

Application Form

Arts and Libraries Community Literary Partnership Program

Council policy requires that an application be submitted by June 3, 2005 to be considered for fiscal year 2005 funding. Each project must be submitted on a separate form. Before preparing the application, please read the guidelines and application instructions. Authorized by Executive Order 1991-21. Application must be typed.

applicant name & address

project/activity title (use the same title as in section 3)

Section 1: Cover Page, Project Summary

Please limit your response to the space provided below.

Grant funds are requested for..

Cash match --from line 20

Total revenue --from line 19

Total expenses --from line 34

For MCACA Staff use only

Control # 05LP _____

received on time late
/ /

Items received

- App form
- Att 1
- Att 2
- Att 3
- Att 4

Envelopes

- original copy 1
- copy 2 copy 3

SECTION 2: APPLICANT INFORMATION

Applicants legal name		telephone
other common name	website (URL)	
official mailing address		
city, state & zip code		office hours
authorizing official or board designee (can not be same as proj. dir.)		title
board chairperson		title
address		
city, state & zip code		county name and code
federal I.D. number	status code 08	institution code 27
U.S. Representative		district number
State Senator		district number
State Representative		district number
Applicant's primary discipline code 10 a,b,c,d	Grantee race code	

SECTION 3: PROJECT INFORMATION

project director (contact person {cannot be same as auth. off.})		title
address		city, state & zip code
business telephone & hours		home telephone & hours
fax number		email address
project/activity title		start date end date
activity's primary discipline code 11	project race/ethnicity code	
type of activity code 33	arts education code 01	Project Descriptor
project primary county code(s)-- --enter all that apply		

SECTION 4: SUMMARY INFORMATION

Section 4a: Budget Summary (use the figures from Section 5; Projected Budget)

total earned revenue from line 4	total cash revenue from line 17	total cash expenses from line 32	
total unearned revenue from line 15	total in-kind support from line 18	total in-kind expenses from line 33	
cash match from line 20	total revenue from line 19	total expenses from line 34	Council request from line 16

Section 4b: Project Participation Summary

(this information should represent your projections and estimates for the entire grant period)

Total number of Michigan artists participating	Total paid to Michigan artists
Total number of artists participating	Total paid to artists
Total number of individuals benefitting	Total number of youth benefitting
Total number of new hires	Total number of employees

Section 4c: AMERICANS WITH DISABILITIES ACT (ADA) INFORMATION

Circle one

Are your facilities and PROGRAMS accessible to persons with disabilities? Y N

Are accessibility issues included in your organization’s long range plans? Y N

Has an ADA evaluation of your organization’s facilities and programs been conducted? Y N

If yes give date completed:_____

Are staff members informed and trained in access issues Y N

Please provide the name and title of the designated staff person responsible for ADA Compliance.

Name

Title

SECTION 5: PROJECTED BUDGET

The budget must balance. Total revenues (line 19) must equal total expenses (line 34) The amount of in-kind support (line 18) must equal in-kind expenses (line 33) Round all budget figures to the nearest whole dollar. Budget figures must be itemized in Attachment #2, including all payments to artists.

Applicant Name:		
REVENUES-----Earned	CASH	IN-KIND
1. Admissions		
2. Contracted services		
3. Other		
4. Total earned revenue	add lines 1,2 & 3. copy the total to Section 4a	
REVENUES-----Unearned		
5. Corporate support		
6. Foundation support		
7. Other private support		
8. Federal support		
9. Regional support		
10. Local government support		
11. Other unearned revenue		
12. Applicant cash		
13. Sub-total unearned revenue	add lines 5 -through- 12	
14. State support -not from Council		
15. Total unearned revenue	add lines 13 & 14. copy the total to Section 4a	
16. MCACA grant request amount	Copy to Section 4a	
17. Total cash revenue	add lines 4, 15 & 16. copy the total to Section 4a	
18. Total in-kind support -from line 33	Copy the total to Section 4a	
19. Total revenues	add lines 17 & 18. copy the total Section 4a	
20. Cash match	add lines 4 & 13. copy the total to Section 4a	

SECTION 5: PROJECTED BUDGET continued

Applicant Name:		
EXPENSES	CASH	IN-KIND
21. Administrative employees		
22. Artistic employees		
23. Technical/production employees		
24. Artistic fees/services -non-employee		
25. Other fees/services - non-employee		
26. Space rental		
27. Travel		
28. Marketing, publicity & promotion		
29. Other expenses		
30. Capital expenses - acquisitions		
31. Capital expenses - other		
32. Total cash expenses add lines 21 through 31. copy the total to Section 4a		
33. Total in-kind expenses add lines 21 through 31. copy the total to line 18 and to Section 4a		
34. Total expenses add lines 32 & 33. copy the total to Section 4a		

As Attachment #2 – provide a detail itemization / explanation for each figure in the budget, **on both the revenue side and the expense side.** Itemize each budget figure by identifying the individual dollar amounts, that when added together, equal the amount you reported in your projected budget. You must indicate the source for revenue figures or the use for expense figures, for every itemized figure.

The itemized figure for payments to all artists must identify by name the artist, or groups of artists, who will be paid and their fee. (Instead of listing the names of artists, or group of artists', you may substitute the type and number of artists to be paid and their fees.) Be sure the total amount to be paid to artists is itemized.

The itemization must explain every dollar listed in the budget. Figures broken down in the itemization must match the figures entered on a particular budget line. The budget must be complete. The budget must be typed. The budget numbers must be rounded to the nearest whole dollar (do not include cents).

The budget must balance: **Total cash revenues (line 17) must equal total cash expenses (line 32)**
Total in-kind support (line 18) must equal total in-kind expenses (line 33)
Total revenues (line 19) must equal total expenses (line 34).

The budget must be accurate and should contain no mathematical errors.

SECTION 6: ASSURANCES

A: The applicant has an established policy of equal opportunity without regard to race, color, religion, national origin, age, sex or disability. The applicant agrees to take steps necessary to correct any under-representation reported on the status report and achieve a reasonably representative work force at all levels of employment. The applicant has an established policy to provide equal opportunity on all programs, activities and services.

The applicant:

- 1 Agrees in all recruiting materials and advertisements to state that all job applicants will receive equal consideration for employment;
- 2 Agrees in all promotional materials and advertisements to state that all programs, activities and services will be provided equally; and
- 3 Agrees to post in conspicuous places, notices setting forth the law on equal opportunity in employment and public accommodations.

B: If the grant is awarded, the applicant gives assurances to MCACA and MHC that the support funds will be administered by the applicant.

C: Any funds received under this grant shall not be used to supplant funds formally budgeted for same and that funds received will be used solely for the contracted activities.

D: The applicant has read and will conform to the Guidelines.

E: The filing of this application by the undersigned, officially authorized to represent the applicant organization has been duly approved by the governing board of the applicant organization.

- This application was approved by the governing board on _____
- This application is scheduled to be approved by the governing board on _____
- If the application has not yet been approved by your governing board, notify the Council of the action taken as soon as possible.
- If the notification of action by your governing board is not received prior to panel review, the application may not be recommended for funding.

Authorized Official:

Name (typed) _____ Date _____

Signature _____

SECTION 7: ATTACHMENT CHECKLIST

All sections of the Application form must be completed. Check the boxes below to ensure that all sections of the form have been completed. Your original application and three copies (totaling 4) must be submitted to MHC. **The deadline for application to this program is June 3, 2005.**

- Section 1 Cover Page
- Section 2 Applicant Information
- Section 3 Project Information
- Section 4 Summary Information
- Section 5 Projected Budget
- Section 6 Assurances
- Section 7 The Checklist

ATTACHMENTS

Indicate which attachments are enclosed by checking the corresponding box. Each page of each attachment must be labeled and numbered on the top right corner as follows:

Attachment # _____, Page # _____, Organization _____

Four copies of Attachment # 1 through # 4.

Enclosures

- Attachment #1 Narrative
- Attachment #2 Budget Itemizations
- Attachment #3 Resumes/Bios
- Attachment #4 Documentation

PACKAGING

Indicate that all application materials have been correctly packaged and labeled by checking the boxes below. Application materials should be placed in an envelope and labelled as follows.

- | | | | |
|-----------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Envelope # 1
"Original" | <input type="checkbox"/> Envelope # 2
"Copy 1" | <input type="checkbox"/> Envelope # 3
"Copy 2" | <input type="checkbox"/> Envelope # 4
"Copy 3" |
| Application Form | Application Form | Application Form | Application Form |
| Attachment #1 | Attachment #1 | Attachment #1 | Attachment #1 |
| Attachment #2 | Attachment #2 | Attachment #2 | Attachment #2 |
| Attachment #3 | Attachment #3 | Attachment #3 | Attachment #3 |
| Attachment #4 | Attachment #4 | Attachment #4 | Attachment #4 |