

# ACHF Essentials Support Grant March 1, 2020 Deadline

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*East Central Regional Arts Council*

## *Section 1: Organization Eligibility Checklist*

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Has no Misuse of Funds determination with:

- the MN State Arts Board or
- any designated MN Regional Arts Council.

\*

### Choices

Yes

No

Has no outstanding or unacceptable final reports with the East Central Regional Arts Council.\*

### Choices

Yes

No

Our organization is incorporated as a 501c(3) nonprofit.\*

### Choices

Yes

No

Our organization is located in and serves the Region 7E East Central Minnesota counties of Chisago, Kanabec, Isanti, Mille Lacs or Pine.\*

### Choices

Yes

No

Our organization has an annual budget less than \$166,000.\*

### Choices

Yes

No

Our organization does not receive Minnesota State Arts Board general operating support.\*

### Choices

Yes

No

Our organization will track and report ECRAC ACHF Essentials Support grant funds appropriately and accurately.\*

#### Choices

Yes  
No

Our organization will use the proper ECRAC funding credit line (in a legible font) and both the ECRAC logo and the ACHF Clean Water Land and Legacy logo in all publicity, media coverage, and public relations during the grant period.\*

#### Choices

Yes  
No

Our organization will use grant funds in support of arts programming, and/or in support of ECRAC approved needs and outcomes as proposed. In addition, our organization certifies it has read and will follow the ECRAC ACHF Essentials Support Grant Guidelines and Instructions.\*

#### Choices

Yes  
No

This application only accepts the following file type(s) for upload:

- PDF
- Word
- Excel
- MP3

\*

#### Choices

I understand

## Section 2: Organization Information

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### Board Chair/President Name and Title\*

Include the person's position title, email address, and phone number.

*Character Limit: 200*

### Name and Title of Grant Director Regarding Proposal\*

*Character Limit: 200*

### Grant Writer's Name and Title\*

*Character Limit: 200*

**Date of attendance at ECRAC grant information session.**

This is optional but highly recommended.

*Character Limit: 10*

**Essentials Support Grant Title\***

Enter Organization Name and "Essentials Support Grant" below.

*Character Limit: 100*

**Brief Essentials Support Grant Description\***

*Character Limit: 750*

**Anticipated Annual Audience\***

(from RAC Data Collection section)

*Character Limit: 200*

**Grant Start date\***

All Essentials Support Grant start dates will be July 1st of each respective year. See Guidelines and Instructions for clarification.

*Character Limit: 10*

**Grant End Date\***

The grant period will end June 30th of the following calendar year. See Guidelines and Instructions for clarification.

*Character Limit: 10*

**Organization's Fiscal Year Start and End Dates\***

*Character Limit: 250*

**Organization's Total Arts Budget for Previous Fiscal Year\***

*Character Limit: 20*

**Organization's Total Arts Budget for the Current Fiscal Year Period\***

*Character Limit: 20*

**Amount of Grant Request\***

(\$3,000 - \$5,000)

*Character Limit: 20*

**Organization's Board Approved Current Annual Year Budget**

Upload your organization's current board approved annual budget here.

*File Size Limit: 3 MB*

## Section 3: Summary of Proposal

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### Summary of Proposal\*

State your Organization's mission. Define your community served. Describe the opportunities, challenges, issues or needs currently facing your organization. Specifically explain the operating expenses for which you are requesting grant funds. What expenses is your organization requesting grant funds to support? See page 8 of the grant guidelines for allowable expenses. Detail how your organization will be able to meet the proposal outcomes, if funded.

*Character Limit: 4000*

## Section 4: Arts and Cultural Heritage Fund Investment Evaluation

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**Your answers to the following questions will be used to evaluate the impact of your proposal.**

**How does your organization instill the arts into your community and public life?\***

*Character Limit: 3000*

**How does your organization provide high quality arts experiences?\***

*Character Limit: 3000*

**How does your organization provide Region 7E residents access to high quality arts experiences?\***

*Character Limit: 3000*

**How does your organization help develop knowledge, skills, and understanding of the arts?\***

*Character Limit: 3000*

**How does your organization determine and provide artistic merit and quality?\***

*Character Limit: 3000*

**Are your organization's venue(s) and /or activities publicly accessible and ADA compliant?\***

*Character Limit: 2000*

**Explain how operating support funds will expand the organization's artistic capabilities\***

**and the artistic experiences of your audience(s).**

*Character Limit: 4000*

## How does your organization help to represent diverse, ethnic and cultural arts traditions?

(Optional, answer- not applicable if not part of your organization's activities)

*Character Limit: 2000*

## What year was your organization started?\*

*Character Limit: 4*

## Explain how your organization is staffed.\*

*Character Limit: 3000*

## Summarize the qualifications of all organization staff.\*

Include when they were hired or when they volunteered. Attach resumes and job descriptions below.

*Character Limit: 2000*

## Grant Director Resume\*

*File Size Limit: 1 MB*

## Additional Staff Resume(s), if applicable

Combine files into one document, if applicable.

*File Size Limit: 4 MB*

## Board Chair Resume\*

*File Size Limit: 1 MB*

## Describe the governing body of your organization\*

Attach supporting information on board members, their affiliations and areas of expertise, including their mailing addresses.

*Character Limit: 500 | File Size Limit: 2 MB*

## List any projects your organization has completed in the past three years.\*

*Character Limit: 3000*

## List all ECRAC funded projects your organization has completed in the past three years\*

Include the year and the amount funded.

*Character Limit: 4000*

## List the projects, activities, programs your organization anticipates during the grant period.\*

*Character Limit: 4000*

## Current Program\*

Attach a minimum of one and a maximum of two current program brochures, catalogs, or other materials highlighting artistic events, programs, classes, season, etc. that will help panelists understand the scope, breadth, emphasis, and character of the applicant's programming.

*File Size Limit: 6 MB*

## Section 5: Outcome Evaluation

### Outcome Evaluation

Funding for this program comes from the Arts and Cultural Heritage Fund, a fund created by the people of Minnesota to support the arts. Outcome evaluation is a legislatively required part of all ACHF grant funding proposals.

Describe which of the following best describe the majority of the people you plan to serve with this project:\*

#### Choices

- Young children
- School age children
- Teens or youth
- Adults – general public
- Adults – professionals or peers
- Adults – artists
- Adults – learners
- Adults – seniors or elders
- Inter-generational groups (e.g., families)
- Communities (e.g., neighborhoods or cities)
- Organizations
- People in institutional settings
- People who might have difficulty communicating (e.g., reading, writing, or speaking)
- People who may have sensory difficulties (e.g., vision or hearing)
- People who may have mobility difficulties
- People who may have cognitive difficulties

Sometimes thinking about different kinds of possible changes or effects can help us connect a grantmaker's very broad program outcomes to your own, specific outcomes for your project. Which of these broad areas best describes the kind of change you expect from your project?\*

#### Choices

- Artists and the arts are visible in communities
- Artists develop their practice
- Organizations develop capacities that advance the arts
- People access arts experiences
- People develop arts skills or knowledge

People have meaningful arts experiences  
 People make connections to ideas, organizations, or one another

Having a specific outcome in mind means that the people you serve are supposed to be different in some way as a result of this project. What kinds of specific changes do you expect to see in the people to be served by this project?\*

### Choices

An emotional response or reaction  
 A changed attitude about something or someone  
 A new awareness about something or someone  
 A new intention or motivation to take some course of action  
 A changed perception of themselves or others  
 A new or expanded understanding or knowledge about some topic  
 A new or expanded skill in some area  
 A change to their behavior after this experience  
 Changes to their relationships with someone else: new, strengthened, or enriched  
 Your organization will have a new or improved ability or capacity to do something  
 A change to some other condition eg, individual well-being, community strength, etc

### Outcome Measurement

There are many ways to measure the results of projects; for example, collecting verbal or written stories and comments, surveys, focus groups, and interviews. For the visual arts, exhibit guest books are often used to capture comments. For the performing arts, attendance numbers or audience surveys may be useful. Comments/Critiques by peers can also be a way to assess the impact of your work. ECRAC staff has samples of outcome evaluations. Schedule an appointment with staff if this will assist you in your proposal.

### Outcome Measurement\*

What kinds of data or information will you gather?

- Quantitative: numbers or categories of things used to look for outcomes by rating, totaling, or comparing.
- Qualitative: observations or narratives used without any pre-determined categories of information to look for outcomes as they emerged from an experience or discussion.
- Both: a combination of both quantitative and qualitative information.

### Choices

Quantitative  
 Qualitative  
 Both Quantitative and Qualitative

### Outcome Evaluation Method Types\*

What kinds of methods do you anticipate using to document progress toward your project outcomes? Please note that the term stakeholder suggests the people data is gathered from

and could be participant, audiences, community members, artists, project partners or organization staff. It depends on the project being proposed.

### Choices

Reviewing program statistics or other documents related to the project  
Reviewing or critiquing a portfolio, experience, or other artifacts of the project  
Conducting interviews with stakeholders  
Conducting focus groups with stakeholders  
Creating one or more case studies about the project  
Making structured observations of stakeholders during project activities  
Surveying stakeholders about their knowledge skills, attitudes, behaviors, or motivations  
Gauging stakeholder priorities using interactive methods such as sorting cards or voting  
Having stakeholders describe or capture their own impressions

## Section 6: Proposal Request

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### Operating Support Budget Request Amount: \$3,000 - \$5,000\*

This should be the same amount as requested in the project summary information above in section 2.

*Character Limit: 20*

### Organization Expense Details and Explanations\*

Include the organization expense details and explanations for each budget expense here. Provide a narrative explanation of how your organization will use the essentials support funds. Also, explain how much will be spent on each item. This will become part of your grant contract.

*Character Limit: 1500*

### Equipment Price Quotes (if applicable)

Three price quotes are required for equipment purchases of \$500 or over.

Combine files and upload as one document.

*File Size Limit: 3 MB*

### Equipment Use Plan (if applicable)

Requests from organizations for equipment purchases must include: a detailed plan for the use of the equipment; and a statement certifying they will not sell the equipment without prior ECRAC approval.

*File Size Limit: 1 MB*



## Section 7: Certification

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### Certification\*

Download, read, and complete the ECRAC/ACHF Certification. Upload the signed document here.

FYI - Two separate signers are required. One signer must be an authorizing officer of the board. The other signer must be the grant director.

*File Size Limit: 2 MB*

FYI - To ensure all application files have uploaded and will open properly for reviewers, applicants should use the "[Application Packet](#)" button located at the top of the application. Any file upload error messages will appear on the "[File Attachment Summary](#)" page in the Application Packet.

## Section 8: RAC Data Collection

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### RAC Grant Data Collection\*

These reporting fields are not used in the evaluation of your grant request and are simply used for data collection purposes.

#### Choices

I understand

### Are you a new ECRAC grant applicant?\*

#### Choices

Yes

No

### County\*

Choose the county below in which your organization is located.

#### Choices

Chisago

Isanti

Kanabec

Mille Lacs

Pine

### MN House District\*

MN legislative house district where the applicant is located (Click Here to use the district poll finder).

**Due to redistricting be sure to check Poll Finder for the correct House District**

**Choices**

11B  
15A  
31A  
32A  
32B  
39A

**Congressional District\***

U.S. congressional district where the applicant is located. To be eligible to apply you must live within the five county East Central Minnesota Region which is Congressional District 8.

**Choices**

8

**Special Characteristics (optional)**

**For Organizations:** select the one code that best represents 50% or more of your staff, board, or membership.

**Choices**

D Individuals with Disabilities  
I Individuals in Institutions  
P Individuals below the Poverty Line  
E Individuals with limited English Proficiency  
M Military Veterans/Active Duty Personnel  
Y Youth at Risk  
G No single distinct group makes up more than 25% of the population served  
5 Pre-K, children 5 and under  
99 None of the Above

**Race/Ethnicity (optional)**

**For Organizations:** Please select the option that best represents 50% or more of your staff or board or membership.

**Choices**

N American Indian/Native American  
A Asian  
P Native Hawaiian/Pacific Islander  
B Black/African American  
H Hispanic/Latino  
M Middle Eastern/North African  
W White  
99 when no single group applies (for organizations only)  
O Other

**Age Group**

Select the categories that best represent the age of those benefiting from your project.

**Choices**

- 1 Children/Youth (0 - 18 years)
- 2 Young Adults (19 - 24 years)
- 3 Adults (25 - 64 years)
- 4 Older Adults (65 + years)
- 9 No single age group

**Status\***

Select the one code that best describes the applicant. [Click Here](#) for a list of current **Status** codes. Example, enter "08" for Museum - Art.

**Choices**

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 99

**Institution\***

Select the one code that best describes the applicant. [Click Here](#) for a list of current **Institution** codes. Example, enter "08" for Museum - Art.

**Choices**

- 01
- 02
- 03
- 04
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**Discipline\***

Select one code that best describes the applicant's primary area of interest in the arts. Click Here for a list of current **Discipline** codes. Example, enter "01A" for Dance, ballet.

**Choices**

- 01
- 01A
- 01B
- 01C
- 02
- 02A
- 02B
- 02C
- 02D
- 02E
- 02F
- 02G
- 02H

- 021
- 03
- 03A
- 03B
- 04
- 04A
- 04B
- 04C
- 04D
- 04E
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- 05A
- 05B
- 05D
- 05F
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- 10B
- 10C
- 10D
- 11
- 12A
- 12B
- 12C
- 12D

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**Project Discipline\***

Select one category that best describes the proposed project activity. [Click Here](#) for a list of current Discipline codes.

**Choices**

- 01
- 01A
- 01B
- 01C
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- 02G
- 02H
- 02I
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**Does your proposed project involve a public event?\***

Or, does your proposal include open to the public venue/gallery space?

**Choices**

Yes  
No

**Date(s) of the open to the public event(s).\***

Enter all individual performance or event dates, and/or venue/gallery/business hours, separated by a comma. For example: Fridays and Saturdays at 8:00 p.m., and Sundays at 2:00 p.m. can be entered.

*Character Limit: 250*

**If yes, include the name(s) and address(es) of the event location(s).\***

Or, venue/gallery location information.

*Character Limit: 250*

**Adult Artists Participating\***

Estimated number of adult artists directly involved in or providing art or artistic services specifically identified with grant activities.

*Character Limit: 10*

**Children/Youth Benefiting\***

Estimated number of children and youth under the age of 18 participating in and/or benefiting directly from these grant activities, or included in an audience.

*Character Limit: 10*

**Adult Audience Benefiting\***

Estimated number of adult audience participants benefiting directly from grant activities.

*Character Limit: 10*

**Total Project Expenses\***

*Character Limit: 20*

**Cash Expense of Project\***

This number should be the total amount of the project minus the total amount of any in-kind revenue listed in your budget.

*Character Limit: 20*

**Project In-Kind\***

This number should be the total amount of any in-kind revenue listed in your budget.

*Character Limit: 20*

**Start Date\***

The earliest start date for this grant is July 1.

*Character Limit: 10*

**End Date\***

The latest end date for this grant is June 30.

*Character Limit: 10*

**Counties Impacted\***

Please provide a list of counties (Minnesota only) that will be impacted by this project.

*Character Limit: 500*

**Board Members\***

Please provide a list of Board Members. Enter first and last name only, separated by commas.

*Character Limit: 1000*



FYI - To ensure all application files have uploaded and will open properly for reviewers, applicants should use the "*Application Packet*" button located at the top of the application. Any file upload error messages will appear on the "*File Attachment Summary*" page in the Application Packet.

Contact staff via email at [info@ecrac.org](mailto:info@ecrac.org) or by telephone at 320-591-7031 if you have any questions or concerns regarding your application. If requested early enough in advance of the grant deadline ECRAC staff can review your draft application.

**Thank you for applying! ECRAC Staff wishes you all the best.**