

2022
2023

Annual Grant Program Application



Organization applicant

Full legal name of organization

Project contact person (pronouns optional)

Phone number / email address for project contact

Name of organization's fiscal receiver (if applicable)

Contact person for fiscal agent (pronouns optional)

Phone number / email address for fiscal agent contact

Business address for fiscal agent

City State Zip code

Date organization received federal tax-exempt status under sec. 501(c)(3) of the IRS Code

Federal Tax ID Number

Size of organizational budget

Individual applicant

Name of artist (name, known-as, or DBA name)

This does not need to be your legal name. However, if you are awarded a grant, we will need your legal name for tax purposes.

My name, above, is different than my legal name.

Pronouns (optional)

Street address

Mailing address (if different)

City State Zip code

Telephone (days)

Email address

Choose one: Project Legacy Arts education Individual artist fellowship

In the last six years have you or your organization received City funding? Yes No

If yes, what years, what project, and how much?

If the applicant is not an individual artist, please indicate how your group is organized: (note: 501(c)(3) status does not answer this question – please consult your organization's leadership to determine the status of your group and the complete, legal name under which you would execute a contract with the City of Madison, should you be awarded this grant.)

- Corporation (Inc., Corp., Co., etc., including Non-Profit Corporations) Unincorporated Association
- Limited Liability Company (LLC) Sole Proprietor d/b/a
- Limited Liability Partnership (LLP) Partnership Other: _____

Project title	Estimated total cost	MAC request	
Start date	End date	Number of project participants	Anticipated size of audience

Aldersperson's name and district number (where project will occur). Visit www.cityofmadison.com/council to identify the district.

In the space provided, briefly describe your project:

This application form could be disclosed pursuant to a public records request.

215 Martin Luther King Jr. Blvd., Suite 017
P.O. Box 2985, Madison WI 53701-2985
Phone: (608) 261-9134 Fax: (608) 266-6377
www.cityofmadison.com/mac

Applicant name / organization

\$
Total requested from MAC

Proposed budget for Madison Arts Commission grant

Project expenses

(Please indicate via **Check off** box if MAC funds will be used for the expense listed.)

Applicants may attach budget details **in addition** to this completed form.

In-kind expenses – must equal in-kind income (defined on p.3*)	Amount
Total	

Supplies / materials	Amount	Check off
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Total		

Publicity / postage	Amount	Check off
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Total		

Services / fees / rentals	Amount	Check off
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Total		

Honoraria / personnel	Amount	Check off
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Total		

Travel / other expenses	Amount	Check off
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Total		

Tourism & room tax

A portion of our annual grant funding comes from room taxes generated by guests staying at local hotels. If your event generates overnight stays, we may be able to allocate grant money from that funding source.

Please estimate the number of overnight stays your event may generate:

Total expenses must equal total income on page 3	Grand total	
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Project income

In-kind contributions – must equal in-kind expenses (item, source, amount)*	Amount
Total	

Committed funds (donor and amount)	Amount
Total	

Anticipated funding (donor and amount)	Amount
Total	

MAC grant funds request	Total

Total income must equal expenses total from page 2	Grand total

***In-kind** is defined as non-cash donations of goods and services such as labor, facilities, or equipment to carry out a project. Typically, skilled or professional labor can be valued at the prevailing rate that the individual making the donation has a record of receiving in the field. *For example, Grantee X counts donation of Venue Y at Venue Y’s normal rental rate and the donation of their set designer at the designer’s average wage of \$17.00 per hour x the number of hours they will work on the project. If audited, these amounts could be verified, by showing the posted rental agreement for Venue Y and previous pay stub of the set designer.*

Grants **may** be used for artists’ fees, legally required royalties, production expenses, space rental, marketing costs, purchase of expendable materials, required insurance, etc. MAC grants **cannot** be used to fund prizes or awards, grantee’s tuition, purposes other than outlined in the grant, permanent equipment, travel outside the City of Madison, refreshments or debts incurred for past activities.

Nondiscrimination Based on Disability. Applicant shall comply with Section 39.05, Madison General Ordinances, Nondiscrimination Based on Disability in City-assisted Programs and Activities. Under Section 39.05(7) of the Madison General Ordinances, no City financial assistance shall be granted unless an assurance of compliance with Sec. 39.05 is provided by the applicant or recipient, prior to the granting of the City financial assistance.

Applicant hereby makes the following assurances: Applicant assures and certifies that it will comply with section 39.05 of the Madison General Ordinances, entitled “Nondiscrimination Based on Disability in City-assisted Programs and Activities,” and agrees to ensure that any subcontractor who performs any part of this agreement complies with Sec. 39.05, where applicable, including all actions prohibited under Section 39.05(4), MGO.

Application self-check (required)

1. I have read the guidelines and understand the requirements if awarded MAC grant funds.
2. I emailed the Arts Program Administrator of my intent to apply prior to submittal.

_____ Date (MM/DD/YY)
3. I have compiled everything in the application submission list, required in the guidelines.
4. My Dropbox attachments are labeled with the naming convention described in the guidelines.
Example: A_application_JDoe.pdf D_resumes_JDoe.pdf
B_narrative_JDoe.pdf E_worksample1_JDoe.jpg
C_letters_JDoe.pdf E_imagelist_JDoe.pdf
5. I indicated (via check off box) on my budget which expenses MAC grant funds would be used for.
6. My total requested funds are equal to, or less than, \$3,000.
7. My total requested funds are equal to, or less than, 50% of total estimated project costs (see example below).
8. In-kind donations may be used for 50% or less of the grant project matching funds (see example below).
9. At least 50% of my total project matching funds are cash (see example below).

Total project	Maximum MAC grant allowed	Cash match required	In-kind limits
\$3,000	\$1,500	\$750 or more	\$375 or less
\$6,000	\$3,000	\$1,500 or more	\$750 or less
\$10,000	\$3,000	\$1,500 or more	\$750 or more
10. Expense and income totals match.
11. Grant funds are requested only for: artists’ fees, legally required royalties, production expenses, space rental, marketing costs, purchase of expendable supplies, required insurance, etc.
12. No grant funds are requested for prizes or awards, grantee’s tuition, purposes other than outlined in the grant, permanent equipment, travel outside the City of Madison, refreshments or debts incurred for past activities.
13. My budget does not include other cash funding (in-kind is OK) from the City of Madison.
14. If awarded funding I will include the required MAC and Wisconsin Arts Board credit language and logo on all publicity materials.
15. If awarded this funding, I will photo document the project and provide five images to the City of Madison for their use.
16. I understand that if awarded funding, I will receive payment after the project is completed and all necessary documentation has been approved by the City.
17. If you don’t receive a confirmation email, please contact the Arts Program Administrator at madisonarts@cityofmadison.com.

To support a full creative life for all, the Madison Arts Commission commits to championing policies and practices of cultural equity that empower a just, inclusive, equitable city.

Individuals should provide A through E, organizations should provide A through I — unless they are applying in the legacy category — in which case they need only provide A and B.

Demographics (optional)

If you are applying as an organization, please indicate the percentage of people in each category, to the best of your ability. This information helps MAC determine whether they are reaching their Diversity, Equity and Inclusion goals.

	IA ¹	BOD ²	ORG ³
Ethnicity			
Hispanic / Latino			
Non-Hispanic / Latino			
Prefer not to answer			
Race (indicate all that apply)			
Amer. Ind. / Alas. Nat.			
Asian			
Black / African Amer.			
Nat. Haw. / Pac. Island.			
White			
Multiracial			
Prefer not to answer			
Gender (indicate all that apply)			
Woman			
Man			
Non-binary/Genderqueer			
A gender not listed			
Prefer not to answer			
Age			
Less than 25			
25 – 40			
41 – 59			
60+			
Prefer not to answer			
Persons w/ Disabilities			

¹ Individual Artists

² Board of Directors

³ Organization