### ACHF Individual Artist Grant

East Central Regional Arts Council

Grant Number\* Character Limit: 15

### Section 1: Individual Artist Certification

Yes = Correct No = Incorrect

I am an individual artist, applying as an individual, not for a group or organization\*

Choices Correct Incorrect

I am at least 18 years of age.\*

Choices Yes No

I am a U.S. citizen, or have attained permanent resident alien status.\* Choices Yes No

I have been an East Central Minnesota/Region 7E permanent resident for a minimum of six months.\*

(Region 7E includes Chisago, Isanti, Kanabec, Mille Lacs, and Pine Counties.)

Choices Yes No

#### I do not have a Misuse of Funds determination with:

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

#### Choices

Yes No

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

And I will not have more than one active ECRAC Individual Artist Grant at a time (not including the Resiliency Grant).

#### Choices

Yes No

# My project is intended for my own personal artistic growth and the focus is the creation of art?\*

Choices

Yes No

#### My project will include one of the following outcomes:\*

- Developing my artistic skills
- Developing my business skills
- Developing and/or using skill for engaging with audiences or communities.

More information regarding outcomes may be found in the Grant Guidelines.

#### Choices

Yes No

# My project does not include expenses incurred prior to the earliest allowable grant start date?\*

Additional information regarding start and end dates can be found in the Grant Guidelines.

Choices

Yes No

# My project will not be used to match other ECRAC funded grants or grant applications.\*

Choices Yes No

#### My project will not include funding for:\*

- new building construction
- purchase of real property
- or, endowment funds.

#### Choices

Yes No

# My project will not include the purchase of alcoholic beverages or to pay associated costs?\*

(servers, insurance, liquor licenses, etc.)

#### Choices

Yes No

I will make all events open and ADA accessible to the general public.\*

Choices Yes No

# In promotion of the project I will use the ECRAC funding credit line, ECRAC logo, and the ACHF logo.\*

Choices Yes No

#### I will track and report all grant related costs.\*

Choices Yes No

# My proposed grant project does not include the following ineligible activities or uses of funds:\*

- activities involving any organization at which I am employed;
- any travel or grant activities taking place outside of Minnesota;
- tuition, fees or work toward any degree;
- translation of literary work not your own;
- development of any curriculum plans, teaching materials or programs. Including those that are intended to be used in the regular course of K-12 or post-secondary employment;
- relocating my legal residence outside Region 7E or Minnesota;
- establishing any type of arts organization;
- self-publication costs;
- activities in which artists are required to pay excessive entry or exhibition fees in order to exhibit or perform;
- payment of debts incurred before the grant start date;

- activities that are essentially for the religious socialization of the participants or audience;
- activities in primary or secondary parochial schools;
- fundraising;
- engaging in terrorism of any kind;
- or activities that attempt to influence any state/federal legislation or appropriation.

#### Choices

Correct Incorrect

#### This application only accepts the following file type(s):\*

- PDF
- Word
- Excel
- MP3

#### Choices

I understand

#### Applicant Certification – Individual Artist Grant Program

My signature below certifies that I meet all of the eligibility requirements listed in the program information, that all of the information contained in this application and its attachments are true and correct to the best of my knowledge, and that I have submitted a complete and eligible application fulfilling all items on the above checklist. I understand that I am not guaranteed funding with this application, or that I may only receive partial funding. I understand that I am solely responsible for the content of the application and that I have read and will follow the grant guidelines linked

herehttps://www.ecrac.org/sites/default/files/ECRAC%20ACHF%20-

<u>%20IND%20ARTIST%20FY%202020-2021%20GUIDELINES\_0.pdf</u>. In addition, I agree that photos, or other samples of my work can be used by ECRAC to publicize my grant (if received) or the ECRAC granting process and that ECRAC may add my email address to the e-newsletter.

### Applicant Signature:\*

Character Limit: 250

#### Signature Date:\*

Character Limit: 10

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

Contact ECRAC staff via email at grantinfo@ecrac.org or by telephone at 320-591-7034 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.

### Section 2: Project Information

Grant Project Title\* Name of Project. *Character Limit: 25* 

Brief Project Description\* Character Limit: 750

If you have attended an ECRAC Grant Workshop, enter date below. (optional/recommended) *Character Limit: 10* 

**Project Start Date\*** See Grant Guidelines, page 11, for start and end date requirements. *Character Limit: 10* 

Project End Date\* Character Limit: 10

### Section 3: Project Funding Request

Grant Amount Requested - up to \$1,000\* From your completed Project Expense Template in Section 6 *Character Limit: 20* 

**Total Project Cost\*** From your completed Project Expense Template in Section 6 *Character Limit: 20* 

# *Section 4: Artistic Work Samples and a Work Sample Description List*

<u>Artistic Work Samples</u> - ECRAC requires applicants to upload artistic work samples. As you select a work sample(s) for submission, remember that artistic excellence is the primary

criteria. It is important that the samples you submit represent your work to its best advantage. In general, the grant reviewers are not looking for a range in abilities. Rather, they look for a cohesive vision for grant recipients. In addition, the ECRAC board requests that your uploaded work samples are 4 years old, or less. If they are not, include an explanation of why in the application. The grant guidelines has a detailed list of acceptable work samples.

Combine samples as needed into documents/files in order to upload. You may also link to a YouTube video in the space provided.

#### **Work Samples**

Read the work sample instructions for requirements on approved work sample information for your art medium. Work samples are required.

File Size Limit: 30 MB

#### Work Sample Description\*

View the work sample instructions for information on what to include in the work sample description.

Character Limit: 1000

Your YouTube or other website address for audio/video (upload #1) Character Limit: 2000

Work Sample Description Character Limit: 1000

Your YouTube or other website address for audio/video (upload #2) Character Limit: 2000

Work Sample Description Character Limit: 1000

Your YouTube or other website address for audio/video (upload #3) Character Limit: 2000

Work Sample Description Character Limit: 1000

### Section 5: Artistic Résumés

Your artistic résumé is required.

If applicable to your project, it is required to include an artistic résumé of your artistic mentor or workshop instructor, information on arts workshops, classes, and/or conferences.

All résumés and additional information should be PDF uploads.

See grant application Guidelines for additional information regarding an artistic résumé.

#### Your Artistic Résumé\*

File Size Limit: 2 MB

#### **Artistic Mentor or Instructor Résumé**

If you will be working with a mentor for this project, the mentor's artistic resume is required. If you will be attending an artistic workshop, the instructor's artistic resume is required. A bio is not sufficient. See sample artistic resume information in the grant guidelines if needed for clarification.

File Size Limit: 2 MB

#### Class, Conference, and/or Workshop Information

If you are proposing to attend a class, workshop, and/or conference, the description and agenda is required. If the session you propose attending does not have the details available include the past year's information. You may contact ECRAC staff if clarification is needed.

File Size Limit: 2 MB

#### Additional Résumé

For example: If you are working with more than one mentor/instructor include the artistic resume here.

File Size Limit: 2 MB

### Section 6: Project Description, Budget, and Outcome Evaluation

#### Summary of Your Project

Describe the arts project for which you are requesting grant funds. Keep in mind that the Arts and Cultural Heritage Funds can only support activities that address the three key areas of: Arts and Arts Access, Arts Education, and Arts and Cultural Heritage. Refer to the definitions in the grant guidelines and instructions. All grant proposal activities should be in only one primary key area.

Include descriptions of all activities involved in completing the project:

- date(s);
- location(s);
- workshop(s);
- other training;

- number of performances;
- name(s) of artist mentor(s);
- define your community served,
- and how you will demonstrate equity and inclusion for the grant project in the community served,
- and any other information that will help the Arts Council understand your project.

# Also, explain here your required open to the public event, including the date(s) and location(s).\*

If you would rather work with ECRAC staff on your open to the public component of the project state here what your vision is for that. If funded ECRAC staff will work with you on scheduling the event.

Character Limit: 5000

#### **Publicity and Promotion Plan\***

Detail here how you will provide promotion and publicity for your required open to the public event.

Character Limit: 1500

## How does this proposal instill the arts into your life and your community and public life?\*

The information provided here speaks to the community need criteria of your project.

Character Limit: 750

#### How does this proposal provide a high quality arts experience?\*

The information provided here speaks to the artistic merit criteria of your project. *Character Limit: 750* 

#### How does this proposal give access in Region 7E to a quality arts experience?\*

The information provided here speaks to the artistic merit criteria of your project. *Character Limit: 750* 

# How does this proposal help to develop your knowledge, skills, and understanding of the arts?\*

Character Limit: 750

# How does this proposal help to represent diverse ethnic and cultural arts traditions?

(Optional answer - not applicable if not part of your proposal) *Character Limit: 750* 

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#### Is your open to the public event venue publicly accessible and ADA compliant?\* Choices

Yes No

#### Artistic Merit\*

All ACHF grants must have a heightened sense of artistic merit. Explain how your project will expand your artistic capabilities and the artistic experiences of your audience at the open to the public event. The information provided here speaks to the artistic merit criteria of your project. *Character Limit: 800* 

#### Do you have the ability to accomplish this project?\*

The information provided here speaks to the organizational ability criteria of your project.

Choices Yes No

#### Explain why or why not.\*

Character Limit: 750

#### **Previous Grant History\***

List all grant funded projects you have received in the past three years. If none, please describe any grant funded projects you have provided organizational support for. The information provided here speaks to the organizational ability criteria of your project.

Character Limit: 1000

#### **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 proposals.

#### You must include outcome evaluation costs in your project expense template.

#### **Project Outcomes\***

Choose only one outcome that best fits your project.

#### Choices

Developing your artistic skills Developing your business skills Developing and/or using skills for engaging with audiences or communities

#### **Outcome Evaluation Method\***

What kinds of data or information will you gather?

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- 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\***

What kinds of methods do you anticipate using to document your project outcome? Choose all that apply.

#### Choices

Making structured observations during project activities Self surveys regarding my knowledge and skills before and after the project Audience surveys of my public event Having audience members describe their own impressions during my public event Having my mentor review/critique the project

#### Project Budget Details\*

Download, complete and then upload the Project Budget Template here.

File Size Limit: 2 MB

#### **Project Expense Details and Explanations\***

Describe your project expense details and explanations for each of your budget line items here. <u>For example</u>, if your total amount of supplies/materials is \$200 your explanations could look like:

• supplies/materials: paint \$50, brushes \$10, canvas \$40, frames \$100 = \$200

Do this for each line item. Note: these are not for profit grant projects. If the budget shows a profit, or appears to be a fundraiser, the application is ineligible.

Round all amounts to the nearest dollar.

Character Limit: 3000

#### **Project Income Details and Explanations\***

Describe your project income details and explanations for each of your budget line items here. <u>For example</u>, if your total amount of earned income is \$300 your explanations could look like:

• earned income: sale of 3 paintings during the project at \$100 each = \$300

Do this for each line item. Note: these are not for profit grant projects. If the budget shows a profit, or appears to be a fundraiser, the application is ineligible.

Round all amounts to the nearest dollar.

Character Limit: 1500

#### **Equipment Purchase**

If your project includes the purchase of a piece of equipment totaling more than \$500 you are required to include three separate price quotes. One of these quotes needs to be from a Minnesota based vendor. Include each quote in the upload links provided below. The lowest amount need not be selected.

Describe here which quote you have chosen, and why.

Character Limit: 1000

Price Quote 1 File Size Limit: 2 MB

Price Quote 2 File Size Limit: 2 MB

Price Quote 3 File Size Limit: 2 MB

#### **Equipment Use Plan**

If your proposal includes the purchase of equipment \$500 or more you also need to submit an *Equipment Use Plan*, signed by you, and certifying you will not sell the equipment without prior ECRAC approval. If applicable to your project, upload your *Equipment Use Plan* here. *File Size Limit: 2 MB* 

### Section 7: Regional Arts Council Data Collection

#### **Regional Arts Council 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

#### **Artistic Name**

If you use an artistic name other than your legal name please enter it here.

Character Limit: 200

#### If so, would you like ECRAC to use this artistic name for publicity purposes? Choices

#### Yes

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No

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

Choices Yes No

#### County\*

Choose the county below in which you currently reside.

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 Individuals: select any combination that applies to you.

#### 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

#### Race/Ethnicity (optional)

**For Individuals**: Please select all categories regarding your racial/ethnic characteristics. This information is not made public.

#### **Choices**

N Native American/Alaskan Native A Asian P Native Hawaiian/Other Pacific Islander B Black/African American H Hispanic/Latino M Middle Eastern/North African W White/not Hispanic G No single racial/ethnic group

#### 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. Enter "01" for individual.

Choices

- 01 02 03 04 05
- 06
- 07
- 80
- 09
- 99

#### Institution\*

Select the one code that best describes the applicant. Click Here for a list of current **Institution** codes. Enter "01" for individual.

Choices 01 02

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#### Discipline\*

Select one code that best describes your 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 05 05A 05B 05D 05F 06 06A 06B 06D 06E 06F 06G 07 07A 07B 07C 07D 07E

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#### **Project Discipline\***

Select one category that best describes the proposed grant project activity. Click Here for a list of current discipline codes.

**Choices** 

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#### Does your proposed project involve a public event?\* Choices

Yes No

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

Character Limit: 250

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

Enter all individual event dates separated by a comma.

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 project total cost minus the amount of any in-kind revenue listed in your budget.

Character Limit: 20

#### **Project In-Kind\***

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

Character Limit: 20

#### Start Date\*

The starting date should be approximately one month before your project is to take place or before you have to contract for services. *(This date cannot be before the grant deadline's earliest possible starting date listed in the guidelines.)* 

Character Limit: 10

#### End Date\*

The ending date should be approximately one month after the actual completion date of your project to allow time to close out all aspects of the project before submitting your final report.

Character Limit: 10

#### **Counties Impacted\***

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

Character Limit: 500

Contact staff via email at 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.