

PART II – APPLICATION

ADA Access Improvement Grants for Metro Arts Organizations

How to Apply for Funds

Complete the enclosed application and mail or deliver to:

VSA arts of Minnesota

528 Hennepin Avenue, Suite 305

Minneapolis, MN 55403

access@vsaartsmn.org

- Your application must include ALL required materials. See checklist, page 16, for a summary of the materials you must submit. Incomplete or inaccurate materials may result in your application being deemed ineligible or reduce your request.
- **Applications must be RECEIVED or POSTMARKED by the deadline:**
ROUND 1: Friday, March 12, 2010 (if delivered, by 5:00 pm).
ROUND 2: Friday, May 21, 2010 (if delivered, by 5:00 pm).

Applications will NOT be accepted by Fax or Email. Applications not received or postmarked by these deadlines will be INELIGIBLE and will not be reviewed.

Helpful Hints

- Plan ahead! It takes time to plan a project and write a good application.
- Attend an Information Meeting to get questions answered and to receive assistance on your application. It may make a difference! (Dates/Locations at www.vsaartsmn.org)
- Get a friend who is not involved in your project to read your application. It helps to have a fresh set of eyes look at your work.
- Keep a copy of your entire application for your files.

What to Include

Send one copy of the grant materials in the following format: 8.5 x 11”, a text font equivalent to Times 12-point or larger (15 characters per inch), at least ¾-inch margins, and black ink/toner. These are the only materials the panel will use to evaluate your grant application:

1. Cover Page
2. Narrative
3. Equipment/Service Specifications
4. Project Personnel
5. Board of Directors
6. Project Budget
7. Organizational Income-and-Expense Statement
8. ADA Access Planning Progress
9. Certification Signatures
10. IRS-Tax-Exempt Status Determination Letter
11. RAC Data Collection Form (for statistical reporting only, not for the grant panel)

Application forms are available in several formats, PDF, Word or RTF, on our website, www.vsaartsmn.org. You may download and fill out the application form on your computer.

1. Cover Page

Complete the attached Cover Page, page 17. This will be the first page of your application. Print or type on the form provided or generate your own form using the same information / format.

About project start date: See definition, page 9, for earliest allowable start dates.

About fiscal sponsors: If your group is not an IRS-tax-exempt organization, you must apply using a fiscal sponsor (see definition, page 9).

About project summary: Be sure to complete this section. In your summary statement, describe your project in fewer than 50 words.

2. Narrative

Submit a narrative of no more than five pages. Assume the panel is not familiar with your group, your discipline or the community you serve (or intend to serve). In telling your story the way you want, you need not address all of the following suggestions, but be sure it is clear who you are, what you want to do with this project and why. Please include the section headings.

Six criteria will be used by the review panel to evaluate your application, so provide enough information to help you and the panel see your project in relation to each of the criteria. In the first three, give background about your group and its history with accessibility. In the last three, make a case for how you plan to improve your accessibility for people with disabilities. The latter (**Project information**) will carry more weight in the review panel's deliberations.

I. Group information

- Community Need and Support
- Diversity and Outreach
- Access

II. Project information

- Situation (Problem/Opportunity)
- Solution (Project Merit)
- Ability

I. Group information and audience involvement

Community Need and Support

Introduce your group to panelists who may not know all about you. You need not cover all of the following – just so they know where you are coming from and where you are going.

- State your group's mission or primary purpose. When were you founded, why do you exist, and what is your compelling or unique work?
- Describe your group's current program(s) and activities, as evidenced by your organization's income and expense statement (page 20).
- Describe and quantify the current audience for your programs and services – your community, artists, attendees, participants – and their demographics, special needs,....
- How has your audience and community benefited from your programs and services and/or shown their support – attendance, feedback, volunteer time, donation of cash and in-kind?
- What is your process of determining what you **want** to do and what you **need** to do in terms of shows, programs, services, physical plant, administration, outreach?

Diversity and Outreach

- What efforts has your group made to embrace diversity in your community and audience – disability, racial/ethnic, cultural, gender, economic, and/or age? If your board, advisory group or staff reflect some of this diversity, please indicate.

- In what ways has your outreach thus far succeeded in increasing diversity among your current audience?

Access

Accessibility can refer to all the aspects noted in Diversity and Outreach above.

- In what ways has your group provided accessibility for persons with disabilities? For instance, has your board adopted an ADA Access Plan, offered ASL-interpreted or audio described events, had staff/board trainings? How does your group communicate the accessibility of your activities to people with disabilities? How is your group moving forward to improve your ADA-related accessibility? Who is your Accessibility Coordinator?
- In what other ways has your group ensured that your activities are accessible to your audience? For example, do you offer reduced- price tickets or pay-what-you-can nights, youth or senior programs, transportation assistance, or participation opportunities for diverse communities? How do you communicate this accessibility?
- What challenges have you identified? (Or address this next in the Situation section.)

II. Project information

SITUATION (Problem/opportunity/organizational challenge)

- Describe the underlying situation – problem, opportunity, issue or need – that your project is intending to resolve. (Note: you must be able to name the problem/opportunity before you define a project and seek funding!)
- What is compelling about this situation? Why, given all your group’s challenges, did you decide on this project? How will addressing this important opportunity/need have a significant long-term impact? Why is it a priority?

SOLUTION (Quality and Merit of the project)

- Goals and outcomes – Describe your project. What are your project goals? What outcomes are you trying to achieve? How will this request help you meet those goals and achieve greater accessibility for people with disabilities to your organization? If this project is part of an ongoing or longer-range plan, where does it fit in the plan, and what comes next?
- Work plan and timeline for your project – What are you going to purchase, or what improvements are you wishing to make? How did (or will) you arrive at the specific improvements you are requesting? What and when are the specific activities or steps in this project? Who has been or will be involved in this project (e.g., planning, purchasing, installing and end-users)? How long will the project take to complete?
- Communication – How are you going to get the word out about your improved accessibility? A one-time news release is not enough.
- Evaluation – If you receive a grant, you must report measurable outcomes. What mechanism will you use to evaluate the success of this project? How will you know if it is a success?

Other Requirements

Your project may use two approaches (or variations from them):

- A) State specific items you wish to buy and the bids you have received, as noted in the points below. This shows the grant review panel that you have done your homework and are basically ready to go.
- Bids. If you are submitting an ADA Access Improvement Grant application to buy something, your group must obtain one or more bids (to help you and the grant review

panel know that you have adequately researched your options). The bids need not be submitted, but the names of vendors should be included in your narrative, as well as the rationale for selecting the recommended bid.

- Equipment or capital improvement specifications. If you are purchasing equipment, supplies or services, or making building-related improvements, attach a one-page detailed description of all estimated costs.
- Consultant. If requesting funds for a consultant whose skills and experience will help you carry out your project, name the consultant and explain how that individual was selected and will be used. You may attach a bio of up to one page.
- Lease. If you are requesting funds to install permanent equipment or to make capital improvements to a space or facility you do not own, attach a description of the terms of your lease, addressing such issues as remaining time on your lease, renewal options and the process required to obtain the landlord's approval.

OR

B) Since deciding how best to make accessibility improvements can be time-consuming, state what you want to buy or do and then include the process of doing that – researching, getting advisors, bids, or whatever you are proposing. Use the same points as above, but if you show estimates instead of actual bids, make a case for the panel to see the value of this process and project. It's your choice

Ability

Does your group have a demonstrated ability to carry out this project? The panel will find many answers to the following questions in your narrative thus far. Use this section to provide additional useful information to demonstrate that this is a well-planned project your group can accomplish. The panel will consider such things as:

- Who or what was involved in the planning process and decision-making for this project? Were decision-makers and personnel key to the success of this project, as well as people with disabilities (or representing people with disabilities), involved?
- Are your staff/volunteers adequately involved and qualified for their roles in this project?
- Was there or will there be a thoughtful process for selecting a vendor or contractor?
- Is the project clearly “doable” given your group's resources, budget, timeframe, etc.?
- Does your group's profit-and-loss in recent years indicate you can make this happen?
- If a consultant is involved, why is your consultant the right fit for this project?
- Does your group have the time to be persistent and do the follow-through necessary to be sure the community learns about and responds to your improvements?
- Does the budget make sense? What makes it reasonable?

3. Equipment/Capital Improvement Specifications

Attach a description (up to one page) of the essential equipment, related supplies and services, or building-related improvements, including estimated costs. (Include ALL the information the panelists need to know.) You may include web links that offer more information.

4. Project Personnel

Attach a list of the key people/groups involved in your project, including any outside consultants. Briefly describe their qualifications for the project. Submit no more than one page of information per person/group.

5. Board of Directors

Attach a one-page list of your board members, indicating their profession, organizational affiliation or area of expertise. If an Advisory Council has been involved in proposing or planning ideas for this project, you may include a one-page list of those members as well. (Boards and committees are encouraged to include one or more persons with disabilities.)

6. Project Budget

Complete the budget forms on pages 18-19. Print or type on the forms provided or generate your own form with the same information in the same format (up to one page for Project Budget: Expenses and one page for Project Budget: Income). Include all eligible project costs. If you need additional space, attach one page with more detailed line-item descriptions.

Check your math and budget figures carefully. Errors may significantly affect your request.

About matching funds: for every four ADA Access Improvement Grant dollars requested, you must match or raise one dollar from a source other than this grant (see Guidelines, page 4). Do not include in-kind for your cash match, but you may recognize the in-kind support you are receiving and its approximate dollar value if you wish.

7. Organizational Income-and-Expense Statement

Submit a one-page annual income-and-expense statement. You may complete the form on page 20 or generate your own form with the same information in the same format. Include only actual income and expenses for your most recently completed fiscal year. (**NOTE:** In Other Expenses, please specify accessibility-related expenses you incurred during the year.)

8. ADA Access Planning Progress

Indicate on the ADA Access Planning Progress form, page 21, whether or not your group has an ADA Access Plan (see definition, pages 8-9) approved by your board of directors.

NOTE: 2010 Grant Round applicants must have an ADA Access Plan in place by Dec. 31, 2010, and are strongly encouraged to undergo an organizational access evaluation to ensure that all members of your community, including people with disabilities, can partake of your programs and services. 2011 Grant Round applicants **MUST** have an ADA Access Plan in effect at the time of your 2011 application in order to apply for an ADA Access Improvement Grant. Many accessibility tools are available, including an easy-to-use self-survey, MRAC's *Accessibility Planning Guide*, which can be downloaded at www.mrac.org or www.vsaartsmn.org, or call MRAC at 651-645-0402 to receive a copy. To discuss this or other access issues, call VSA arts of Minnesota, 612-332-3888, voice/tty.

9. Certification Signatures

You must certify that your board of directors supports this application, that it is accurate, and that the board will carry out the project as described if funding is awarded. Two signatures are required; one signer must be a board officer. Complete the certification form and submit the original with signatures.

Additional Inclusions

One copy of each of the following materials (10, 11) is required. These materials will not be presented to the review panel.

10. IRS-Tax-Exempt Status Determination Letter

Furnish a copy of your group's IRS-tax-exempt status determination letter.

OR

Furnish a letter of agreement with your fiscal sponsor and a copy of your fiscal sponsor's IRS-tax-exempt status determination letter.

11. RAC Data Collection Form

The Metropolitan Regional Arts Council Grant Data Collection Form on pages 22 and 23 may be completed by hand. Unless marked "optional," all information on this form is required. Without it, your application will be incomplete. This information is forwarded by VSA arts of Minnesota to MRAC, which provides the funds for these grants, and is not provided to the review panel.

APPLICATION CHECKLIST

Use the checklist below to assist you in preparing your application. The checklist does **not** need to be submitted as part of your application.

FORMAT

Prepare application materials in the following format:

- 8.5 x 11 white paper
- A text font equivalent to Times 12-point or larger (15 characters per inch). MRAC Data Collection Form may be completed by hand.
- Margins of ¾-inch or more
- Black ink/toner only

REQUIRED APPLICATION MATERIALS

Your application must include all of the following materials, collated in the following order.

Paper clips only – no staples please!

Submit one copy of the following materials.

- Cover Page form, page 17
- Narrative (may not exceed five pages)
- One-page Equipment or Capital Improvement Specifications
- List of Project Personnel/Consultants (up to one page per person/group)
- Board of Directors list (one page only)
- Project Budget/Expenses form, page 18 (one page only)
- Project Budget/Income form, page 19 (one page only)
 - Project Budget explanation, if necessary (one page only)
- Organizational Income-and-Expense Statement form, page 20 (one page only)
- ADA Access Planning Progress form AND signed Certification Signatures form, page 21
- Copy of letter from IRS documenting your group's tax-exempt status OR letter of agreement with fiscal sponsor AND a copy of fiscal sponsor's tax-exempt letter (format requirements do not apply)
- RAC Data Collection form, pages 22-23

Review your project budget carefully. Errors may significantly reduce the amount of your grant request. Please check your math.

• **Applications must be RECEIVED or POSTMARKED by the deadline:**

ROUND 1: Friday, March 12, 2010 (if delivered, by 5:00 pm).

ROUND 2: Friday, May 21, 2010 (if delivered, by 5:00 pm).

Applications will NOT be accepted by Fax or Email. Applications received after this time are INELIGIBLE and will not be reviewed.

COVER PAGE

ADA ACCESS IMPROVEMENT GRANT

Amount of Request _____ Project Start Date _____
mo. / day / yr.
Total Project Cost _____ Project End Date _____
mo. / day / yr.

Applicant Group _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
E-mail _____ Website _____
County _____ MN House District _____

(District numbers are required. Call House Information at 651-296-2146 or visit <http://pollfinder.sos.state.mn.us>)

Project Contact _____
(The contact person should be available to answer questions about this application.)
Phone (w) _____ (h) _____ (fax) _____
E-mail _____

If your group is not using a fiscal sponsor, leave this section blank:

Fiscal Sponsor _____
Address _____
City, State, Zip _____
Contact Person _____
Phone (w) _____ E-mail _____

Project Summary: Describe your project in fewer than 50 words.

Complete this form or generate your own form with the same information in the same format.

PROJECT BUDGET – INCOME

ADA ACCESS IMPROVEMENT GRANT

Applicant Group: _____

Estimated Income	Cash Amount	Explanatory Notes
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1. Earned Income

_____	_____
_____	_____
Subtotal Earned Income	\$ _____

2. Grants and Contributions

*(Indicate secured funds with an *. Place ADA Access Improvement request on Line 6.)*

a. Individual Contributions

_____	_____
_____	_____

b. Foundations and corporations

_____	_____
_____	_____

c. Government

_____	_____
_____	_____

d. Other (explain)

_____	_____
_____	_____

Subtotal Grants and Contributions	\$ _____
--	----------

3. Other

_____	_____
_____	_____

Subtotal Other	\$ _____
-----------------------	----------

4. In-Kind *(for information only; not to be included for cash match budget)*

_____	_____
_____	_____

Subtotal In-Kind	(\$ _____)
-------------------------	------------

5. Add Subtotals 1, 2, 3 (NOT 4)	\$ _____
---	----------

6. ADA Access Improvement Request	\$ _____
--	----------

7. TOTAL INCOME (Add lines 5 & 6)	\$ _____
--	----------

** Must be equal to Line 7, Total Expenses, on page 18. **

Complete this form or generate your own form with the same information in the same format.

ORGANIZATIONAL INCOME-AND-EXPENSE STATEMENT

Arts groups: provide actual income and expenses for your most recently completed 12-month fiscal year. **Non-arts groups:** provide only actual income and expenses from arts programming in your most recently completed 12-month year.

Applicant Group: _____

Financial statement for the fiscal year beginning _____ ending _____

INCOME

Support (contributors) Amount

Individual contributions _____

Foundations/corporations _____

Government grants _____

Other (specify) _____

Revenue

Earned income
(List major sources such as
admissions, sales and fees)

Other (specify)

TOTAL INCOME \$ _____

EXPENSES

Amount

Employee salaries & wages _____

Employee benefits &
payroll taxes _____

Independent contractor,
consultant & professional fees _____

Supplies _____

Printing and copying _____

Postage & shipping _____

Rent, utilities, equipment _____

Transportation _____

Other (especially specify access-related costs)

TOTAL EXPENSES \$ _____

Income less expenses \$ _____

Please describe the circumstances surrounding a substantial year-end surplus or deficit:

If you already have an income-and-expense statement that contains this information on one page, you may submit it in its original form.

ADA ACCESS PLANNING PROGRESS

Applicant Group: _____

Our group has:

- An ADA Access Plan approved by our board of directors
- Begun ADA access planning and expects a plan to be approved by the board of directors by (month/year): _____.
- No ADA Access Plan

Our ADA Accessibility Coordinator is: _____.

CERTIFICATION SIGNATURES

We, the undersigned, certify that our board of directors/ advisory committee supports the project as described in this application and that all information in the attached application is true and correct to the best of our knowledge. Further, we resolve to carry out the project as it is described in the attached application if funding is awarded by VSA arts of Minnesota.

Two signatures from members of your group are required. One signer must be a board officer or advisory committee member. You must submit original signatures with your application.

print name of board officer

print name of board member or staff

board officer signature

board member or staff signature

board officer title

board member or staff title

date signed

date signed

Metropolitan Regional Arts Council Grant Data Collection Form

TO THE APPLICANT: Please take a moment to fill out the data collection form. This information is compiled for the Minnesota State Arts Board by the 11 Regional Arts Councils and is used to present a statistical picture of arts applicants in the Minnesota. The review panel does not see this form nor use this information to evaluate your application.

All applicants must complete this form. If your group is using a fiscal sponsor, please complete the form as it pertains to the **applicant group**, not the fiscal sponsor.

Organization Name: _____

SPECIAL CHARACTERISTICS (*Optional*): Select one code that best represents **50% or more** of your staff or board or membership.

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> Other (describe) _____ | |

Additional Characteristics (*Optional*): Also mark these items if they apply.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Older Adult (60+) |
| <input type="checkbox"/> Veteran | |

STATUS: Select the one code that best describes the legal status of your group or organization:

- | | |
|-----------------------------|---------------------------|
| 02 Organization - Nonprofit | 07 Government - County |
| 04 Government - Federal | 08 Government - Municipal |
| 05 Government - State | 09 Government - Tribal |
| 06 Government - Regional | 99 None of the above |

INSTITUTION: Select the one code that best describes your group or organization:

- | | | |
|---------------------------------|----------------------------------|--------------------------------|
| 03 Performing Group | 16 Arts Council/Agency | 36 Seniors Center |
| 05 Performing Group - Community | 17 Arts Service Organization | 37 Parks & Recreation |
| 06 Performing Group - Youth | 20 School - Parent/Teacher Assn | 42 Media - Periodical |
| 07 Performance Facility | 25 Community Education | 43 Media - Daily Newspaper |
| 08 Museum - Art | 27 Library | 44 Media - Weekly Newspaper |
| 09 Museum - Other | 28 Historical Society/Commission | 45 Media - Radio |
| 10 Gallery/Exhibition Space | 29 Humanities Council/Agency | 46 Media - Television |
| 11 Cinema | 32 Community Service Org. | 47 Cultural Series Org. |
| 12 Independant Press | 33 Correctional Facility | 48 School of the Arts |
| 13 Literary Magazine | 34 Health Care Facility | 49 Arts Camp/Institute |
| 14 Fair/Festival | 35 Religious Organization | 50 Social Service Organization |
| 15 Arts Center | 36 Seniors Center | 99 None of the above |

DISCIPLINE: Select one code that best describes your group or organization's primary area of interest in the arts:

- | | | |
|------------------------------------|--|--|
| 01 Dance – general | 05 Visual Arts – general | 09 Media Arts - general |
| 01A ballet | 05A experimental | 09A film |
| 01B ethnic/jazz/folk-inspired | 05B graphics (includes drawing, cartooning, printmaking and book arts) | 09B audio |
| 01C modern | | 09C video |
| | | 09D technology/experimental |
| | | 09E screenwriting |
| 02 Music – general | 05D painting | |
| 02A band | 05F sculpture | |
| 02B chamber | | |
| 02C choral | 06 Design Arts – general | 10 Literature - general |
| 02D new/experimental/Electronic | 06A architecture | 10A fiction |
| 02E ethnic/folk-inspired | 06B fashion | 10B nonfiction |
| 02F jazz | 06D industrial | 10C playwriting/scriptwriting |
| 02G popular | 06E interior | 10D poetry |
| 02H solo/recital | 06F landscape architecture | |
| 02I orchestral | 06G urban/metropolitan | |
| | 07 Crafts – general | 11 Interdisciplinary (includes performance art and collaborations) |
| 03 Opera/Musical Theater – general | 07A clay (includes ceramics) | |
| 03A opera | 07B fiber (includes basketry) | 12 Folklife/Traditional Arts |
| 03B musical theater | 07C glass | 12A dance |
| | 07D leather | 12B music |
| 04 Theater – general | 07E metal | 12C crafts and visual arts |
| 04A theater, in general | 07F paper | 12D oral traditions |
| 04B mime | 07G plastic | |
| 04C puppetry | 07H wood | |
| 04D theater for youth | 07I mixed media | |
| 04E storytelling | | |
| 10C playwriting/Scriptwriting | 08 Photography (Includes Holography) | 13 Humanities |
| | | 14 Multidisciplinary |
| | | 15 Non-arts/Non-humanities |

ORGANIZATION ACTIVITY INFORMATION

_____ **Adult Audience Benefiting.** Record the number of adult audience members, excluding employees or paid performers, expected to benefit directly from your group's activities **this year**. Do not double-count repeat attendees.

_____ **Children/Youth Benefiting.** Record the number of children and youth under the age of 18 expected to participate in and/or benefit directly from your group's activities this year. Do not double-count repeat attendees.