

# Annual Grant Program Application

2018-2019

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[www.cityofmadison.com/mac](http://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](http://WWW.CITYOFMADISON.COM/CLERK/ELECTIONWHO.CFM) FOR ASSISTANCE.

Check if Project serves an area with a neighborhood resource team.  See List of NRT's: [www.cityofmadison.com/mayor/nrt/](http://www.cityofmadison.com/mayor/nrt/)

IF YES, WHICH NRT? \_\_\_\_\_

**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
<b>TOTAL</b>	

Supplies/Materials	Amount
<b>TOTAL</b>	

Check off

**New 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
<b>TOTAL</b>	

Services/Fees/Rentals	Amount
<b>TOTAL</b>	

Honoraria/Personnel	Amount
<b>TOTAL</b>	

Travel/Other Expenses	Amount
<b>TOTAL</b>	

<b>Total Expenses <b>MUST</b> Equal Total Income on PAGE 3</b>	<b>GRAND TOTAL</b>	
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## Annual Grant Program Application p 3

### PROJECT INCOME

In-Kind Contributions – Must Equal In-Kind Expenses (item, source, amount)*	Amount
<b>TOTAL</b>	

Committed Funds (donor and amount)	Amount
<b>TOTAL</b>	

Anticipated Funding (donor and amount)	Amount
<b>TOTAL</b>	

<b>MAC Grant Funds Request</b>	<b>TOTAL</b>
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<b>Total Income <span style="background-color: yellow;">MUST</span> Equal Expenses Total from PAGE 2</b>	<b>GRAND TOTAL</b>
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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).

**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.

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 608 263 7000 @CityofMadison.com.