

The Arrowhead Regional Arts Council

1301 Rice Lake Road, Suite 111
Duluth, Minnesota 55811
218/722-0952 or 1-800-569-8134

Application Form for: Rural and Community Art Grant

☞ This form may be handwritten using black ink or filled out electronically, then printed.
Instructions on how to fill out this application form can be found on pages 7 through 10 of the guidelines.

General Information

1. Applicant Organization (name, address, city, zip code, county, daytime phone): County: Email address: Web site:	For Office Use Only: Date: Type of Grant: County: Amt. Funded: App.#: Source of Funds: Leg. Dist: Discipline:
2. Fiscal Agent, where applicable (name, address, city, zip code): Daytime phone number:	3. Project Director (name, address, city, zip code): Daytime phone number: Email address:

4. Brief one sentence description of the activity you plan to undertake:

5. Activity starting date: _____ Activity ending date: _____
Budget summary for the activity:
Total project expenses: _____ **Total match:** _____
Total requested from ARAC: _____

Certification: We certify that the information provided here is true and correct to the best of our knowledge and will accommodate requests from persons with disabilities to facilitate their access to this project if funded.

Authorizing Official: *(This should not be the same individual as the Project Director.)*

Fiscal Agent:	Typed or Print Name	Title	Signature	Date
Project Director:	Typed or Print Name	Title	Signature	Date
	Typed or Print Name	Title	Signature	Date

Proposed Budget

A. ESTIMATED ACTIVITY EXPENSES (round all figures to be the nearest \$10)	B. ARAC REQUEST	
1. Salaries and Wages		
Employees and volunteers	Amount of time devoted to activity	Amount
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total Salaries
		\$ _____
		Total Salaries
		\$ _____
2. Artists' Fees, Contracts and Honoraria		
	Amount	Amount
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total Fees
		\$ _____
		Total Fees
		\$ _____
3. Supplies and Materials (expendable items only)		
	Amount	Amount
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total Supplies
		\$ _____
		Total Supplies
		\$ _____
4. Travel, Lodging and Per Diem		
	Amount	Amount
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total Travel
		\$ _____
		Total Travel
		\$ _____
5. Other (rental of space or equipment, leases, printing)		
	Amount	Amount
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total Other
		\$ _____
		Total Other
		\$ _____
A. TOTAL ACTIVITY EXPENSES (1+2+3+4+5)		\$ _____
B. TOTAL REQUESTED FROM ARAC		\$ _____

Sources of Match

C. MATCH (contributions, grants, revenues for this activity only)

<p>1. Cash - List Sources (cash on hand or budgeted for this project)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Total Cash</p> <p>\$ _____</p>
<p>2. Other Grants - List Sources - DO NOT list this request (indicate which are anticipated and which have been received)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Total Grants</p> <p>\$ _____</p>
<p>3. Earned Income - List Sources - if applicable, indicate ticket prices, fees charged, price of publication, etc.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Total Earned Income</p> <p>\$ _____</p>
<p>4. In-Kind Contributions - Describe and list sources (all in-kind contributions should be reflected in the total activity expenses)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Total In-Kind Cont.</p> <p>\$ _____</p>
<p>C. TOTAL MATCHING FUNDS AND CONTRIBUTIONS (1+2+3+4)</p>		<p>\$ _____</p>
<p>B. AMOUNT REQUESTED FROM ARAC</p>		<p>\$ _____</p>
<p>A. TOTAL SUPPORT FOR THE ACTIVITY (B + C) (This figure must equal Total Activity Expenses on Page 2.)</p>		<p>\$ _____</p>

6. Applicant organization's annual budget (Schools, government units, or group which are not exclusively arts producers or presenters should provide only their arts budget):

	Fiscal Year Prior to the Activity: Dates: _____	Fiscal Year of the Activity: Dates: _____
INCOME	_____	_____
EXPENSES	_____	_____

7. List previous grants received from either the ARAC or the Minnesota State Arts Board over the past two years. The purpose of this information is to provide additional background information on the applicant organization.

8. CHECKLIST: Before sending your application packet to the ARAC check the following list to see if your application is complete.

_____ Review the list of **Who or what does this program not fund?** in the grants guidelines, page 3.

_____ Signature of authorizing official and project director.

_____ Signature of Fiscal Agent (if applicable) and fiscal agent contract letter.

_____ Signatures of authorizing official, project director, and/or fiscal agent, if applicable.

_____ Budget: check the following: a) Is the match **at least** 20% of total project expenses? _____

b) Does the match contain some cash (see page 3)? _____

c) Add the following: Total Match (C)
+Total ARAC Request (B)
=Estimated Activity Costs (A)

_____ Signed copy of the grant application form.

_____ Completed copy of the RAC Grants Data Collection Form.

_____ Copy of I.R.S. 501(c)(3) tax-exempt determination letter (either applicant or fiscal agent).

_____ Copy of letter showing registration as a non-profit in the State of Minnesota, if applicable.

_____ Grant Narrative of no more than three pages.

_____ Relevant biographical information for artistic and administrative personnel.

_____ Relevant reviews, articles, press releases, posters, and/or brochures demonstrating artistic merit and quality, ability, and need and impact.

_____ At least one letter of community support for the proposed activity.

Keep a duplicate of the whole application for your files.

All support materials must be included with the grant application and narrative, under one cover, and postmarked on or received in the Council office before 4:30 p.m. on the appropriate deadline date.