

Application Form: Operating Grant

Please check the program area under which you are applying:

Arts-Based Community Development Arts Industry Arts Education MS Heritage

Are you requesting a Two-Year Operating Grant? (See the guidelines for eligibility requirements) Yes No

1. Organization Name: _____ 2. County: _____

3. Mailing Address: _____ 4. City: _____ 5. Zip: _____

6. Telephone: _____ 7. Fax: _____ 8. Website: _____

9. U.S. Congressional District #: ____ 10. MS Senate District #: ____ 11. MS House District #: ____

Visit Project Vote Smart's website to find your federal and state district numbers: www.votesmart.org

12. Year organization was founded: ____ 13. Year of Incorporation: ____ 14. Federal employee ID# _____

15. Project Director: _____ Title: _____

16. Project Director's Phone: _____ E-mail: _____

17. Authorizing Official: _____ Title: _____

18. Authorizing Official's Phone: _____ E-mail: _____

19. When does your organization's fiscal year begin and end? (month/day/year): _____ to _____

20. Amount of grant request?*: _____

****If you are applying for a two-year grant, enter your per-year request, not the two-year total***

21. Briefly state the mission of your organization and define its purpose.

Application Form: Operating Grant (continued)

Please estimate the number of people who take part in your ongoing activities. Your estimate should include everyone who participates, including attendees, volunteers, staff, and artists.

22. Estimate the total number of people who will take part in your organization's activities during the grant period: _____

23. Estimate the number of people under 18 years old who will take part in your activities during the grant period: _____

24. How many people will be paid for work connected with your ongoing activities? _____
(For example: artist fees, consultant fees, project director salary, subcontractor fees)

25. How many of the people paid for their work will be artists? _____

26. Do your organization's activities take place in facilities that are accessible to persons with disabilities? Yes No *

27. Briefly explain how they are accessible:

28. Are the facilities accessible to the general public? Yes No *

***Please note: MAC-funded activities must be accessible to all members of the public. Activities planned for private residences will receive low priority in funding decisions.**

29. Please estimate, in percentages, the racial composition of the following groups:

	Actual Number	% White	% Native American	% African American	% Asian	% Hispanic	Total
Board							= 100 %
Staff							= 100 %
Artists Taking Part In All Activities							= 100 %
Total Taking Part In All Activities							= 100 %
Population of Your Community**							= 100 %

** Community is defined as the geographic area served by your organization. Check the U.S. Census Bureau's website (www.census.gov) to find the most recent estimate of your community's population.

30. Describe your organization's geographic area of service. Please be specific. Name the city, county, or multi-county region that your organization serves with its programs and services:

Attendance Itemization – Operating Grant Application

Please provide total attendance numbers for your regular programs and other activities. Fill out **only** the sections of the table that apply to your organization. If it doesn't apply, leave it blank. For ongoing projects, include your figures from last year, as well as projected attendance for the coming year. For a one-time project, leave the "last year" column blank.

<i>Type of event or program</i>	<i>Number of your events in this category last year</i>	<i>Number of attendees last year</i>	<i>No. events planned for the upcoming year</i>	<i>Est. number of attendees for the upcoming year</i>
Performance				
Exhibition				
Reading				
Festival				
Workshop				
Publication				
Prof. Development				
Other				

Application Form: Operating Budget, page 1 of 2

- 1) Fill out the budget form **based on your organization's fiscal year**.
- 2) Itemize (explain in greater detail) each budget item for next year's projected expenses on a separate page.
- 3) Explain any changes in your budget of more than 20% from the previous year on a separate page.
- 4) Attach the required financial audit for your organization's most recently completed fiscal year.

Expenses		Actual expenses for your most recently completed fiscal year	Current Fiscal Year's Expenses	Next Fiscal Year's Projected Expenses
1. Personnel (staff):	Administrative			
	Artistic			
	Technical/production			
2. Outside fees and services (contractors):	Artistic			
	Other			
3. Space rental:				
4. Travel:				
5. Marketing:	Printing			
	Other			
6. Remaining operating expenses:	Postage			
	Rentals			
	Supplies			
	Insurance			
	Other			
	Other			
7. Subtotal:				
8. Capital expenditures:	Building			
	Acquisitions			
9. Total cash expenses:				
10. Deficit (if any):				
11. Accumulated deficit (if any):*				

*If your organization has an accumulated deficit, please submit

- A financial audit for the **past two fiscal years** (see Audit Requirements in guidelines);
- A year-to-date financial statement for the current fiscal year of operation; and
- A specific plan for reducing or eliminating the deficit.

Application Form: Operating Budget, page 2 of 2

- 1) Fill out the budget form **based on your organization's fiscal year**.
- 2) Itemize (explain in greater detail) each item from next year's projected income, including in-kind contributions, on a separate page.

Income	Actual income for most recently completed fiscal year	Current Fiscal Year's Income	Next Fiscal Year's Projected Income
1. Revenue: Admissions			
Contracted services			
Other Revenue			
2. Private-sector support: Corporate contributions			
Foundation grants			
Other private contributions			
3. Government support: Federal			
Regional			
County			
Municipal			
4. Applicant cash:			
5. Subtotal:			
6. Operating grants from MAC:			
7. Total cash income*:			

* Total cash income should be equal to or greater than total cash expenses.

In-Kind Contributions**: please estimate the dollar value of contributed goods and services.	Most recently completed fiscal year	Current Fiscal Year	Next Fiscal Year
TOTAL IN-KIND DONATIONS			

**Defined as the cash value of goods and services contributed by sources other than the applicant organization (for example, work done by volunteers or donated office space). Grantees must be able to produce records of in-kind contributions, if requested.

Operating Grant Application - Narrative

The narrative component of your Operating Grant application allows you to provide specific information on the activities you have planned for the upcoming grant period (July 1, 2012 to June 30, 2013). You will also explain how these activities relate to your organization's long-range plan and how they meet the goal of the MAC program (Arts Industry, Arts-Based Community Development, or Mississippi Heritage) under which you are applying. Your narrative will consist of:

- 1) An organizational picture
- 2) A review of your organization's long-range plan
- 3) A discussion of the review criteria and how they relate to your long-range plan

Please be concise: Your narrative should not exceed three pages, using a 12-point font (minimum) and one-inch margins on all sides of the pages. Please include line breaks between paragraphs and sections in order to increase readability of the narrative for the review panelists.

1. Organizational Picture: The overview should provide the grant application review panel (some of whom may have not visited your town before) a snapshot of how your organization fits into the community.

Briefly describe your organization in terms of its geographic area of service, its board and committee structure, staff, major sources of funding, and relationship to the community it serves. Also, provide an overview of your community, including information on the local economy, education levels of residents, current cultural amenities, and other elements that impact the work of your organization.

Arts-Based Community Development Applicants: If your organization offers any of the services listed below, please include them in your organizational picture. Describe your work in these areas more thoroughly in the narrative. Local arts agencies applying for an Operating Grant must offer at least two of the following services:

- Arts-based community development programs for local residents;
- Re-grants or services to local artists or arts organizations;
- Serve as an information resource center for local cultural events;
- Facility management (such as a gallery or performance center);
- Arts education programming;
- Arts advocacy activities;
- Arts presenting; or
- Arts instruction.

Important note: The following sections are not intended to duplicate your long-range plan, but rather to familiarize panelists with the overall goals and outcomes of your organization, as well as how you will meet your goals over the next year.

2. Long-Range Plan Introduction: Begin by explaining how your organization's long-range plan was developed and how much the general public was included in the work.

3. Review Criteria: The review criteria and the point value of each are listed below. The questions are designed to help you address that criterion and how it relates to your organization's long-range plan.

Goals and Outcomes (20 points)

1. How do the goals listed in your current strategic plan line up with your organization's mission? How do they align with the goal of the MAC program area under which you are applying?
2. What outcomes or results need to happen in order to meet your organization's goals?
3. What types of activities will your organization put in place to meet expected outcomes?

Quality of Activities and Artistic Excellence (30 points)

4. Describe the activities you have planned for the next grant period (July 1, 2012 - June 30, 2013). Who are the artists or arts professionals involved? What are their qualifications for doing the work?
5. When will the activities occur? How often?
6. Where will the activities take place? If they are being held in a facility not owned by your organization, why is it a good location for the activities?

Public Participation and Access (30 points)

7. Who will be involved in planning your organization's activities?
8. Who will participate in the activities? Will others beyond the participants benefit?
9. Are these groups described in #7 and #8 reflective of the entire community that your organization serves? If not, please explain.
10. What strategies do you have in place to make sure your organization and its activities are inclusive?
11. Does your organization's board reflect the entire community that it serves? If it doesn't, please explain your plans for making it more representative.
12. What percentage of your organization's board makes financial OR in-kind contributions? If not all board members contribute, please explain.

Ability to Achieve Goals and Evaluate Success (20 points)

13. Who are your organization's staff members or (if a volunteer group) main project leaders? How are they qualified to do the work?
14. Describe the type of support you receive from the wider community. This can be financial, volunteer, or other types of support.
15. Detail the partnerships or collaborations you have with other organizations in the community. Describe their role(s) in the collaboration.
16. Explain your organization's system of financial controls (i.e.; the internal and external oversight measures you have in place to make sure funds are spent properly).
17. How do you publicize your organization's events?
18. How does your organization evaluate its projects? How do you determine whether your activities are successful or not?

Application Form: Final Checklist for Operating Grants

Incomplete applications, defined as applications missing one or more of the documents listed below, **will not be considered for funding and will be returned to the applicant**. When you have completed your application, please check it off against this list and sign at the bottom.

Unless otherwise noted in the checklist, submit one original and one copy of the following (*Please do not bind or staple materials*):

- Operating Grant Application Form
- Narrative (*three-page maximum*)
- Budget Itemization
- Your organization's current long-range plan (**send five copies if the plan is bound. Otherwise send one copy and one original**).
- A list of the activities your organization produced during the current year and those planned for the upcoming year. This can include performances, classes, workshops, exhibitions, or other programming. Include in the list a brief description for each activity and its frequency (one-time event, weekly, monthly)
- A list of your board of directors indicating ethnic make-up and members with disabilities
- Current biographies (one half-page maximum for each) of key artistic and administrative personnel both paid and volunteer.
- The financial audit of your organization's most recently completed fiscal year. Please see the guidelines for the required type of document, based on your organization's total budget.
- If applicable, your organization's re-granting guidelines and a list of projects funded in the past two years. The list of grantees should include the names of recipients, project titles and award amounts.
- If your organization is applying to MAC for the first time: a copy of your official IRS 501(c)3 determination letter. You do not need to send a copy of the letter if your organization has applied for a grant from MAC in the past three years. If you are unsure whether or not your organization has applied recently, please call and check with MAC Program Staff before submitting an application.
- Supplementary materials that demonstrate your organization's ongoing activities. Please submit no more than 25 pages of material in a three-ring binder.

Please do not bind or staple the above-listed application materials.

I certify that the application form is complete and that the above-listed documents are attached.

Project Director's Signature

Date

Application Form: Operating Grant Certification

The authorizing official and project director certify that the information contained in the application, including all attachments and supporting material, is true and correct to the best of our knowledge. We certify that the applicant will comply with all general and specific guidelines and restrictions of the Mississippi Arts Commission and, when applicable, of the National Endowment for the Arts, including the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Executive Order 12549, Fair Labor Standards, and the Drug Free Workplace Act of 1988.

Original Signature of Authorizing Official

Date

Name

Title

Signature of Project Director

Date

Name

Title

**Your application must be postmarked and in the mail no later than March 1, 2012.
Send it to:**

**Mississippi Arts Commission
501 North West Street
Suite 1101A, Woolfolk Building
Jackson, MS 39201**