B_letters_ApplicantName.pdf

⬇ Drop files here

What format are your Work Samples? *

Select all that apply

- ☒ Images (JPG)
- ☒ Video (URL)
- ☒ Written document (PDF)
- ☒ Audio (MP3, WAV, M4A)

C. Work Samples *

Written documents should be PDFs. Images should be JPG files at 200 dpi, 800-1200 px in largest dimension. Audio files should be 5 minutes max, MP3, M4A or WAV files. Please keep files to less than 10 MB. Title the files D_worksample1_ApplicantName.jpg/pdf, etc.) ONLY SUBMIT 5 WORK SAMPLES MAXIMUM.

By submitting these work samples, you give the City of Madison permission to use these for any purpose in any media, including for advertising and trade purposes. You also represent that any people depicted in any photographs have consented to the use of their likeness for this purpose. You also acknowledge that neither you nor any person or organization depicted in the photographs will receive any compensation for the use of these photos, and release the City of Madison and its agents, employees, and assignees from any claims, which are in any way connected with this use.

⬇ Drop files here

C. Video Work Samples

5 minutes max, submit URLs below

By submitting these video samples, you give the City of Madison permission to use these for any purpose in any media, including for advertising and trade purposes. You also represent that any people depicted in the video samples have consented to the use of their likeness for this purpose. You also acknowledge that neither you nor any person or organization depicted in the video will receive any compensation for the use of these videos, and release the City of Madison and its agents, employees, and assignees from any claims, which are in any way connected with this use.

D. Work Sample List *

List corresponding to work samples submitted, including sample number, year, title, size/duration, media. Title the file E_imagelist_ApplicantName.pdf

⬇ Drop files here

E. Tax Exemption Determination Letter from the IRS or WI Certificate of Exempt Status *

Upload the IRS determination letter or the WI Certificate of Exempt Status for your organization or your fiscal receiver to prove non-profit status. Title the file F_Tax_ApplicantName.pdf).

⬇ Drop files here

F. List of Current Board Members *

PDF files only. Title the file G_Board_ApplicantName.pdf

⬇ Drop files here

SECTION 4: DEMOGRAPHICS

In order to distribute grant funding equitably, we are requesting demographic information from applicants. Organizations should submit based on their entire organization (including Board membership & staff). Individuals should self-report.

Ethnicity

Optional. Organizations please check all that apply to your staff and board.

- ☐ Hispanic/Latinx/e/a/o
- ☐ Non-Hispanic/Latinx/e/a/o
- ☐ Prefer not to answer

Race

Optional. Organizations please check all that apply to your staff and board.

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ White
- ☐ Multiracial
- ☐ A race not listed
- ☐ Prefer not to answer

Gender

Optional. Organizations please check all that apply to your staff and board.

- ☐ Woman
- ☐ Man
- ☐ Non-binary/Genderqueer
- ☐ Prefer not to answer
- ☐ Prefer to self-describe (write-in below)

Does anyone in your organization describe themselves as transgender?

Optional. Organizations please check all that apply to your staff and board.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

What percentage of your organization identifies as trans?

Optional - include both staff & board membership

Do you or anyone in your organization identify as having a disability?

Optional. Organizations please check all that apply to your staff and board.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What percentage of your organization identifies as having a disability?

Optional - include both staff & board membership

Age

Optional (organizations - check all that apply to your staff and board)

- ☐ Less than 25
- ☐ 25-40
- ☐ 41-59
- ☐ 60+
- ☐ Prefer not to answer

SECTION 5: APPLICATION TERMS & AGREEMENTS

Confirmation of Accuracy & Authenticity *

By checking the box below, the applicant certifies that the statements herein are true, complete and accurate to the best of their knowledge, and that the proposed project has all necessary rights to be produced as proposed. By accepting an award, they acknowledge that any false, fictitious, or fraudulent statements or claims may subject them to criminal, civil, or administrative penalties.

☐

Guidelines *

By checking the box below, the applicant confirms they have read the application guidelines and will comply with all requirements including file naming conventions.

☐

Intent to Apply Email *

By checking the box below, the applicant confirms they have emailed madisonarts@cityofmadison.com with their intent to apply prior to submission.

☐

Project Budget Confirmation *

By checking the box below, the applicant confirms that the submitted project budget is accurate to the best of their ability, and that it complies with all budget notes in the guidelines, including allowable expenses, maximum MAC funding, required cash match, no additional funding from other City agencies, etc.

☐

Reporting Requirements *

By checking the box below, applicant agrees to provide the final reports and photos required by the Madison Arts Commission.

☐

Public Records Requests *

By checking the box below, I acknowledge I understand that this application form could be disclosed pursuant to a public records request.

☐

Acknowledgement of Funders *

By checking the box below, applicant agrees that if awarded funding they will include the required MAC and Wisconsin Arts Board credit language and logo on all publicity materials and that they have included a plan for this use in the project narrative.

☐

Nondiscrimination Policies *

By checking the box below, applicant assures and certifies that they will comply with, and agree to ensure that any subcontractor, transferees, and assignees who performs any part of this agreement will comply with applicable provisions of national laws and policies prohibiting discrimination. See guidelines for full list.

☐

Payment Terms *

By checking the box below, I acknowledge that if awarded funding, I will receive payment after the project is completed and all necessary documentation has been approved by the City.

☐

Submit

Never submit passwords through this form. [Report malicious form](#)