ACHF Essentials Support Grant March 1, 2024 Deadline

East Central Regional Arts Council

REGAPP - Grant Number

Character Limit: 10

Application Instructions

BEFORE YOU BEGIN

You will first want to familiarize yourself with basic information about East Central Regional Arts Council grant funding. Please read through the Grant Guidelines before beginning the online application form. The application form includes specific questions which will assist the Regional Arts Council reviewers in determining eligibility, artistic quality & merit, ability, community need, equity & inclusion proposed.

Technical assistance is available for applicants who need advice in developing a grant proposal. The Regional Arts Council also conducts grant workshops that help applicants understand the grantmaking philosophy as well as the process for submitting successful grant applications. Assistance from staff does not imply funding for an application. The content, accuracy, completeness, and merits of the grant proposal are solely the responsibility of the applicant.

TIPS ON COMPLETING THE APPLICATION

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START EARLY! A reasonable amount of planning time should be allowed to develop an application. Grant writing technical assistance is provided by ECRAC staff as requested. The staff person can help you best if you contact them well in advance of the application technical assistance deadline. Assistance from the staff person does not, however, imply that grant funding will be received.

Contact the ECRAC office to determine the availability of funding and which of the grant areas your proposal fits into. The ECRAC Grant Program Officer phone number is: 320-336-0200. The email address is grantinfo@ecrac.org.

Attend an ECRAC Grant Information Session. This is not currently a grant requirement, but it is strongly recommended by the ECRAC Board of Directors.

Read over the application questions and contact the ECRAC if you are unclear about them or the grant review criteria.

Use the online forms provided by ECRAC. The application materials are on the ECRAC website:

https://www.ecrac.org/grants-available

You will have to remain within the specified amount of space for answers. Do not submit additional materials. Additional pages and materials not requested won't be reviewed by the Council or by a grant review panel. Do not mail or email any application-related materials to ECRAC.

Complete and submit your online application before 11:59 p.m. of the deadline date. Applications submitted after this are ineligible.

To be eligible, your application must include ALL required materials. If not, the application can be found ineligible.

Give all people involved in the grant project a copy of the approved grant proposal to ensure agreement.

APPLICATION INSTRUCTIONS – for ESSENTIALS SUPPORT (formerly known as Operating Support)

Best practices and past grant application history indicate successful grant applications are written by organization representatives and/or organization grant writers. ECRAC strongly advises organizations to follow this best practice. Contact ECRAC staff if you have questions concerning this distinction.

File Uploads

You will upload several files. Document uploads must be a MS Word, MS Excel, or PDF document. It is highly recommended that you create your own Application Packet within the grant interface to assure that your documents have uploaded correctly; errors in formatting may have an adverse effect on your application.

Format ALL upload documents as follows unless they are an artwork sample:

- •US Letter paper size (8.5 x 11) in portrait orientation with at least ¾ inch margins
- A text font equivalent to Times 12-point or larger (15 characters per inch)
- •Do not use header and footer fields within your documents

CHECKLIST OF REQUIRED UPLOADS:

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Project Personnel Résumés
Board of Directors
Expense Budget
Income Budget
Organizational Annual Budget (one page)
Signed Certification Page

Use the online forms provided by ECRAC.

Section 1: Organization Eligibility Checklist

Organization Eligibility Checklist -

This checklist is used to help determine an organization's eligibility. Answer all items as they pertain to your organization.

Has no Misuse of Funds determination with:*

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

Choices

Yes, that is correct No, that is incorrect

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

Choices

Yes, that is correct No, that is incorrect

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

Choices

Yes, that is correct No, that is incorrect

Our organization is located in and serves the Region 7E*

East Central Minnesota counties of Chisago, Kanabec, Isanti, Mille Lacs or Pine.

Choices

Yes, that is correct No, that is incorrect

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

Choices

Yes, that is correct No, that is incorrect

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

Choices

Yes, that is correct

No, that is incorrect

Our organization will track and report grant funds appropriately and accurately.*

Choices

Yes, that is correct No, that is incorrect

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, that is correct No, that is incorrect

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, that is correct No, that is incorrect

ECRAC no longer requires organization applicants to submit the following,*

but if the ECRAC Board requires it we will submit the most current:

- IRS letter documenting 501c3 tax exempt status
- yearly 990 or 1023
- or audit report

Choices

I understand

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

- PDF
- Word
- Excel
- MP3
- Jpeg

Choices

I understand

ECRAC Newsletter*

When applying for a grant with ECRAC please note that your email and/or organization email(s) will be added to the ECRAC newsletter mailing list to keep you posted on ECRAC news and updates; unless you have already subscribed, thank you! You can unsubscribe at any time using the Unsubscribe link at the bottom of every email.

Choices

I understand

Section 2: Organization Information

Enter all required organizational information. You no longer need to upload a copy of your organization's IRS Letter of Determination.

The Board Chair/President has overall legal and financial responsibility for all grant requirements; for example, compiling the financial documentation after grant completion, and signing the completed final report form. Include the person's position title, email address, and phone number.

The Grant Director is the person responsible for the day-to-day details of the project. This is the contact person who is knowledgeable about the project and who is available to receive calls, emails, and correspondence. The project director has responsibility for all reporting requirements. For example, writing the final report and compiling the financial documentation after project completion. Include the mailing address and your email and web information for the organization.

The Grant Writer is the person from the applicant organization responsible for writing the grant proposal and needs to ensure that the project director, authorizing officials, and key project personnel are all aware of the grant proposal details. The grant writer should be a representative of the organization applying for funding.

Board Chair/President Name and Title*

Include the person's position title.

Character Limit: 100

Board Chair/President's email address

Character Limit: 100

Board Chair/President's phone number*

Character Limit: 15

Name and Title of Grant Director Regarding Proposal*

Character Limit: 100

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Grant Writer's Name and Title*

Character Limit: 100

Organization's Authorized Signer*

This person cannot be the same as the Project Director.

Character Limit: 30

Authorized Signer's title/role within the Organization*

Character Limit: 30

Organization's Authorized Signer email address*

This email address will be used if the application is approved. The grant contract will be emailed for signature from the organization's authorized signer.

Character Limit: 100

Date of attendance at ECRAC grant information session.

This is optional but highly recommended.

Character Limit: 10

Essentials Support Grant Title*

Enter your organization's name followed by "Essentials Support Grant" here.

Character Limit: 100

Brief Essentials Support Grant Description*

Brief Essentials Support Grant Description – This should be 1-2 sentences in length.

Character Limit: 750

ADULTANNUAL - Total annual adult audience served.*

Estimate the total adult attendance at cultural events/exhibits that your organization produced or presented during all of your most recently completed fiscal year. (EXCLUDING youth attendees).

Character Limit: 10

BEG - 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

END - Grant End Date*

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

Character Limit: 10

FYANNUAL - Organization's Fiscal Year Start and End Dates*

Character Limit: 100

EXPANNUALARTS - 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

REQ - Amount of Grant Request*

(\$3,000 - \$10,000)

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

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 7 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

Enter all information requested. This section will be used to evaluate the impact of your proposal and substantiate the grant review criteria. Any person or volunteer named in the proposal should have a resume included in the upload section.

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

Board Chair Resume*

File Size Limit: 1 MB

Grant Director Resume*

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File Size Limit: 1 MB

Staff Resume(s), if applicable

Combine files into one document, if applicable.

File Size Limit: 4 MB

Job Description(s)

File Size Limit: 4 MB

Describe the governing body of your organization.*

Character Limit: 1000

Attach a list of your board members.*

Include their address, profession, organizational affiliation and/or area of expertise.

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

Grant Program Outcomes

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It is important for grantees to understand that funding for this program comes from the Arts and Cultural Heritage Fund (ACHF), a fund created by the people of Minnesota to support the arts. Because our fellow citizens have made this commitment, we have an obligation to be intentional about arts projects: the outcomes, impacts and results, and the community benefits. Therefore, outcomes and outcome evaluation are an important part of the funding proposal; in fact, they are a legislatively mandated requirement.

ECRAC's very broad ACHF outcomes are: 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; and people make connections to ideas, organizations, or one another.

Below you will: choose the majority of the people you plan to serve with this project. You will then decide which of ECRAC's broad outcome areas best describes the kind of change you expect from your project. Lastly you will identify your project's specific outcome, the changes you expect to see in the people to be served by the project.

Be sure to include the costs of the outcome evaluation in your budget as a grant funded expense!

You may reference the grant guidelines if needed.

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

MEASUREPROP - Measurable Outcomes*

Sometimes thinking about different kinds of possible changes or effects can help us connect a grant maker'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

What kinds of specific changes do you expect to see in the people to be served by this project?*

Having your own specific outcome in mind for your proposed grant project means that the people you serve are supposed to be different in some way as a result of this project. Below you will identify what kinds of specific changes or effects you expect to see in the people to be served by this grant 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

During and after the grant project activities you will have to evaluate your grant project outcome. Here, you will describe the outcome evaluation planned for your project. You will provide either quantitative or qualitative measurements or both. When funded, your grant final report must include a summary of these evaluation results.

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. 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

MEASUREEVAL - 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

The funding amount for ECRAC Essentials Support Grants is \$3,000 to \$10,000. Matching funds are not a requirement of the program at this time. Enter the amount of grant you are requesting and it should be the same amount as request in the project summary information.

Organization Expense Details and Explanations - In narrative form, describe specifically what allowable expenses your organization is proposing and how much will be spent on each. These items and amounts will become part of your grant contract. All grant funded expense items should be explained in detail here.

Equipment Price Quotes and Equipment Use Plan, if applicable - Three price quotes are required for equipment purchases of \$500 or over. One quote should be from a Minnesota vendor. Upload the quotes as a pdf. In addition, requests from organizations for equipment purchases must include a detailed plan for the use of the equipment with a statement certifying they will not sell the equipment without prior ECRAC approval. Upload the plan and certification as a pdf here.

Operating Support Budget Request Amount: \$3,000 - \$10,000*

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

Character Limit: 20

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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. For example: if funds will be used towards utilities, explain which utilities and how much for each. This will become part of your grant contract.

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

Equipment Price Quotes (if applicable)

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

Combine files and upload the quotes as one document here.

File Size Limit: 3 MB

Equipment Use Plan (if applicable)

Grant requests from organizations for project equipment purchases of \$500 or more must also include: a detailed plan for the use of the equipment; and a statement certifying they will not sell the equipment without prior ECRAC approval and that you understand ECRAC may use a UCC filing. If you need assistance drafting an equipment use plan, contact ECRAC Staff at 320-336-0200 or grantinfo@ecrac.org.

File Size Limit: 1 MB

Section 7: Certification

Certification*

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Your organization must certify that your board of directors supports this application, that it is accurate, and that you will carry out the activities as described in the proposal and will follow the ECRAC ACHF Essentials Support grant guidelines if it is funded.

Two signatures are required; one signer must be an authorizing board officer. One signature is the project director. Complete the certification form and upload it to application with original signatures, certified electronic signatures are acceptable.

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

File Size Limit: 2 MB

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 staff via email at grantinfo@ecrac.org or by telephone at 320-336-0200 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 8: RAC Data Collection

RAC Grant Data Collection*

The information in this section is not used in the evaluation of your grant request and is simply used for data collection purposes. All information in this section is required unless otherwise noted.

Choices

Lunderstand

Are you a new ECRAC grant applicant?*

Choices

Yes

No

Does your organization go by any other names when promoting projects?

Or, if your organization uses a name other than the legal name, or is known by any other name, please enter it here.

Character Limit: 30

If so, would you like ECRAC to use the above organization name for publicity purposes?

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

10A

10B

11A

11B

27B 28A

28B

31B

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

CHR - 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

R Multiracial or Biracial

99 when no single group applies (for organizations only)

O Other

CHROTH - Special Characteristics (optional)

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

Choices

I - Disability

- S Older than 65
- V Veteran
- A Adult (25-64 years)
- Y Young adult (19-24 years)
- 99 None of the above

PCHR - Population to Benefit by race/ethnicity

This includes people participating such as audience members or class participants. DO include artists or organization staff who are benefiting from the project, e.g., receiving professional development. DO NOT include artists or staff members who are providing programming or services, e.g., teaching artists.

Select all categories that, by your best estimate, will make up 25% or more of the population that may directly benefitted from the award during the grant period.

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 makes up more than 25% of the population

PCHRAGE - 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)

99 No single age group

PCHROTH - Population to benefit by distinct groups

Select all categories that, by your best estimate, will make up 25% or more of the population that will directly benefit from the award during the grant period for grant activities only.

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

5 PreK, children 5 and under

G No single distinct group made up more than 25% of the population.

STAT - 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

INST - 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

DIS1 - 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

51 99

01A

01B

01C

02

02A

02B

02C

02D 02E

02F

02G

UZG

02H 02I

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

07F

07G

07H

071

80

09

09A

09B

09C

09D

09E 10

10A

10B

10C

10D

11

12A 12B

12C

12D

13

14

15

PDIS1 - 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

02

UZ

02A 02B

02C

02D

0_0

02E

02F

02G

02H

02I 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

07F

07G

07H

071

80

09

09A

09B

09C

09D

09E

10

10A

10, (

10B

10C

10D

11

12A

12B

12C

12D

13

14

15

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

ART - 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

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ADULT - Adult Audience Benefiting*

Estimated number of adult audience participants benefiting directly from grant activities. Include for in-person activities only.

Character Limit: 10

ADULTONLINE - Adult Audience Benefiting Online*

Estimated number of adult audience participants benefiting directly from grant activities. Include for online activities only.

Character Limit: 10

YOUTH - Children/Youth Benefiting*

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

Character Limit: 10

YOUTHONLINE - Children/Youth Benefiting Online*

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

Character Limit: 10

YOUTHANNUAL - Total annual youth served.*

Estimate the total attendance by youth ages 18 and below at cultural events/exhibits that your organization produced or presented during all of your most recently completed fiscal year.

Character Limit: 10

EXP - 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

INK - Project In-Kind*

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

Character Limit: 20

COUNTIES - Counties Impacted*

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

Character Limit: 500

GRANTEE BOARD - Board Members*

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

Character Limit: 1000

ADDITIONAL APPLICATION COMMENTS

Applications are public documents. DO NOT submit information with private personal

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information such as social security numbers or other non-public information.

Applicants are responsible for ensuring that their proposal application is submitted correctly, including uploads. ECRAC staff can provide technical assistance if needed but assistance does not imply that your project will be funded.

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</u> <u>Summary</u>" page in the Application Packet.

Contact staff via email at grantinfo@ecrac.org or by telephone at 320-336-0200 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.