

Annual Grant Program Application

2020-2021

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P.O. Box 2985, Madison WI 53701-2985
Phone: (608) 261-9134
Fax: (608) 267-8739
www.cityofmadison.com/mac



CHOOSE ONE: INDIVIDUAL ORGANIZATION

CHOOSE ONE: Project

Legacy

If organization, what is the size of your

ARTS Education

Individual Artist Fellowship

organizational budget? _____

In the last six years have you or your organization received city funding? _____

IF YES, what years, what project, and how much? _____

NAME OF INDIVIDUAL ARTIST OR ORGANIZATION (PLEASE PROVIDE FULL LEGAL BUSINESS NAME: I.E. MADISON THEATER GROUP, INC.)

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

ALDERPERSON'S NAME AND DISTRICT NUMBER (WHERE PROJECT WILL OCCUR). VISIT WWW.CITYOFMADISON.COM/CLERK/ELECTIONWHO.CFM FOR ASSISTANCE.

IN THE SPACE PROVIDED, BRIEFLY DESCRIBE YOUR PROJECT:

ORGANIZATION APPLICANT

INDIVIDUAL APPLICANT

OR

ORGANIZATION NAME OR FISCAL RECEIVER (I.E., BOARD OF REGENTS, ARTS WI)

NAME

CONTACT PERSON/Email/Phone FOR FISCAL AGENT

STREET ADDRESS

BUSINESS ADDRESS FOR FISCAL AGENT

MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

PROJECT CONTACT

TELEPHONE (DAYS)

BUSINESS PHONE / E-MAIL ADDRESS FOR PROJECT CONTACT

E-MAIL ADDRESS

DATE ORGANIZATION RECEIVED FEDERAL TAX-EXEMPT STATUS UNDER SEC. 501(C)(3) OF THE IRS CODE

Applicant name must match legal name (as used in tax filing)

FEDERAL TAX ID NUMBER

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 bottom of p.3*)	Amount
TOTAL	

Supplies/Materials	Amount
TOTAL	

Check off

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.

Publicity/Postage	Amount
TOTAL	

Services/Fees/Rentals	Amount
TOTAL	

Honoraria/Personnel	Amount
TOTAL	

Travel/Other Expenses	Amount
TOTAL	

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
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Total Income MUST Equal Expenses Total from PAGE 2	GRAND TOTAL	
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***INKIND** 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 Facilities and 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 _____ DATE (mm/dd/yy) to apply prior to submittal.
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 T 608 [] 260 @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			
	PP ¹	BOD ²	ORG ³
ETHNICITY			
Hispanic/Latino			
Non-Hispanic/Latino			
RACE			
Amer. Ind./Alas. Nat.			
Asian			
Black/African Amer.			
Nat. Haw./Pac. Island.			
White			
Multiracial			
GENDER (indicate all that apply)			
Woman			
Man			
Non/3rd/Genderqueer			
Trans			
Other			
AGE			
less than 25			
25-40			
41-59			
60+			
Persons w/Disabilities			

¹Project Participant
²Board of Directors
³Organization