

Wisconsin Arts Board Grant Application

Creative Communities Grant Program

Sub Category:

Fiscal Year:

Section A: Applicant Information

Legal Name of Organization:

501(c)3 Year
Incorporated:

Mailing Address:

City:

State:

Zip:

County:

Web URL:

Daytime Phone:

Alternate Phone:

Fax Phone:

Organization's Email:

Contact Name:

Contact Title:

Contact Phone:

Contact Email:

Director's Name:

Director's Title:

Director's Phone:

Director's Email:

Section B: Fiscal Receiver Information

Legal Name of Organization:

501(c)3 Year
Incorporated:

Mailing Address:

City:

State:

Zip:

Daytime Phone:

Organization's Email:

Contact Name:

Contact Title:

Section C: Applicant Operating Budget

Prior Fiscal Year

Income:

Expenses:

In-Kind:

Current Fiscal Year

Income:

Expenses:

In-Kind:

Next Fiscal Year

Income:

Expenses:

In-Kind:

Address accumulated debts or assets, if any. Explain any increase or decrease which exceeds 20% between fiscal years.

For Arts Board Use Only

App Codes: Status _____ Institution _____ Discipline _____ Race _____

Leg. Numbers: Senate _____ House _____ Congress _____ DUNS Number _____

Project Codes: Discipline _____ Race _____ Type _____ AIE _____ Descriptors _____

(Applicant Name, Fiscal Year, Application Type)

Section D: Project Details

Project Title:

Activity Start Date: / / Activity End Date: / /

Artists Participating: Individuals to Benefit: Children to Benefit:

Total Project Cash Expenses:

Total Project Cash Income:

Total Project In-kind Contributions:

Grant Amount Requested:

Section E: Project Summary

Section F: Public Service Activity

What public notice of the activity will occur:

Where will the activity occur:

Facility(ies) is(are) accessible in: parking entrance restrooms level access signage

Are your programs accessible in other ways? If so, how?

Government Support - Federal		
		Subtotal:
Government Support – State/Regional		
		Subtotal:
Government Support - Local		
		Subtotal:
Other Revenue		
		Subtotal:
Applicant Cash		
		Subtotal:

Section H: Project Budget Itemized – Expenses

Personnel - Administrative		
		Subtotal:
Personnel - Artistic		
		Subtotal:
Personnel - Technical/Production		
		Subtotal:
Outside Artistic Fees & Services		
		Subtotal:
Space Rental		
		Subtotal:

Travel		
		Subtotal:
Marketing		
		Subtotal:
Remaining Operating Expenses		
		Subtotal:
Capital Expenditures		
		Subtotal:
In-Kind		
		Subtotal:

(Applicant Name, Fiscal Year, Application Type)		
Section I: Project Budget Summary - Income		
Admissions		
Contracted Services		
Corporate Contributions		
Foundation Support		
Other Private Support		
Government Support - Federal		
Government Support - State/Regional		
Government Support - Local		
Other Revenue		
Applicant Cash		
Grant Amount Requested		
Total Cash Income		
In-Kind		
PROJECT BUDGET		
Section J: Project Budget Summary - Expenses		
		<u>Allocation of WAB Funds</u>
Personnel - Administrative		
Personnel - Artistic		
Personnel - Technical/Production		
Outside Artistic Fees & Services		
Space Rental		Not Eligible
Travel		
Marketing		
Remaining Operating Expenses		
Capital Expenditures		Not Eligible
Total Cash Expenses		—
In-Kind		—
PROJECT BUDGET		—
		Total WAB Allocation

(Applicant Name, Fiscal Year, Application Type)

Section K: Community Demographics

Name of city or county in which the applicant is located:

Population: _____

Median household income: \$ _____

Percentages of population that are:

Percentages of population that:

American Indian and Alaska Native _____ %

are school age (under 18) _____ %

Asian persons _____ %

are over 65 years old _____ %

Black persons _____ %

are below poverty level _____ %

Persons of Hispanic or Latino origin _____ %

are high school graduates _____ %

Native Hawaiian/Other Pacific Islander _____ %

hold bachelor's degree or higher _____ %

White persons not Hispanic _____ %

have a disability _____ %

Major businesses or activities that support your community's economy:

Section L: Community Description

(Applicant Name, Fiscal Year, Application Type)

Section M: Mission Statement

Section N: History of Your Organization

DRAFT

Section O: Narrative

What Do You Do?

1. Describe the project for which you are applying.

How Do You Do It?

2. Describe how you will manage the project.

What Difference Do You Make?

3. Describe the planning process for this project.

4. Please answer one of the following:

5. The Wisconsin Arts Board, a government agency, is a steward of state and federal tax dollars paid by all Wisconsin citizens. Why does your project merit public funds from the Wisconsin Arts Board?

How Do You Know?

6. Evaluation is vital to long term project, program, and organizational success.

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(Applicant Name, Fiscal Year, Application Type)

Section P: Board of Directors List

Name	Occupation	City	Arts Interest/Affiliation
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(Applicant Name, Fiscal Year, Application Type)

Section O: Staff Members List

Name

Position Title/Area of Responsibility

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(Applicant Name, Fiscal Year, Application Type)

Section R: Key Artistic and Administrative Personnel Biographies

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Section S: Work Sample Description

Sample 1

Type: DVD CD Lit Begin:

End:

Year:

Title:

Description:

Sample 2

Type: DVD CD Lit Begin:

End:

Year:

Title:

Description:

Image 1

Title:

Year:

Description:

Image 2

Title:

Year:

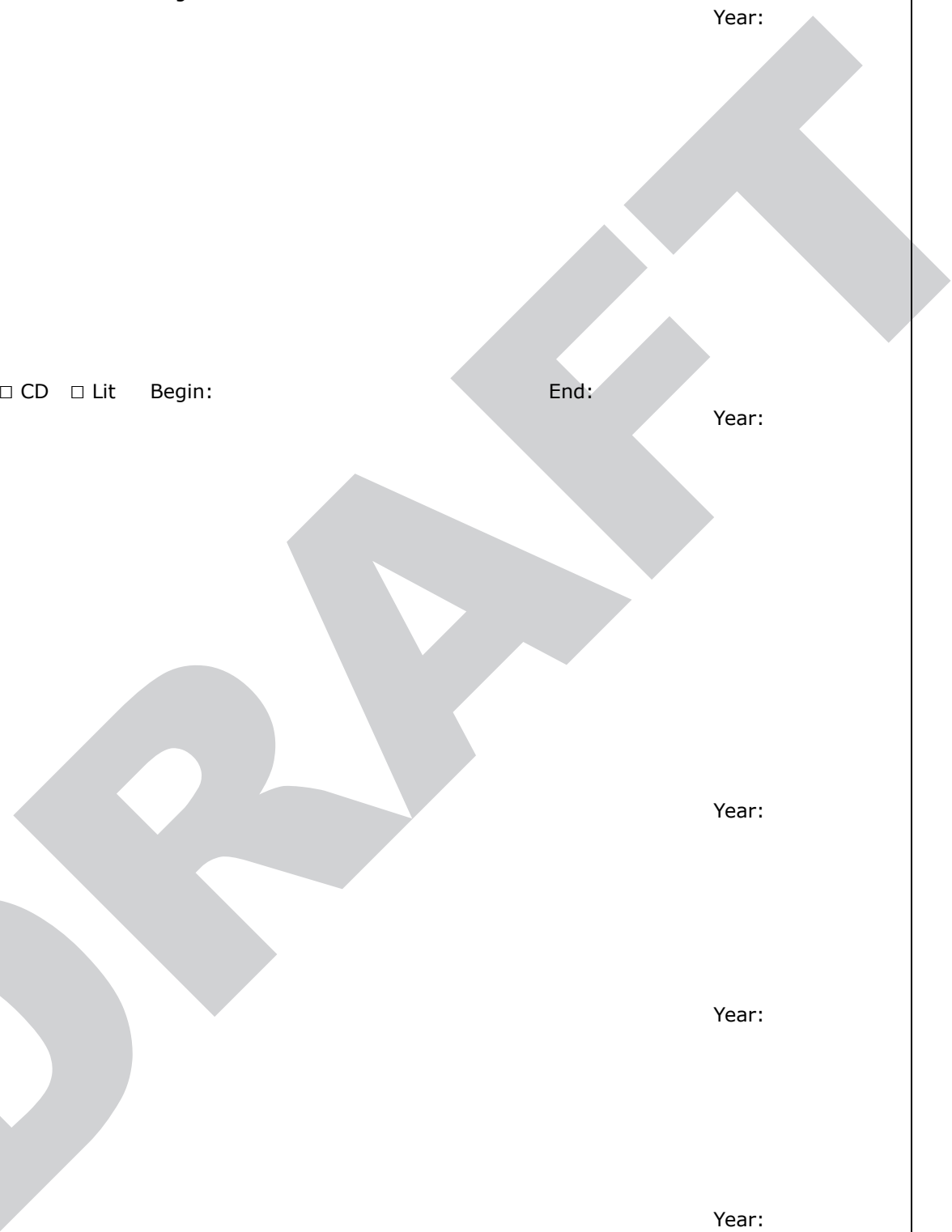
Description:

Image 3

Title:

Year:

Description:



Section 5: Work Sample Description continued

Image 4

Title:
Description:

Year:

Image 5

Title:
Description:

Year:

Image 6

Title:
Description:

Year:

Image 7

Title:
Description:

Year:

Image 8

Title:
Description:

Year:

Image 9

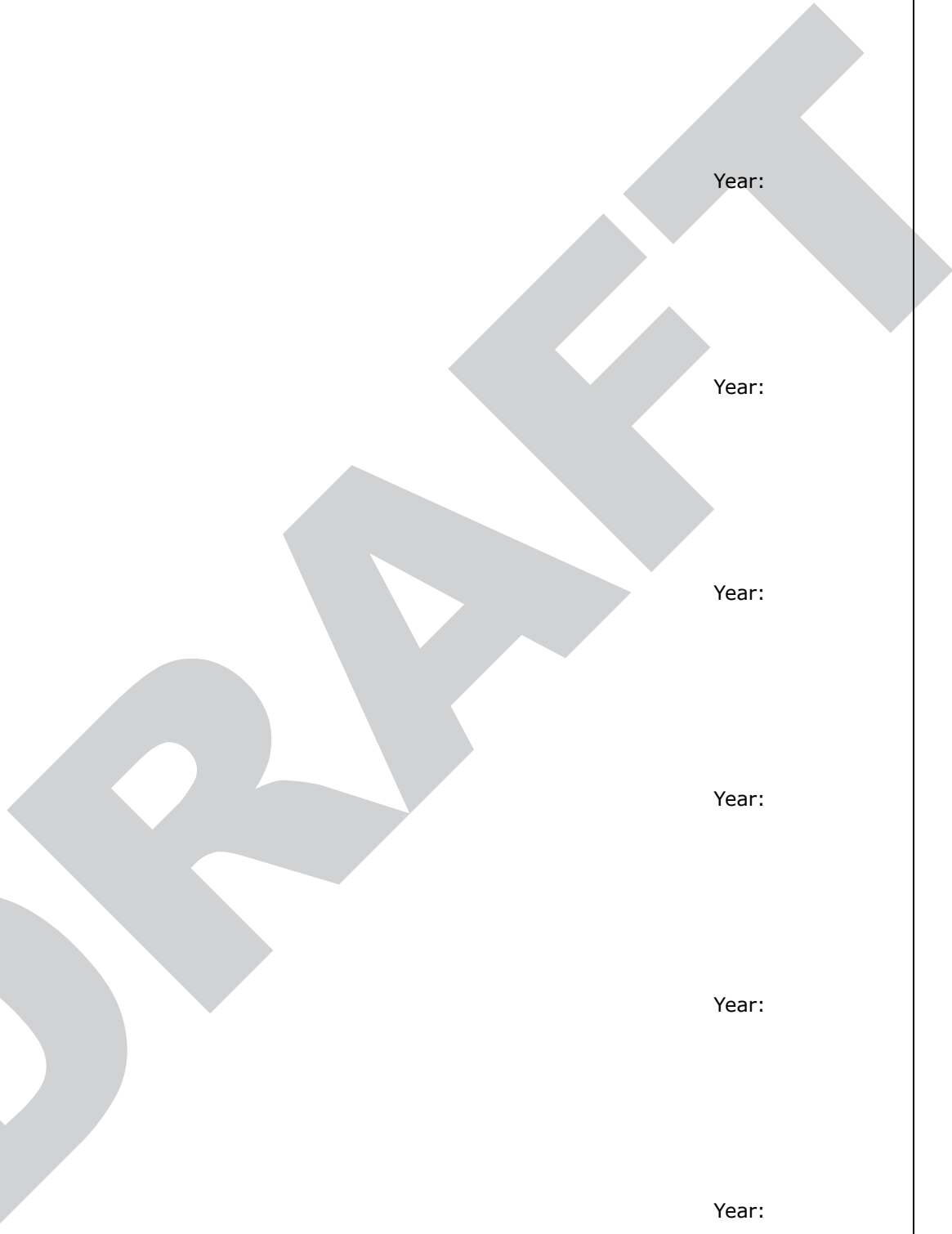
Title:
Description:

Year:

Image 10

Title:
Description:

Year:



(Applicant Name, Fiscal Year, Application Type)

Section T: Application & Support Materials Checklist

This checklist is a required part of the application package. Check the box before each item that is applicable and is included in your materials. Cross through any item that is not applicable. Items left blank will flag your application as potentially ineligible or incomplete. Refer to the guidelines for more information.

Items must be collated in the following order and assembled in sets: one set labeled originals and six panel review sets. Copy back-to-back when possible. Please bind with clips and not rubber bands. Do not place in binders or folders.

Application Component	For WAB Office ONE set labeled "Originals."		For Panel Review Collated sets.	
	<input type="checkbox"/>	Required	<input type="checkbox"/>	
Application Sections A-R	<input type="checkbox"/>	Required	<input type="checkbox"/>	Six Copies Required
Section S: Work Sample Description	<input type="checkbox"/>	Required	<input type="checkbox"/>	Six Copies Required
Section T: Checklist	<input type="checkbox"/>	Required		—
Section U: Organizational Assurances	<input type="checkbox"/>	Required (with original signatures)		—
Letter of Commitment from Partner Organization(s)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Six Copies Required
Required Financial Documentation as noted in Guidelines	<input type="checkbox"/>	Required	<input type="checkbox"/>	Six Copies Required
IRS Proof of Nonprofit Status	<input type="checkbox"/>	Required of First Time Applicants <u>only</u>		—
W-9 Form (from Arts Board website)	<input type="checkbox"/>	Required of First Time Applicants <u>only</u>		—
Letter of Agreement Between Applicant Organization and Fiscal Receiver Org	<input type="checkbox"/>	Required of Applicants Using a Fiscal Receiver <u>only</u>		—
IRS Proof of Nonprofit Status of Fiscal Receiver Organization	<input type="checkbox"/>	Required of Applicants Using a Fiscal Receiver <u>only</u>		—
W-9 Form of Fiscal Receiver Organization	<input type="checkbox"/>	Required of Applicants Using a Fiscal Receiver <u>only</u>		—
Up to Two Labeled Work Samples	<input type="checkbox"/>	Required		—

All application and support materials must be submitted in one package and postmarked or hand delivered no later than one business day after the eGRANT deadline.

Please keep a copy of all application and support materials submitted.

Continued on back →

(Applicant Name, Fiscal Year, Application Type)

Section T: Application & Support Materials Checklist continued

The following materials are **OPTIONAL** parts of the paper package. Refer to the guidelines for more information.

Include **no more than four** items from the following list (example: "up to three letters of support" would count as one item). During the draft application process, discuss with Arts Board staff which materials are best suited to support your application.

Application Component	For WAB Office ONE set labeled "Originals."		For Panel Review Collated in sets.	
Examples of Educational Materials from the recent past	<input type="checkbox"/>	One Copy Optional	<input type="checkbox"/>	Five Copies Optional
Up to Three Letters of Support from Past Participants (no more than three years old)	<input type="checkbox"/>	One Copy Optional	<input type="checkbox"/>	Five Copies Optional
Up to Three Sample Evaluation Tools that you have used recently/plan to use	<input type="checkbox"/>	One Copy Optional	<input type="checkbox"/>	Five Copies Optional
Newsletter	<input type="checkbox"/>	One Copy Optional	<input type="checkbox"/>	Five Copies Optional
Press Clipping (no more than two years old)	<input type="checkbox"/>	One Copy Optional	<input type="checkbox"/>	Five Copies Optional
Press Release (no more than two years old)	<input type="checkbox"/>	One Copy Optional	<input type="checkbox"/>	Five Copies Optional
Other Materials (contact Arts Board staff)	<input type="checkbox"/>	One Copy Optional	<input type="checkbox"/>	Five Copies Optional

All application and support materials must be submitted in one package and postmarked or hand delivered no later than one business day after the eGRANT deadline.

Please keep a copy of all application and support materials submitted.

(Applicant Name, Fiscal Year, Application Type)

Section U: Organizational Assurances

This agreement (the "Contract") is between the Wisconsin Arts Board, an agency of the State of Wisconsin, 101 E. Wilson Street, First Floor, Madison, WI 53702 (the "Arts Board"), and Name and Address of the Applicant (the "Applicant"):

Applicant Name:

Address, City, State ZIP:

The Applicant HEREBY ASSURES THAT

- 1) The activities and services for which grant assistance is sought will be administered by or under the supervision of the Applicant.
- 2) A. It will comply with Title VI of the Civil Rights Acts of 1964 (42 U.S.C. 2000d et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 79u); the Americans with Disabilities Act of 1990; the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.) where applicable; Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) and all regulations of the National Endowment for the Arts. Title VI, Section 504 and Title IX prohibit discrimination on the basis of age, race, color, national origin, disability or sex in any program or activity receiving federal assistance. The Applicant HEREBY GIVES ASSURANCE that it immediately will take any measures necessary to comply.
- B. It will comply with Section 5(j) of the National Foundation on the Arts and Humanities Act of 1965 (20 U.S.C. 954(j)). Section 5(j) provides that:
 - (a) All professional performers and related or supporting professional personnel employed on projects or productions which are financed in whole or in part under this grant will be paid, without subsequent deduction or rebate on any account, not less than the minimum compensation for persons employed in similar activities; and
 - (b) No part of any project or production which is financed in whole or in part under this grant will be performed or engaged in under working conditions which are unsanitary or hazardous or dangerous to the health and safety of the employees engaged in such project or production. Compliance with the safety and sanitary laws of the state of Wisconsin shall be prima facie evidence of compliance.
- C. It will comply with the Laws of 1981, Chapter 112, of the state of Wisconsin which require agencies contracting with the State of Wisconsin not to discriminate against any employee or applicant for employment because of age, race, religion, color, disability, sex, physical condition, developmental disability as defined in s. 51.05(5), sexual orientation, or national origin. These laws place specific obligations for affirmative action upon grant recipients of the state. The applicant HEREBY GIVES ASSURANCE that it will immediately take any measures necessary to comply.
- D. It will comply with the Drug Free Workplace Act of 1988 which requires that employees of the grantee not engage in the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances in the grantee's workplace or worksite.
- 3) The filing of this application has been authorized by the governing board of the Applicant.
- 4) Funds received as a result of this application will be expended solely on the described projects and as represented.
- 5) The figures, facts, and representations made in this application, including all exhibits and attachments, are true and correct to the best of the Applicant's knowledge and belief.

This assurance is given in connection with any and all financial assistance received from the Wisconsin Arts Board after the date this form is signed. The Applicant recognizes and agrees that any such assistance will be extended in reliance on the representations and agreements made in the assurance, and that the United States, the State of Wisconsin, or both shall have the right to seek judicial enforcement for this assurance. The assurance is binding on the Applicant, its successors, transferees, and on the official whose signature appears below.

Signature of Authorizing Official _____ Date _____

Print Name _____ Title _____

Signature of Authorizing Official of Fiscal Receiver _____ Date _____

Print Name _____ Title _____