



# 2016 COMMUNITY ARTS ACCESS GRANT APPLICATION

For individual artists, arts organizations, and  
Non-profit organizations  
In Boone, DeKalb, Ogle, and Winnebago Counties

## APPLICATION DEADLINE November 13, 2015

**Grant Seekers Workshop**  
**First time applicants are encouraged to attend!**

**November 2, 2015, 8 a.m & 4 p.m.**

**Rockford Area Arts Council Office**  
**713 East State Street, Rockford, IL 61104**  
**(815) 963-6765**  
**[info@artsforeveryone.com](mailto:info@artsforeveryone.com)**

**[www.artsforeveryone.com](http://www.artsforeveryone.com)**



**1. Purpose and Funding** The Rockford Area Arts Council is a non-profit agency for the arts in Northern Illinois whose mission is to promote, support and develop the arts for everyone. We are funded by the Illinois Arts Council Agency, the City of Rockford, the United Way and donors.

## **2. What We Fund**

**To be eligible for funding, an applicant must:**

- Be a 501(c) (3) tax-exempt, non-profit organization.
- Be an organization or individual artist in partnership with a non-profit organization.
- Operate within Boone, DeKalb, Ogle or Winnebago Counties.
- Have submitted final or progress report if funded in previous year.

## **3. What We Do Not Fund**

- Projects specifically funded by the Illinois Arts Council Agency
- Operating support
- Capital expenditures
- Permanent Equipment
- Construction
- Fundraisers, benefits, receptions or other social functions
- Programs that require or promote religious activity as a condition for participation
- Out-of-state touring
- Deficit funding
- College or university academic program
- Scholarships
- Salaried positions
- Supplies
- Publications

## **4. Community Arts Access Grants**

- No requests should exceed \$2,500
- Requests should not exceed 50% of the total cost of the project.
- Projects should occur between January 1, 2016 and December 31, 2016.
- Projects which foster collaborations among organizations and/or individual artists.
- Projects which increase access and outreach to the arts for underserved populations.
- Projects which support the quality, quantity, promotion and visibility of arts in the community.  
**Priority will be given to new and unique projects.**

## **5. Deadline**

- Applications must be **postmarked** or **delivered** by 5:00 p.m. November 13, 2015.
- **Applicants will be notified pending receipt of funds from the State of Illinois.**

## **6. Application Process**

**Submit original PLUS six (6) typewritten copies of the following materials:**

- Application cover page
- Proposed project budget
- Two page narrative

### **\* Required Attachments**

- Current Annual Report to Secretary of State (report must be signed and dated less than one year ago to be acceptable)
- One page budget summary for current fiscal year
- Artistic info for artist(s) and project director not to exceed one page
- Current list of organization's Board of Directors
- Samples of publications, brochures, reviews, etc. to support the project
- Previous year projects NOT completed require progress report with this application

## 7. Narrative: Organizational Information

**Briefly describe:** History, Mission, Artistic Goals, Organizational structure

### Project Description and Purpose

- Proposed project and what makes it unique
- Timetable
- Target participants
- Goals and plans for fulfillment
- Proposed measurable outcomes
- Evaluation procedures and data to be gathered
- How grant funds will be used (supplies, artist fees, rental fees, etc.)
- Collaborators and the roles they will play
- Is it a new or on-going project?
- Alternative and additional funding sources
- Plans for adaptation based on funding allocation

### Artistic Information Project Artist and Director

- Resume/Biographical information (not to exceed one page)
- Criteria for selection of artist

## Review Criteria

### Review Criteria – Does the project.....?

#### I. Funding Priorities:

- Support the quality, quantity, promotion and visibility of arts for the community
- Increase access and outreach to the arts for underserved populations
- Foster collaboration among organizations and/or individual artists

#### II. Project Plan:

- Clarity in description of project
- Degree to which project fulfills its purpose
- Quality of planning and implementation

#### III. Budget:

- Balanced proposed budget page
- Evidence of cash match and in-kind contributions
- Evidence of additional and alternative funding sources

#### IV. Organizational Capacity:

- Evidence of fiscal accountability of applicant
- History of sound management practices

#### Outcomes: (*staff verified*)

- Evidence of attainable, measurable and manageable outcomes

#### Completeness of Application: (*staff verified*)

- All requested information provided by the deadline
- Prior grant final report or progress report submitted

Checklist: (Submit original PLUS six (6) typewritten copies of the following materials:)

- Application cover page
- Proposed project budget
- Two page narrative

### Required Attachments

- Current Annual Report to Secretary of State  
(report must be signed and dated less than one year ago to be acceptable)
- One page budget summary for current fiscal year
- One page artistic info of project artist(s) and project director
- Current list of organization's Board of Directors
- Samples of publications, brochures, reviews, etc. that include RAAC logo (if applicable)
- Previous year projects **NOT** completed require progress report with this application

Rockford Area Arts Council  
2016 Community Arts Access Grant Application

**1. Applicant** (organization or individual\*):

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 IL House District \_\_\_\_\_ IL Senate District \_\_\_\_\_ Congressional District \_\_\_\_\_ Ward \_\_\_\_\_

Are you an Arts Council member? Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Project Director/Contact Person** (to whom application questions will be addressed):

Name \_\_\_\_\_ Phone \_\_\_\_\_ (Best time to call) \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ County Winn Boone DeKalb Ogle \_\_\_\_\_

**3. Project name and brief one-sentence description, being specific about what you will do** (this description will be used in publicity about your project):

\_\_\_\_\_  
 \_\_\_\_\_

**4. Beginning date:** \_\_\_\_\_ **Ending date:** \_\_\_\_\_

**5. List Community Arts Project and/or Access Grants you have received over the last three years:**

Project	Amount Received
2015 _____	_____
2014 _____	_____
2013 _____	_____

**6. Budget Summary:**

Organization's most recently completed fiscal year's Income \$ \_\_\_\_\_ Expenses \_\_\_\_\_  
 Total cost of this project \$ \_\_\_\_\_ Total support (cash & in kind) \$ \_\_\_\_\_ Amount of this request \$ \_\_\_\_\_

**7. Primary purpose of your grant proposal** (check all that apply):

- Support the quality, quantity, promotion and visibility of arts for the community
- Increase **access and outreach** to the arts for underserved populations
- Foster collaboration among organizations and/or individual artists

**8. How will the Rockford Area Arts Council's sponsorship be promoted by this grant?**

**9. We certify** that the information contained in this application is complete, true, and correct to the best of our knowledge. Further, we certify that if this grant is awarded, all funds received will be used solely for the described activities in the manner specified in this application.

**Authorizing official: Typed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Project Director/Artist: Typed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

\*If individual artist is applicant and any of the application questions do not apply, type "N/A".

Rockford Area Arts Council  
2016 Community Arts Access Grant Proposed Budget

	(A) Cash		(B) In-Kind#		(C) Total
<b>I. Cost of Project (identify each item)</b>					
A. <u>Artists' Fees:</u>					
_____					
_____					
B. <u>Artists' Travel &amp; Expenses</u>					
_____					
_____					
C. <u>Publicity Expenses:</u>					
_____					
_____					
D. <u>Rental Fees:</u>					
_____					
_____					
E. <u>Administrative Salaries &amp; Taxes:</u>					
_____					
_____					
F. <u>Other</u>					
_____					
_____					
<b>G. Total Cost of Project</b>		+		=	

<b>II. Anticipated Support for Project</b>	
A. Cash Support (project must include a cash match, determined by applicant organization)	
1. <u>Budgeted from your organization's operating funds</u>	
_____	
_____	
2. <u>Other Grants (if anticipated or received)</u>	
_____	
_____	
3. <u>Earned Income from Project</u>	
_____	
_____	
4. <b><u>Total Cash for Project</u></b>	
B. <u>In-Kind Support # (same as line I.G.(B))</u>	+
C. <u>Total Cash &amp; In-Kind Support (add II.A.4.+II.B.)</u>	=
D. <u>Amount of this Request* (can not exceed 50% of Total Cost of Project-line I.G.(C))</u>	+
E. <u>Total Support for Project (add II.C.+II.D; must equal I.G.(C))</u>	=

\*Maximum request not to exceed \$2,500

# In Kind: donated goods or services

**Provide any necessary budget clarification or expansion**, especially the nature and importance of your in-kind contributions.

# Rockford Area Arts Council Grant Agreement Form

THIS AGREEMENT, made and entered on \_\_\_\_\_ by and between **Rockford Area Arts Council** (hereinafter referred to as RAAC) and \_\_\_\_\_ (hereinafter referred to as GRANTEE):

RAAC and GRANTEE hereby agree as follows:

1. RAAC agrees to make a grant payable to GRANTEE in the amount of \$\_\_\_\_\_ for the following project (hereinafter referred to as PROJECT) :

*Project Description*

2. **GRANTEE agrees that credit shall be given to RAAC on all publicity, printed programs, public media, website and as part of the introductions if it is a performance. The following language shall be used in such notices:**

***This program is partially supported by a grant from the Rockford Area Arts Council which receives support from the City of Rockford, the Illinois Arts Council Agency and its members.***

3. GRANTEE agrees that all funds issued by RAAC pursuant to this AGREEMENT shall be expended only for the specific program described herein.
4. All grant monies payable hereunder shall be expended by GRANTEE for PROGRAM between **January 1, 2016** and **December 31, 2016**. If for any reason, GRANTEE needs to extend the term of this AGREEMENT, application must be made in writing to RAAC at least thirty (30) days prior to the above closing date of program. If no extension has been requested of, and approved by RAAC, and monies payable hereunder remaining after completion of PROGRAM, or after the date set forth above, must be immediately refunded to RAAC.
5. **GRANTEE agrees to use the Arts Council logo (below) on all printed material. If you don't have logo, please request logo via email ([a.naber@artsforeveryone.com](mailto:a.naber@artsforeveryone.com)) FAILURE TO DO SO MAY JEOPARDIZE FUTURE FUNDING.**



6. GRANTEE agrees to submit an email reminder of their event to [a.naber@artsforeveryone.com](mailto:a.naber@artsforeveryone.com) one week prior so the grant review committee, RAAC board and RAAC staff can make every effort to attend. **FAILURE TO DO SO MAY JEOPARDIZE FUTURE FUNDING.**
  
7. GRANTEE agrees to submit the following reports to RAAC at the time indicated:
  - A. **Within thirty (30) days following completion of PROGRAM, GRANTEE shall file "Project Financial and Evaluation Reports." A form will be sent electronically.**
  - B. GRANTEE agrees to comply with any subsequent requirements that may be adopted by RAAC with respect to grant reporting.
  
8. GRANTEE agrees upon request to make available to RAAC all audited and unaudited financial statements for each year in which a grant was received.
  
9. GRANTEE agrees to supply RAAC with copies of any newspaper articles and photo-documentation, if available, of PROGRAM or related events contemplated hereunder, and hereby grants to RAAC free and unlimited license to use such newspaper articles and photocopies for such purposes as RAAC in its sole discretion, shall determine.
  
10. GRANTEE agrees that no monies payable hereunder shall be used for the purchase of permanent equipment, capital improvements or construction, to pay balance of GRANTEE'S previous year's deficit, or subsidizing and individual's academic study.
  
11. GRANTEE agrees that no person shall, on the grounds of race, color, religion, national origin, sex, or handicap, while otherwise qualified be excluded from discrimination under any program or activity including employment supported in whole or in part by funds provided hereunder.
  
12. GRANTEE agrees that is shall fully comply with all rules, regulations, and other requirements now existing or which may hereafter be adopted by RAAC with respect to Grants of this nature.
  
13. GRANTEE agrees that in the event of substantial changes from the project as described in the application, they will inform RAAC of the nature of all such changes prior to the expenditure of Grant funds.

**ROCKFORD AREA ARTS COUNCIL**

**GRANTEE: (Who check should be made payable to):**

by \_\_\_\_\_

\_\_\_\_\_  
**Printed Grantee Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Grant Recipient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Title and Date**

\_\_\_\_\_  
**Social Security Number or FEIN**

\_\_\_\_\_  
**Non-Profit Tax Exempt Identification Number**  
 (if applicable)

# Rockford Area Arts Council

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## FINAL REPORT

Rockford Area Arts Council 713 E. State Street Rockford, IL 61104

Final reports are due WITHIN 30 DAYS following the completion of your project. **Your organization will be ineligible to participate in future grants programs upon failure to submit this form. Also, please submit (one) photo of your project (in electronic format).** This form can be emailed upon request.

Type of Grant Awarded: 2016 Community Arts Access Grant

\_\_\_\_\_  
Grantee Grant Amount

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Individual completing this form Daytime Phone

\_\_\_\_\_  
Title of Project Funded Beginning Date Ending Date

1.
  - Number of adults benefiting from this project \_\_\_\_\_
  - Number of children/youth benefiting from this project \_\_\_\_\_
  - Number of underserved people (low income, people w/disabilities,etc) \_\_\_\_\_
  - Total artists participating in the project \_\_\_\_\_
  - Total volunteers participating in the project \_\_\_\_\_
  - Counties Served (*please circle all that apply*)    Winnebago    Boone    Ogle    Dekalb
  - Number of publicity materials attached with RAAC Logo \_\_\_\_\_

2. Did you encounter any particular difficulties with your project? How did you solve your problems?

3. In what ways might the Rockford Area Arts Council's grants be more effective or responsive to your organization's needs?

4. Please tell us in 2-3 sentences the impact these funds have on your project.

5. How do you measure the effectiveness of your project?

# FINAL FINANCIAL REPORT

## PROJECT COSTS

	Projected Cost Per Application	Actual Costs	In-Kind
(Identify each item)			
Artist Fees	_____	_____	_____
Travel and Add'l Expenses	_____	_____	_____
Publicity/Marketing	_____	_____	_____
Rental Fees	_____	_____	_____
Salaries	_____	_____	_____
Other (indicate)	_____	_____	_____
<b>Total Project Cost</b>	_____	_____	_____

## PROJECT REVENUE

	Projected Revenue Per Application	Actual Revenue
Budgeted	_____	_____
Grants (indicate sources)	_____	_____
Arts Council Grant	_____	_____
Special Gifts (indicate sources)	_____	_____
	_____	_____
	_____	_____
Earned Income (Admissions, fundraisers, concessions)	_____	_____
<b>Total Project Revenue</b>	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date Submitted

**Rockford Area Arts Council's (RAAC)**

**Conflict of Interest  
Disclosure Form**

This form must be filed annually by all specified parties, as identified in the (RAAC) Conflict of Interest Policy Statement (ratified by the (RAAC)'s Board of Directors on (Date of ratification).

\_\_\_\_\_ I have no conflict of interest to report

\_\_\_\_\_ I have the following conflict of interest to report (please specify):

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The undersigned, by their affixed signature, note their understanding of the implications of this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date