

for staff use
date received:
control number:

Michigan Council for Arts And Cultural Affairs FY 2009 Minigrant Application

This application must be submitted by the deadline to be considered for funding. Before preparing the application, read the Minigrant Guidelines. Codes needed to complete your application are listed in the Minigrant Guidelines. (Authorized by Exec. Order 1991-92.)

SECTION 1: APPLICANT ORGANIZATION INFORMATION

Organization's Legal Name		Other Common Name, if applicable		
Organization's Official Mailing Address		City	Zip code	
Organization's Telephone Number	Fax Number	Office Hours	Organization's County Name	County Code
Authorized Official's Name and Title (May NOT be Project Director)		Organization's Website (URL), if applicable		
Board Chairperson (MAY be Authorized Official)		Board Chair's Address & Telephone Number		
Federal Identification Number	Status Code	Institution Code	Organization's Discipline Code	
U.S. Representative		District Number		
State Senator		District Number		
State Representative		District Number		

SECTION 2: PROJECT INFORMATION

Project Title		Start Date	End Date
Project Director's Name and Title (May NOT be Authorized Official)		Project Director's Email Address	
Project Director's Address		City	Zip Code
Project Dir.'s Daytime Phone	Office Hours	Project's Discipline Code	Project's Primary County Name and Code
Have you applied, or are you planning to apply for other MCACA program grants (or Arts & Humanities Touring grant), for this project, or any overlap with this project? If Yes, which grant program? Yes* <input type="radio"/> No <input type="radio"/> Grant Program _____ * NOTE: If you are awarded BOTH grants, you must choose which ONE to accept			If Yes, for how much funding?
Are you applying to any State of Michigan agency or department for support of this project? Yes <input type="radio"/> No <input type="radio"/>	If Yes, to which agency or department?		If Yes, for how much funding?

SECTION 3: PROJECT BUDGET SUMMARY

Total Match (Copy Box 1A)	Total Income (Copy Budget Line 12)	Total Expenses (Copy Budget Line 22)
Minigrant Request (Copy Budget Line 9)	Total Income must = Total Expenses; Matching Funds Test must be met	

SECTION 4: PARTICIPANT STATISTICS

Michigan Artists Participating	Dollars to Michigan Artists	Total Artists Participating	Dollars to All Artists
Number of Individuals Benefiting		Number of Youth Benefiting	

Application Form, Page 2: PROJECT BUDGET

You must complete this form. It must be typed, complete, and accurate. Round dollars to the nearest whole dollar (do not include cents) and be sure that the budget balances. Breakdown the parts that make-up the Totals in each Line below in the Budget Itemization (Attachment 2).

PROJECT INCOME	CASH		IN-KIND	
EARNED INCOME:				
Line 1 Total Admissions				
Line 2 Total Other Earned Income				
Line 3 TOTAL EARNED INCOME (Add Lines 1+2)				
UNEARNED INCOME:				
Line 4 Total Private Support (Corp, Fndn.,Indiv.)				
Line 5 Total Public Support (All Gov't. Grants)				
Line 6 Total Other Unearned Income				
Line 7 Applicant Cash				
Line 8 TOTAL UNEARNED INCOME (Add Lines 4+5+6+7)				
Line 9 MINIGRANT REQUEST (Amount you are asking for)				
Line 10 TOTAL CASH INCOME (Add Line 3 + Line 8 + Line 9)				
Line 11 TOTAL IN-KIND SUPPORT (Copy from Line 21)				
Line 12 TOTAL PROJECT INCOME (Add Line 10 + Line 11)				

PROJECT EXPENSES	CASH	IN-KIND	MCACA \$
Line 13 Total Employee costs (Admin.+Artist.+Tech.)			
Line 14 Total Non-Employee costs (Admin.+Artist+Tech.)			
Line 15 Space Rental			
Line 16 Travel			
Line 17 Marketing, Promotion, Publicity			
Line 18 Capital Expenses and Acquisitions			
Line 19 Total Other Expenses			
Line 20 TOTAL CASH EXPENSES (Must equal Line 10) <i>Add Lines 13-19, Cash Column</i>		↓	
Line 21 TOTAL IN-KIND EXPENSES (Must equal Line 11) <i>Add Lines 13-19, In-Kind Column</i>			
Line 22 TOTAL PROJECT EXPENSES (Must equal Line 12) <i>Add Lines 20 + 21</i>			

Application Form, Page 3: Total Match, Matching Funds Test, and Assurances

Using Project Budget information (Application Form, Page Two), complete the following:

TOTAL MATCH	Add Line 3 + Line 8 + Line 11	BOX 1A	
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MATCHING FUNDS TEST	Enter Minigrant Request (Copy from Line 9)	BOX 1B	
	Multiply Line 1B by 2, and enter in Line 2B	BOX 2B	
	Enter Total Expenses (Copy from Line 22)	BOX 3B	

Test: The Number in Box 3B (Total Expenses) must be equal to or greater than the number in Box 2B.

Using information from the Project Budget, Total Match, and Matching Funds Test (above), complete the Project Budget Summary (Application Form, Page One, Section 3).

ASSURANCES	Your organization's Authorized Official must sign this <i>Assurances</i> section, which must bear the original signature of an individual with legal authority to obligate your organization. Use blue ink to indicate an original signature.
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If a grant is awarded, the applicant gives assurance that:

- A. grant funds will be administered by the applicant,
- B. funds received under this grant will not be used to supplant funds normally budgeted for same and that funds received will be used solely for contracted Minigrant activities,
- C. the applicant has read and will conform to the Minigrant guidelines,
- D. the filing of this application by the undersigned individual who is officially authorized to represent the applicant organization, has been duly approved by, or will be approved by the governing board of the applicant organization.

The filing of this application was approved by the applicant organization's governing board on

_____.
enter date board approved your filing of this application

or

The filing of this application is scheduled to be approved by the applicant organization's governing board on

_____.
enter date board will approve your filing of this application

Authorized Official (May NOT be the Project Director) :

_____.

Type Name

_____.

Signature date *Assurances* was signed

If the filing of this Minigrant application has not yet been authorized by your governing board, notify your Regranting Agency of the action taken as soon as possible. If notification is not received prior to application review, your project may not be recommended for funding.

Applicant Organization's Name: _____

Application Form, Page 4: CHECKLIST

The following forms and attachments make up your application packet. As you are assembling and checking off the following items, be sure that you include the minimum number of pages, but not more than the number of pages allowed. See the Minigrant Guidelines for complete instructions on assembling and mailing your application.

PLEASE USE BOXES (☐) NEXT TO EACH ITEM BELOW, TO CHECK-OFF (✓) THE NUMBER OF PIECES THAT YOU INCLUDE IN YOUR APPLICATION PACKET.

APPLICATION FORM

You must submit the original 4-page MCACA Minigrant application form plus **8** copies of the form (**9 total**). Be certain that each section of each page is complete and accurate.

- Page One (Cover page) ☐
 - Section 1: Applicant Organization Information
 - Section 2: Project Information
 - Section 3: Project Budget Summary
 - Section 4: Participant Statistics
- Page Two (Project Budget page) ☐
- Page Three (Total Match, Matching Funds Test, and Assurances) ☐
- Page Four (Checklist---this page) ☐☐

REQUIRED ATTACHMENTS

The following must be attached to each application form. Be certain that each is complete and accurate:

- Attachment 1: Project Narrative (No more than 3 pages) ☐☐☐
- Attachment 2: Budget Itemization (No more than 2 pages) ☐☐
- Attachment 3: Proof of Non-Profit Status (1 page) ☐
- Attachment 4: Board of Directors List (No more than 1 page)..... ☐
- Attachment 5: Project Director's Resume or Bio Information (No more than 1 page)..... ☐
- Attachment 6: Artist(s) Resume or Bio Information (No more than 1 page, per artist)..... ☐☐☐
- Attachment 7: Current Letters of Support (At least 3, but no more than 6 letters)..... ☐☐☐☐☐☐
- Attachment 8: Organizational Profile (No more than 1 page) ☐

OPTIONAL ATTACHMENTS: Support Materials (No more than 5 items, total)

The following may be attached to EACH of the application packets, and are encouraged, but not required: items such as brochures, programs, reviews, newsletters, artists' multi-page curriculum vitae, etc.)

- Attachment 9: Support Materials (No more than 5 items) ☐ ☐ ☐ ☐ ☐

KEEP COPIES OF EVERYTHING YOU SUBMIT

Mail your application packet to:

**Cheboygan Area Arts Council
P.O. Box 95
Cheboygan, MI 49721**