



Region 2 Partner serving Starke, Fulton,
Kosciusko, Marshall, Elkhart, & St. Joseph
counties

P.O. Box 837
South Bend, Indiana 46624
574-232-0041 (Phone)

www.CFSJC.org

Staff Contact: Angela Butiste, Program Officer
angela@cfsjc.org



FY 2011

July 1, 2010
June 30, 2011

Arts Project Support

Grant Application Packet

**Mandatory Notice of
Intent Deadline**
March 1, 2010

Application Deadline
April 1, 2010

Download applications at
www.cfsjc.org

**Indiana Arts
Commission
Regional
Arts
Partnership**

INDIANA REGIONAL ARTS PARTNERSHIP

In 1997, the Indiana Arts Commission and 12 community-based organizations jointly established the Indiana Regional Partnership Initiative, a collaborative project to enhance support for arts and cultural activities statewide, especially in underserved areas. Each of the 12 Regional Arts Partners work in cooperation with the IAC to provide four core services to artists, arts providers, and arts consumers in a specific multi-county region of Indiana. The core services are: cultural planning, grants making and management, information & referral, and technical assistance. Regional cultural planning efforts began in 1998. The Regional Arts Partners will use information about the needs of local artists, arts providers, and arts consumers to develop and provide services.

The Community Foundation of St. Joseph County is the regional partner for the IAC's Region 2 which encompasses the following counties: **Elkhart, Fulton, Kosciusko, Marshall, Starke, and St. Joseph**. Visit www.in.gov/iac for contact information for Regional Partners outside of Region 2.

Designated Indiana Regional Arts Partners

Region 1: South Shore Arts

Region 2: Community Foundation of St. Joseph County, Inc.

Region 3: Arts United of Greater Fort Wayne, Inc.

Region 4: Tippecanoe Arts Federation, Inc.

Region 5: Arts Place, Inc.

Region 6: Arts Illiana, Inc.

Region 7: Arts Council of Indianapolis

Region 8: Indiana Arts Commission

Region 9: Columbus Area Arts Council, Inc.

Region 10: Arts Council of Southwestern Indiana, Inc.

Region 11: Jasper Community Arts Commission

Region 12: Indiana Arts Commission



GRANT PROCESS TIMELINE

January 2010 Applications materials available for download at www.cfsjc.org.

January-February 2010– Three free grant-writing workshops held in region.

March 1, 2010 – MANDATORY Notices of Intent must be received by the Community Foundation of St. Joseph County or postmarked. Notices can be submitted via mail, email or fax. Late Notices will not be accepted.

April 1, 2010 - IAC applications must be received by the Community Foundation or postmarked. Late, faxed, or emailed applications will not be accepted. Staff Review of submitted applications occurs at this time. There will be NO grace period to correct incomplete applications. Incomplete applications will forfeit 5 points from their overall panel score. Attachment 8 of this packet must be completed and submitted to help avoid point deductions.

May 2010 – Public Grant Review Panels will take place. You will receive notification of your panel date and time in late April. You are strongly encouraged to attend. After the panelist review of your organization's application, you will have a 3-minute response period to address questions or issues raised by panelists or add new detail not available at submission.

June-July 2010– Funding amounts determined. Application scores are entered into a funding formula to determine your organization's award amount. The formula takes into account your average panel score, your proposed budget and the budgets of all the applications received and the total amount of funding available. Following this calculation, you will receive notification of your grant award in late June. Your notification letter will include a grant agreement and budget modification form. Applicants fill out and return the Project/Budget Modification Form and Signed Grant Agreement

September 2010 – Community Foundation receives funds from IAC and will forward payment of the first 90% of your grant when the required paperwork is received and approved.

May 2011 – Final Grant Reports Due. Final 10% payment mailed after Final Grant Report is received and approved.

ARTS PROJECT SUPPORT (APS) PROGRAM GUIDELINES

OBJECTIVES

To provide general public access to quality arts and cultural activities, with special attention to underserved communities. “Underserved communities” include people lacking access to arts programs, services, or resources due to isolated geographic location, low income, age, race/ethnicity, cultural differences, disability, or other circumstances. To provide general public access to educational opportunities where Indiana citizens of all ages can learn about and experience different art forms and participate in arts activities.

WHO MAY APPLY

All organizations must meet the four general requirements on page 3 of the appendices to apply.

Fiscal Sponsor: In this category, an organization that meets the eligibility requirements on page 3 of the appendices may act as a fiscal sponsor for an organization that has incorporated as an Indiana nonprofit but has not yet received its tax-exempt status. When this happens, the fiscal sponsor is the applicant of record. (See page 15 of the appendices for more information about fiscal sponsor responsibilities.)

ELIGIBLE ACTIVITIES

The Arts Project Support Program (APS) provides funding to Indiana arts and “non-arts organizations” (*) to support a distinct aspect of the organization’s arts activities, such as a one-time event, a single production, an exhibition, an educational seminar, or series of related arts activities, such as art classes or training sessions. Projects may include, but are not limited to: concerts, theater productions, visual art exhibits, presenter touring programs, artist residencies in schools or other community settings, or a broad range of arts-related services for Indiana citizens, artists, arts organizations, and communities.

(*)“Non-arts organizations” do not have the arts as their primary mission. They include pre-K, elementary, secondary schools, and, in some cases, colleges and universities; senior centers; parks and recreation departments; civic and community service organizations; professional associations; public libraries; public broadcast stations; health and human service agencies; and other public agencies and private nonprofit tax-exempt community-based organizations.

RESTRICTIONS

- See page 3 of the Appendices for ineligible expenditures.
- APS grantees may not receive AOS support in the same fiscal year.
- All FY 2011 APS projects must take place between July 1, 2010 and June 30, 2011.

MAXIMUM REQUEST: Up to 50% of allowable project expenses or \$6,000 whichever is less.

MINIMUM REQUEST: The minimum request is \$1,500.

LOCAL MATCH REQUIREMENT

1. Applicants must match Regional Partnership funds on a dollar-for-dollar basis;
2. Match may be a combination of cash and the value of necessary donated goods and services; and
3. At least 50% of the local match must be cash.

Exceptions:

1. All state agencies, state colleges and universities must match each Partnership dollar with at least three dollars cash -- from documented non-state funds.

MANDATORY NOTICE OF INTENT

Potential applicants must submit the Notice of Intent to apply by March 1, 2010 in order to be eligible to submit a full application by April 1, 2010. Notice is on next page of this packet.

INDIANA ARTS COMMISSION
Notice of Intent FY 2011 - Due March 1, 2010

Mail, Fax or Email Completed Notice of Intent to:

Community Foundation of St. Joseph County
P.O. Box 837
South Bend, IN 46624
574-232-0041
574-233-1906 fax
angela@cfsjc.org

All organizations intending to apply funding through this process must submit a Notice of Intent to the Community Foundation of St. Joseph County by the date above. Please limit Notice of Intent to **two pages**.

Applicant Organization Information

Organization Name:

Mailing Address:

City: State: Zip+4:

Telephone: Fax: Website:

Executive Director or Authorizing Official: Title:

Grant Contact Name: Title:

Telephone: Fax:

Federal Employer Identification Number:

State House District: State Senate District: U.S. Congress District:

Visit <http://www.in.gov/apps/sos/legislator/search/> for district information.

Organizational status: Nonprofit Government entity School Other:

Is this the first time the organization is applying to the Indiana Arts Commission? Yes No

Estimated project budget (July 1, 2010 – June 30, 2011): \$

Briefly describe the project for which you will be requesting funding. Be concise and only use space provided:

..

Do NOT use the "Submit" button within this Adobe form. The Notice of Intent must be emailed, mailed or faxed as instructed above.

APS FULL APPLICATION SUBMISSION GUIDELINES

There are two components to the full APS application. The first component is the application form and the second component is the attachments. Please read directions carefully as the format of the application has changed.

- Applicants must fill out this form in the most recent version of Adobe Reader in order to be able to save it and make revisions. Using an older version will likely cause issues for an applicant. Free Adobe Reader download is available online at: <http://get.adobe.com/reader/>
- Applicants must provide complete information on all forms, authorized signatures where indicated, assurances that the application is legally binding, and support documents (as requested) to allow for a uniform review of the application.
- All applications must be typed or computer generated. Handwritten applications will **NOT** be accepted. Use typeface or fonts NO smaller than 11-point. Copies should be double-sided, with all pages **CLEARLY LABELED**. Some attachments are required only with the original and some with the original and each of the 8 copies. See page 12 for directions regarding attachments and the assembly of the application.
- Submit ALL requested materials ONLY. Please DO NOT submit additional materials that have not been requested. Submitting extra materials can make your application INELIGIBLE.
- **PLEASE DO NOT bind or staple applications.** Clip each copy with a large binder clip or rubber band.
- Submit the correct number of copies (8 plus original) for all material. The “ORIGINAL” application must bear the actual signature of the authorized official (cannot be photocopied or a computer generated signature). Photocopies must be legible.
- Keep a copy of the completed, signed forms for each program to which an application is submitted for your files.

GRANT PROPOSAL WRITING SUGGESTIONS

The **Annual IAC Proposal Writing Information Sessions** to assist applicants will be held on the following dates:
Wednesday, January 27, 2010: 3:30-5:00 p.m. at Warsaw Community Public Library, 310 E. Main St., Warsaw, IN 46580 (Meeting Room B)
Thursday, January 28, 2010: 3:30 –5:00 p.m. at Plymouth Public Library, 201 N. Center Street, Plymouth, IN 46563 (Laramore B)
Monday, February 1, 2010: 3:30 –5:00 p.m. at Mishawaka Penn Harris Public Library, 209 Lincoln Way East, Mishawaka, IN 46544 (Spencer Gallery)

Contact Amy Bradburn to register for a workshop at 574-232-0041 or amy@cfsjc.org.

Successful grant applications contain clear, concisely written descriptions of arts programming, agency operations and management, and community outreach that demonstrate how a grant proposal meets all guidelines and evaluation criteria.

- Read the guidelines thoroughly before you begin to write the application. Follow the application instructions carefully. There are both general instructions and program-specific instructions. Contact your Regional Arts Partner with questions.
- Write the application with the assumption that its reader does not know the applicant organization. Avoid jargon or abbreviations that are not familiar to the general public. The narrative should document your proposal and organization; it is not a marketing or creative writing piece.
- Have someone not closely associated with the applicant organization read a draft of the application to see if it communicates what is intended.
- Construct your budget based upon artistic and organizational goals. *Estimate your expenditures and revenues realistically.*

APPLICATION FORM INSTRUCTIONS

SECTION A. GRANT REQUEST INFORMATION

1. **Amount Requested.** Enter the amount shown on line 26 of Section E. Budget Summary.
2. **Beginning and Ending Dates.** Enter the dates the project will begin and end.
3. **Name of Staff Person Consulted.** New applicants are strongly encouraged to seek consultation prior to submission.

SECTION B. APPLICANT INFORMATION

- **Legal Name:** Enter the legal name of the applicant organization as it appears in the incorporation papers or enabling legislation. If an applicant is using a fiscal sponsor, the sponsor information should be entered here.
- **Address:** Enter the applicant's complete address and county. If mailing address is different, also include. If necessary, you can look up your zip plus four at www.usps.gov.
- **Telephone, FAX, and E-mail**
- **County:** County of organization.
- **Authorizing Official:** Enter the name, title, and telephone number (including area code) of the person who is legally authorized to file this application on behalf of the applicant organization and who will sign the application's Compliance Statement and Accessibility Statement. (Proof of authorization may be requested.)
- **Contact Person:** Enter the name, title, telephone number (including area code), FAX number, and E-mail address of the person to contact with questions regarding this application.
- **Fiscal Sponsor:** If the identified organization is serving as a fiscal sponsor for another entity which will actually carry out the project (i.e., the "sponsored entity"), enter the name, mailing address, telephone number, FAX number, and county of the sponsored entity. (See eligibility requirements and guidelines to determine if you need a fiscal sponsor. See appendices for fiscal sponsor responsibilities.)

SECTION C. PROJECT INFORMATION (*Project* refers to the funded activity or activities.)

1. **Proposal Summary:** Use this space only to briefly describe your proposal and use of RAP funds. If all of entered text is not displayed and an arrow shows on a print out of your application, you need remove some language to fit it in the available space.

SECTION D. DEMOGRAPHIC INFORMATION

This data is required by the Indiana Arts Commission and the National Endowment for the Arts.

1. **Number and Characteristics of People Served.**

For each line (a. - j.), enter the number of people represented in each column:

- Column 1 -- All Persons Served (including artists and audience);
- Column 2 -- Artists Served;
- Column 3 -- Staff;
- Column 4 -- Volunteers (do not include board members); and
- Column 5 -- Governing Body.

NOTE: Line g. is the SUM of lines a. - f.

Lines h. - j. are individual totals and are not added together.

2. **Counties to be Served.** List Indiana county or counties which will be served by the funded project in alphabetical order.

3. **Arts Education Project Information.** If this project includes arts education, choose the appropriate type and also specify size and type of target audience. If the project does not include arts education, leave question blank.

SECTION E. BUDGET SUMMARY

- Keep summary on one page. Contact RAP staff for assistance with formatting issues.
- Round all figures to the nearest dollar; no decimals. Enter a zero (0) in line(s) where no expense or income is estimated.
- **These lines must be equal: Line 12 must = Line 27, Line 13 must = Line 28, and Line 14 must = Line 29**
- In some cases, applicants may include *in-kind income* which is “the value of donated materials and services” for a portion of their required local match. Refer to Program Guidelines/Local Match Requirement (p. 3, and the appendices to determine if you may use in-kind as a portion of your local match.

ESTIMATED EXPENSES

For each estimated expense category in line 1. through line 13., indicate the amount that will be provided by each source:

- Column (A) -- Cash from all sources (including the IAC grant).
- Column (B) -- In-kind Contributions (the value of donated goods and services needed for the project).
- For each line item in Column (C), enter the sum of the two corresponding expense columns:
Column (C) = Column (A) + Column (B).

Expense Line Items:

1. Personnel-Administrative: Salaries and benefits paid to regular employees (full and part time) as well as temporary personnel who will provide administrative services for the project. Do not include payments to outside administrative personnel engaged on a contract basis (see line 5).
2. Personnel-Artistic: Salaries and benefits paid to regular employees (full and part time) as well as temporary personnel who will provide artistic services for the project. Do not include payments to outside artistic personnel engaged on a contract basis (see line 4).
3. Personnel-Technical/Production: Salaries and benefits paid to regular employees (full and part time) as well as temporary personnel who will provide technical/production services for the project. Do not include payments to outside personnel engaged on a contract basis (see line 5).
4. Outside Artistic Fees and Services: Costs of the artistic services of individuals or organizations who are not employees of the applicant, but who are engaged on a contract basis.
5. Outside Other Fees and Services: Costs of the non-artistic services of individuals or organizations who are not employees of the applicant, but who are engaged on a contract basis.
6. Space Rental: Costs of the rental of any space needed for the project.
7. Travel/Transportation: All costs for individuals or organizations working with the project, including mileage allowance, local bus and cab fares, applicant-owned or leased vehicles, lodging, meals, etc.
8. Marketing/Promotional: Costs for all marketing/publicity/promotion for the project. **DO NOT** include costs of individuals or firms that belong under "Personnel" (lines 1-3) or "Outside Other Fees and Services" (line 5). **DO** include costs for newspaper, radio, and television advertising; and printing and mailing of brochures, flyers, and posters when directly connected to marketing/publicity/promotion.
9. Remaining Operating Expenses: All project expenses not entered in other categories, such as scripts, scores, electricity, telephone, storage, postage, sets, props, equipment rental, trucking, shipping and hauling expenses, fund raising expenses, printing, and insurance. **DO NOT** includes expenses that belong under "Marketing" (line 8).
10. Capital Expenditures - Acquisitions. **The Regional Arts Partnership does NOT fund this expense.** Expenses for additions to a collection, such as works of art, artifacts, plants, or historical documents, the purchase of which is specifically identified with the project.
11. Capital Expenditures - Other. **The Regional Arts Partnership does NOT fund this expense.** Expenses for purchase of buildings or real estate, renovations or improvements involving structural change, payments for roads, driveways, or parking lots, office equipment, permanent and generally immobile equipment such as grid systems or central air conditioning, etc., which are specifically related to the project.

12. Total Cash Expenses. Add the amounts listed on lines 1. through 11. in Column (A) "Cash".
13. Total In-Kind Contributions. Add the amounts listed on lines 1. through 11. in Column (B) "In-Kind".
14. TOTAL Expenses: The sum of line 12. + line 13.

PROJECTED INCOME

15. Admissions: Income from the sale of admissions, tickets, subscriptions, memberships, etc., for events associated with the project.
16. Contracted Services Revenue: Income from the sales of services including performance or residency fees, tuition, etc., for events associated with the project.
17. Other Revenue: Cash revenue from sources other than those listed previously, including income from catalog sales, advertising space, gift shops, parking, investments, etc.
18. Corporate Support: Cash support for the project from local businesses. (Do not include income from corporate foundations here; list that amount in line 20.)
19. Foundation Support: Cash support for the project from a nonprofit organization whose primary purpose is to distribute money from an endowment.
20. Other Private Support: Direct public support such as contributions made directly to the project by individuals, sustaining memberships, net proceeds from special fund raising events, etc. Include income from corporate foundations, United Arts and United Way organizations here.
21. Government Support – Federal: Cash support for the project from the federal government. Do not include Regional Partnership Initiative funds.
22. Government Support - Regional/State: Cash support for the project from state agencies or consortia of state agencies (such as Arts Midwest). Do not include Regional Partnership Initiative funds.
23. Government Support – Local: Cash support for the project from city or county government agencies. Do not include Regional Partnership Initiative funds.
24. Other Applicant Cash: Cash from current or anticipated resources NOT listed above that you plan to use for this project.
25. Total Non-Regional Partnership Initiative Cash Income: The sum of lines 15. through 24.
26. REGIONAL ARTS PARTNERSHIP REQUEST: The amount of funding requested from the RAP.
27. Total Cash Income: This is the estimated cash only income from all sources, including Regional Partnership Initiative requested funds. Add line 25. + line 26.
28. Total In-Kind Income: This is the value of donated materials and services. This number should equal the amount in line 13.
29. TOTAL Income: This is the estimated income from all sources, including in-kind. Add line 27. + line 28.

This completes the instructions for the application form component of the proposal. The second component of the proposal is the attachments. Instructions for the attachments and the assembly of the application follow the application form. Please read instructions carefully.

DEADLINE: APRIL 1, 2010 *Submit one (1) original and eight (8) copies.*

ARTS PROJECT SUPPORT (APS) APPLICATION FORM

Fiscal Year 2011 Indiana Regional Arts Partnership Grant Program

All information provided on this application is disclosable under the Access to Public Records Act, IC 5-14-3.

SECTION A. GRANT REQUEST INFORMATION

1. **Request Amount** \$ _____ (From line 26 of Section E. Budget Summary)
(\$1,500 minimum request; maximum request \$6,000 or 50% of total project cost, whichever is less.).
2. Project Beginning Date: _____ Ending Date: _____
3. Name of Regional Arts Partner staff person consulted about this application: _____

SECTION B. APPLICANT INFORMATION (Complete ALL information)

Organization Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Plus Four: _____

Telephone: _____ Fax: _____ Website: _____

County: _____

Executive Director or Authorizing Official: _____ Title: _____

Grant Contact Person: _____ Title: _____

Grant Contact Telephone: _____ Fax: _____ Email: _____

If applicable, provide Fiscal Sponsor Information. (If your org. is not a nonprofit organization, a fiscal sponsor is required.)

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Plus Four: _____

Telephone: _____ Fax: _____ Website: _____

County: _____

Executive Director or Authorizing Official: _____ Title: _____

SECTION C. PROJECT INFORMATION

1. **In the space provided**, summarize your proposal and how you plan to use the requested RAP funds. **DO NOT EXCEED SPACE ON THIS PAGE.**

''
''

Do NOT use "Submit" button within this Adobe form. Hard copies are required as instructed.

SECTION D. DEMOGRAPHIC INFORMATION

The following data about your project is required by the Indiana Arts Commission. *Estimates are acceptable.* You will report actual figures on the final grant report. *If the applicant is a fiscal sponsor, provide information about the sponsored organization only.*

1. NUMBER AND CHARACTERISTICS OF PEOPLE TO BE SERVED BY THIS GRANT

Characteristic	All Persons Served	Artists Served	Staff	Volunteers	Governing Body
RACE/ETHNICITY	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
a. American Indian/Alaska Native					
b. Asian					
c. Black/African American					
d. Hispanic/Latino					
e. White, not Hispanic					
f. Native Hawaiian/Pacific Islander					
g. Total					
AGE					
h. Total Children (under 18)					
i. Total Seniors					
DISABILITY					
j. Total Persons with Disabilities					

3. What county or counties will this proposal serve? Please list in alphabetical order.

4. ARTS EDUCATION – If the project you are requesting funds for includes either type of arts education described below check as appropriate. If your project does not contain either type of arts education, leave blank and proceed to Section E. Answer only regarding the project being addressed in this proposal.

Community-based arts education: Education taking place in an informal setting such as a community center or event where attendees receive educational information but participant knowledge is not evaluated using measurable outcomes.

Formal arts education: An organized and systematic educational effort with the primary goal of increasing an identified learner’s knowledge of and/or skills in the arts with measurable outcomes.

Please choose either A or B then specify type of target audience.

- a. Less than 50% of this project’s activities are the type of arts education checked above. Please indicate to whom the outcomes are directed (select all that apply):

K-12 Students	Pre-Kindergarten Children
Higher Education Students	Adult Learners (including teachers and artists)

- b. More than 50% of this project’s activities are the type of arts education checked above. Please indicate to whom the outcomes are directed (select all that apply):

K-12 Students	Pre-Kindergarten Children
Higher Education Students	Adult Learners (including teachers and artists)

SECTION E. BUDGET SUMMARY Provide project budget only.
 Keep summary on one page. Contact RAP staff for assistance with formatting issues.

ESTIMATED EXPENSES	Column A CASH	Column B IN-KIND	Column C TOTAL
1. Personnel-Administrative			
2. Personnel-Artistic			
3. Personnel-Technical/Production			
4. Outside Artistic Fees and Services			
5. Outside Other Fees and Services			
6. Space Rental			
7. Travel/Transportation			
8. Marketing/Publicity/Promotion			
9. Remaining Operating Expenses			
10. Capital Expenditures-Acquisitions			
11. Capital Expenditures-Other			
*12. TOTAL Cash Expenses			
13. TOTAL In-kind			
+14. Total Project/Operation Expenses (add lines 12 and 13)			
ESTIMATED INCOME			
15. Admissions			
16. Contracted Services Revenue			
17. Other Revenue			
18. Corporate Support			
19. Foundation Support			
20. Other Private Support			
21. Government Support-Federal (Non-RAP)			
22. Government Support-Regional/State (Non-RAP)			
23. Government Support-Local			
24. Other Applicant Cash			
25. Total Non-RAP Cash Income (add lines 15 through 24)			
26. REQUEST TO REGIONAL PARTNER			
*27. Total Cash Income (add lines 25 and 26)			
28. Total In-kind (from line 13)			
+29. Total Project/Operation Income (add lines 27 and 28)			

*** Line 27 (Cash Income) MUST EQUAL Line 12 (Cash Expenses)**
+ Line 29 (Total Income) MUST EQUAL Line 14 (Total Expenses)

This completes the application form component of the proposal. The second component of the proposal is the attachments. Instructions for the attachments and the assembly of the application follow the application form. Please read carefully.

ATTACHMENT AND PROPOSAL ASSEMBLY INSTRUCTIONS

To complete your application the following attachments as applicable need to be submitted with your application in numeric order. Label each attachment with its number at the top its first page. If you want to number pages within a particular attachment use the following model. For Attachment 1, page numbers should be as follows: Page 1a, Page 1b, Page 1c, etc.

Attachment Summary

Attachment #	Submission Instructions
1-6	Required for all applicants with the ORIGINAL and each of the 8 copies
7-8	Required for all applicants with the ORIGINAL only.
9	Optional, generally one copy with original only, with some exception. See instructions.
10-11	Required for first-time applicants only with ORIGINAL only.
12-13	Required in cases for which the applicant meets specific criteria. If your organization meets the criteria listed in the Attachment instructions following submit one copy with ORIGINAL only.

ATTACHMENT 1: BUDGET LINE ITEM DETAIL (Required with original and all copies)

In this attachment, provide a line-by-line breakdown of the budget summary shown in **Section E. Budget Summary** of the Application. Identify the expenses and income included that make up each segment of the budget. The explanation must provide sufficient detail so that the reader can easily determine how the amount listed for each line item was determined.

In order to evaluate your request for support, staff and advisory panelists need complete information about projected costs and revenue sources. **Refer to appendices for an example of the required level of detail.** The sample budget line item detail shown was prepared with sufficient information for the reader to understand how costs were determined and what were the expected sources of funding (in addition to the grant request). ***Applications without the level of detail shown in this sample will be deemed incomplete and can be considered ineligible.***

ATTACHMENT 2: NARRATIVE (Required with original and all copies)

Answer all items. *Be concise, clear, and as brief as possible in your responses.* Panelists read many applications. Long wordy narratives are difficult to understand and remember. Panelists are more likely to retain information that summarizes key elements, is clearly presented, and to-the-point.

- Submit responses on a *maximum* of **two (2)** double-sided, single-spaced sheets of white 8 1/2" x 11" paper.
- Leave a 1-inch margin on all sides of the paper.
- Applications must be typed. DO NOT reduce font size - 11 point or larger only.
- Enter the Applicant's name at the top of each page. Number and label each narrative item.

ABOUT THE ORGANIZATION

In items 1 - 3, if the applicant is a fiscal sponsor, respond about the sponsored organization only. Fiscal sponsor must be sure to complete Attachment 13.

- 1. Mission/purpose of Organization:** What is the mission and primary purpose of your organization? (For organizations whose work extends beyond the cultural sphere, e.g.; schools, universities, human service agencies, etc, summarize your mission as it pertains to your public cultural programs and/or services.)
- 2. Governance and Management:** Describe the responsibilities and role of your volunteer governing body and related committees. How often does the board meet? Who is responsible for the daily operations? Describe their qualifications. Briefly describe key positions in management (staff and/or volunteer). Describe their responsibilities and qualifications, including the tenure of the Executive Director and key personnel. Include the date your organization was incorporated.
- 3. Financial Status:** Describe your current financial position; include an explanation of any significant changes in your operating budget over previous years. What plans are in place for long-term resource development and/or current deficit reduction?

- Past Programming:** Describe past programs and services as they relate to this application. Include target audiences and populations served.

ABOUT THE PROJECT (Project refers to the activity/ies for which funding is being requested.)

- Proposal Goals and Activities:** What is the goal of this project? Provide specific information about the project including when the project will occur, where it will take place and how activities will happen. Explain the relationship of your proposal's goals to your organization's mission/purpose. If your annual programming has changed from previous years, please explain.
- Personnel:** Who are the artists, ensembles, artistic resources, and other key personnel or volunteers to be involved? Who will manage the project? How and why were these people selected?
- Educational Efforts:** Describe the educational goals and activities of the project. Describe briefly your organization's arts education or outreach philosophy. Include educational activities that will take place outside school-based settings.
- Public Outreach, Audience Development and Constituency involvement:** Describe your target audience and constituency and to what extent each is involved in the development of this project? Discuss briefly your organization's accessibility provisions for this proposal and your plans to reach and involve underserved populations, including people with special needs? Note past successes in reaching underserved audiences.
- Promotion and Marketing to Audience and Constituency:** Describe plans to promote, publicize, and/or disseminate the program or project.
- Outcomes and Evaluation:** Describe specific plans for evaluating the value and impact of the project, including methods, activities, and timetable. Describe how past evaluation findings have been used to improve programs and services.

ATTACHMENT 3: PROJECT TIMETABLE *(Required with original and all copies)*

- Submit your response on a separate standard white 8 1/2" x 11" paper.
- Use the headings given below. **The timetable should reflect steps within planning, implementation, and evaluation.**

Task:	Personnel Responsible:	Deadline (mm/dd/yy):
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ATTACHMENT 4: CURRENT GOVERNING BODY ROSTER *(Required with original and all copies)*

Include members' offices, terms of service, professional title and occupation, mailing addresses. Identify members of the Executive Committee.

ATTACHMENT 5: FINANCIAL STATEMENT *(Required with original and all copies)*

Applicants must provide an unaudited financial statement for the applicant organization's most recently completed fiscal year. This item is not the same as the audit.

A financial statement is a public document that indicates the financial status of your organization at the close of the fiscal year. It should reflect information for the entire fiscal year, including individually categorized income and expenses, and beginning and ending fund balances. It is most helpful when it compares actual income and expenses to either budgeted amounts for the same year, or actual amounts for the previous year.

ATTACHMENT 6: PRINTED PROMOTIONAL MATERIALS *(Required with original and all copies)*

Applicants may include no more than two (2) representative printed promotional materials. These may include information about previously successful programs or projects (i.e., programs, newspaper articles, reviews, etc.). These materials should be carefully selected and must compare in size with the application page; oversized pieces will not be accepted. No more than 2 items, 1 page each, or one of the items can be a program book.

ATTACHMENT 7: ACCESSIBILITY STATEMENT AND COMPLIANCE STATEMENT (*Required with original only*) Print this page, collect original signatures, and submit with application in the appropriate order.

In this section, the Applicant attests arts related activities supported with federal and state funds will be accessible to people with special needs; specifies the manner in which and by whom accessibility issues were identified and addressed; and agrees that records supporting these actions will be maintained by the grantee and made available to the Regional Arts Partner and the IAC, upon request. **The authorizing official must sign this form.**

- 1) Use Question 8 in the Narrative to explain your efforts to make arts related activities accessible to people with disabilities and other special needs (e.g., special seating, adaptive devices, targeted marketing, location of service, low cost tickets, etc.).
- 2) A sample accessibility self-assessment checklist is provided for your information in appendices.

THE APPLICANT, _____ :

(insert name of applicant organization or fiscal sponsor here)

- **ASSURES** that all *arts programs, services, and activities* made possible with Regional Partnership Initiative funding and all *facilities* in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant) will be accessible to people with special needs, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 OR will provide readily achievable reasonable accommodation as warranted.
- **ASSURES** that this warranty is based on: (check all applicable)

Independent accessibility assessment, completed by:

(name, title, date)

Applicant self-assessment, completed by:

(name, title, date)

Recommendations from a citizen advisory committee, composed of persons with disabilities.

Other (specify):

- **ASSURES** that materials supporting this statement are maintained on file and are available for review.

Signature, Authorizing Official

Date Signed

COMPLIANCE STATEMENT

Carefully read the compliance statement and additional information concerning the compliance statement under civil rights in “Conditions and Requirements” section.

The undersigned certifies that s/he (1) is a principal officer of the Applicant with authority to obligate it, and (2) has read the guidelines incorporated herein by reference, and (3) will comply with all guidelines, including federal and state statutes prohibiting discrimination against any person the basis of race, color, national origin, gender, age, religion, or physical or mental disability.

Signature, Authorizing Official, Title

Date Signed

ATTACHMENT 8: APPLICATION CHECKLIST *(Required with original only)*

Keep in mind that incomplete applications will forfeit 5 points from their overall panel score. Print this form, mark each item with "√" if submitted or "NA" if the particular attachment is not applicable to your application, and submit with your original in the appropriate order.

Application Elements	Submission Guidelines	"√" or "NA"
Application Form (Pages 9-11)	Required with original and all copies	
Attachment 1: Budget Line Item Detail	Required with original and all copies	
Attachment 2: Narrative	Required with original and all copies	
Attachment 3: Project Timetable	Required with original and all copies	
Attachment 4: Current Governing Body Roster	Required with original and all copies	
Attachment 5: Financial Statement	Required with original and all copies	
Attachment 6: Printed Promotional Materials	Required with original and all copies	
Attachment 7: Accessibility Statement AND Compliance Statement (2 original signatures)	Required with original only	
Attachment 8: Application Checklist	Required with original only	
Attachment 9: Artistic Documentation	Optional, generally one copy with original	
Attachment 10: Articles of Incorporation OR Public Entity Enabling Document	Required for first time applicants only with original application only	
Attachment 11: IRS Tax-Exempt Status Letter	Required for first time applicants only with original application only	
Attachment 12: Compliance Audit	If applicable, required with original only	
Attachment 13: Fiscal Sponsor Agreement	If applicable, required with original only	

Do NOT use "Submit" button within this Adobe form. Hard copies are required as instructed.

ATTACHMENT 9: ARTISTIC DOCUMENTATION *(Optional, generally one copy with original.)*

Applicants have the option, of also submitting artistic documentation, generally one copy. If you choose to submit documentation, it will be reviewed by the entire panel during the public review process. In order to expedite the review process, the panel may choose not to review all submitted material, e.g. entire audio or visual tape, all slides, etc.

Submit the type of work sample that will best represent the artistic excellence of your project, e.g., the performing arts are best represented by audio cassette, CD, or video, as opposed to image files. You may choose one of the options listed below and submit one copy (with the exception of image files) of a work sample.

- VHS Video Cassette Tape, DVD - One copy of performance by your organization that took place within the past two years. Must be cued to the start point or indicate starting point, and be no more than five minutes total playing time. Label the tape with the name of the applicant organization and the title and date of the performance. If the applicant organization is a presenting group, the tape should be typical of work presented in the past two years.
- Electronic image files (.jpg preferred) and script – Up to 10 images; a script describing the images must be attached to the original and each application copy. The script should provide a brief description of each work (up to three sentences), which includes how the image relates to the project.
- CD or Audio Cassette - One copy of a 5 minute recording of unedited performance(s) that is typical of the repertoire performed or presented by your organization within the past two years. Also include, as appropriate, excerpt(s) of proposed artist(s) or work(s) to be performed or presented. Label with the name of the applicant organization, and the title and date of the performance.

ATTACHMENT 10: ARTICLES OF INCORPORATION OR PUBLIC ENTITY ENABLING DOCUMENT *(Required for first time applicants only with original application only)*

ARTICLES OF NONPROFIT INCORPORATION

This item pertains to private nonprofit organizations only. First-time applicants, or organizations which have revised this item since last submitted to the IAC, including organizations which have revised their legal names, must submit a copy of their not-for-profit incorporation papers with the application. (If needed, request a duplicate copy from the Secretary of State's office at 317/232-6576.) This item does NOT pertain to public entities.

OR

PUBLIC ENTITY ENABLING DOCUMENT

This item pertains to public agencies (including public schools) and units of federal, state, and local government only. First-time applicants, or entities which have revised this item since last submitted to the IAC, including entities which have revised their legal names, must submit a copy of the public document that created the entity (e.g., local ordinance, executive order, regulation, legislation, etc.) with the application. This item does NOT pertain to private nonprofit organizations.

ATTACHMENT 11: IRS TAX-EXEMPT STATUS LETTER *(Required for first time applicants only with original application only)*

This item pertains to private nonprofit organizations only. First-time applicants or organizations with name or other changes since last submitted to the IAC - must send a copy of the Internal Revenue Service (IRS) letter which recognizes the organization's tax-exempt status with application. This item does NOT pertain to public entities.

ATTACHMENT 12: COMPLIANCE AUDIT *(If applicable, required with original only)*

This item pertains to all applicants which are required by law to complete a compliance audit. All organizations which received total federal funds of \$300,000 or more per year from all sources are required, by federal law, to complete a compliance audit performed by an independent Certified Public Accountant (CPA). The audit should be for the period covered by the organization's most recently completed fiscal year and must be performed according to specific federal guidelines. (Consult with your accounting firm for specific information about the compliance audit.)

ATTACHMENT 13: FISCAL SPONSOR AGREEMENT *(If applicable, required with original only)*

An APS applicant acting as a fiscal sponsor for an Indiana nonprofit organization must submit a signed copy of the agreement between the two organizations which outlines the roles and responsibilities of each regarding the funded project. (See appendices for additional information about fiscal sponsorship.)

Refer to Attachment 2. NARRATIVE to answer the three questions on the fiscal sponsor organization's 1) Mission/purpose; 2) Governance and Management; 3) Financial Status. Attach the fiscal sponsor's most recently complete fiscal year's financial statement and a signed copy of the agreement between the fiscal sponsor and the sponsored organization. See page 15 of the appendices for guidelines and responsibilities of the fiscal sponsor.

Complete this section only if using a fiscal sponsor.

USE THE AREA BELOW TO BRIEFLY PROVIDE THE FOLLOWING INFORMATION ON THE FISCAL SPONSOR ORGANIZATION:

1. ATTACH THE FISCAL SPONSOR'S MOST RECENTLY COMPLETED FISCAL YEAR'S FINANCIAL STATEMENT.
2. ATTACH THE FISCAL SPONSOR'S SIGNED AGREEMENT.

SPONSORED APPLICANT

(Signature, Authorizing official for sponsored organization) DATE: _____

FISCAL SPONSOR

(Signature, Authorizing official of Fiscal Sponsor organization or Applicant of record) DATE: _____