

# ACHF Organization Grant

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*East Central Regional Arts Council*

**Grant Number\***

*Character Limit: 15*

## *Organization Information*

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**Project Director:\***

*Character Limit: 250*

**Project Director Title\***

*Character Limit: 250*

**Project Director Email Address\***

*Character Limit: 250*

**Project Director Phone Number (day):\***

*Character Limit: 250*

**Grant Writer:\***

*Character Limit: 250*

**Grant Writer Title\***

*Character Limit: 250*

**Organization's Authorized Signer\***

This person cannot be the same as the Project Director.

*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*

**Our group/organization:**

Yes = Correct

No = Incorrect

**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

**Is incorporated as a nonprofit or is a unit of government or ISD\***

or has an official fiscal agent agreement with a nonprofit, unit of government, or independent school district (ISD).

**Choices**

Yes

No

**Is located in and serves the counties of:\***

Chisago, Kanabec, Isanti, Mille Lacs or Pine.

**Choices**

Yes

No

**Has three or more members.\***

**Choices**

Yes

No

**The project will not include any of the activities not funded by ECRAC.\***

Activities not funded by ECRAC may be referenced in the grant guidelines on pages 17-18. An example of an activity not funded by ECRAC includes: any travel costs outside of Minnesota. You may engage an out-of-state artist within your project, but their travel expense to get to or from Minnesota cannot be included in the request.

**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

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

- PDF
- Word
- Excel
- MP3

### Choices

I understand

**ECRAC no longer requires organization applicants to submit the following:\***

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

### Choices

I understand

## *Fiscal Sponsor Information, If Applicable*

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**\*If your group is not using a fiscal sponsor, the following section will be blank.\***

### Fiscal Sponsor Agreement

A sample Fiscal Sponsor Agreement, if needed, can be found on page 27 of the Grant Guidelines. For additional information on fiscal sponsorship click [here](#).

*File Size Limit: 2 MB*

### Fiscal Sponsor Organization Name:

*Character Limit: 250*

### Fiscal Sponsor Mailing Address:

*Character Limit: 250*

### Fiscal Sponsor City:

*Character Limit: 250*

### Fiscal Sponsor State:

*Character Limit: 50*

### Fiscal Sponsor Zip Code:

*Character Limit: 250*

**Fiscal Sponsor Contact Person:**

Must be an authorizing official of the sponsor organization.

*Character Limit: 250*

**Fiscal Sponsor Contact Person Title:**

*Character Limit: 250*

**Fiscal Sponsor Contact Person Phone Number (day):**

*Character Limit: 250*

**Fiscal Sponsor Contact Person Email Address:**

*Character Limit: 250*

**Fiscal Sponsor Tax Exempt Number (EIN):**

*Character Limit: 250*

## *Project Summary Information*

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**Grant Project Title\***

*Character Limit: 30*

**Brief Project Description:\***

*Character Limit: 750*

**Project Start Date:\***

See Grant Guidelines, page 12, for start and end date requirements.

*Character Limit: 10*

**Project End Date:\***

*Character Limit: 10*

**Grant Amount Requested - \$5,000 to \$15,000\***

From your completed Project Expense Template.

*Character Limit: 20*

**Total Project Cost\***

From your completed Project Expense Template.

*Character Limit: 20*

**Date of grant writer and project director attendance at ECRAC grant information session.**

This is optional but highly recommended.

*Character Limit: 250*

**Is your project's venue publicly accessible and ADA compliant?\*****Choices**

Yes

No

**In the proposed project, \***

your organization will not include travel expenses or activities that do not take place in MN.

**Choices**

Yes

No

**In the proposed project, \***

your organization will not include expenses to purchase alcoholic beverages or to pay associated costs (servers, insurance, liquor licenses, etc.).

**Choices**

Yes

No

## *Request Narrative and Summary of Proposal*

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**Detailed Project Summary\***

Include descriptions of all activities involved in completing the proposed project:

- date(s),
- location(s),
- workshops or other training,
- number of performances,
- names of staff, artists or companies,
- your required open to the public event,
- define your community served,
- 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.

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 ACHF Grant Guidelines for further detail.

*Character Limit: 5000*

## Project Schedule

If you have a project schedule upload it here. For example, if your project includes multiple classes/events, a schedule with dates, times and locations is appropriate to include with your application.

*File Size Limit: 2 MB*

## Project Impact Evaluation\*

How does this project:

- instill the arts into your community and public life?
- provide a high quality arts experience?
- give access in Region 7E to a quality arts experience?
- help to develop knowledge, skills and understanding of the arts?
- help to represent diverse, ethnic and cultural arts traditions, if applicable?

*Character Limit: 1200*

## Promotion and Publicity Plan\*

Detail here how your organization will provide promotion and publicity for the project. Include specific media and costs.

*Character Limit: 1000*

## Artistic Merit\*

All ACHF grants must have a heightened sense of artistic merit. Explain how your project will expand both your organization's artistic capabilities and the artistic experiences of your audience.

*Character Limit: 1200*

## Why did you select the artist(s) or artist companies participating in this project?\*

*Character Limit: 3000*

**All artists mentioned must have an artistic résumé. Upload all artistic résumés here.\***

*File Size Limit: 4 MB*

**Artistic Work Samples** - ECRAC allows organization 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 artists 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 Sample upload

Use this upload if you have visual or written work samples.

*File Size Limit: 22 MB*

### Work Sample Description

*Character Limit: 1000*

### YouTube or other website address for audio/video

*Character Limit: 2000*

### Work Sample Description

*Character Limit: 1000*

### YouTube or other website address for audio/video

*Character Limit: 2000*

### Work Sample Description

*Character Limit: 1000*

### YouTube or other website address for audio/video

*Character Limit: 2000*

### Work Sample Description

*Character Limit: 1000*

### Organizational Ability\*

What year was your organization started?

*Character Limit: 10*

### Artistic Mission\*

Briefly describe the artistic mission of your organization. How will the proposed project help your organization fulfill that mission? If yours is not an art organization, please explain your artistic mission for this project. How will this project advance your organizations mission?

*Character Limit: 1000*

### Describe the governing body of your organization.\*

*Character Limit: 500*

**Attach a list of your board members.\***

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

**New!** ECRAC strongly recommends you add an advisory committee member list to the Board Member list if there is one and/or if none of the Board Members are Region 7E residents.

*File Size Limit: 2 MB*

**Explain how your organization is staffed.\***

*Character Limit: 450*

**Summarize the qualifications of the Project Director.\***

*Character Limit: 500*

**Attach Project Director work résumé.\***

*File Size Limit: 2 MB*

**Describe the project planning process and who was involved.\***

*Character Limit: 1500*

**Additional work resumes**

Any staff person mentioned for the project must have a work résumé included with the proposal. Combine all documents into one file and upload below.

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

*Character Limit: 400*

**List all ECRAC funded projects your organization has had in the past three years.\***

Include the year and the amount funded.

*Character Limit: 2000*

**Repeat Grant Project Information**

If your organization received grant support from the East Central Regional Arts Council in one or more of the past three fiscal years, please answer the following:

- How does this project differ from the past funded projects?
- Is it more challenging, original, or a change in direction from past projects?
- Explain how your project will expand your organization's artistic capabilities and the artistic experiences of your audience.

Repeat grant projects must have a heightened sense of artistic merit. If you are not a repeat grantee reply here with not applicable.

*Character Limit: 1000*



## *Outcome Evaluation*

### **Outcome Evaluation Plan**

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.

### **You must include outcome evaluation costs in your budget expenses.**

Refer to the **Grant Guidelines** pages 7-9.

### **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

### **Which of these broad areas best describes the kind of change you expect from your project?\***

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.

#### **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 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.

### 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. 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

## Project Budget

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**Submit your organization's current year annual budget as a supplement to this project's budget.\***

*File Size Limit: 2 MB*

### Project Budget Details\*

Please download, complete and upload the Project Budget Template here. For details see pages 22-24 in the guidelines.

*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. For example, if your total amount of artists fees is \$3,000, your explanation would look like:

- artists fees: ABC Band \$1,500, XYZ Band \$1,500 = \$3,000.

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: 5000*

### Project Income Details and Explanations\*

Describe your project income details and explanations for each of your budget line items here. For example, if your total amount of earned income is \$1,000, your explanation could look like:

- earned income: sale of 100 tickets at \$10 each = \$1,000

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

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. Additional information can be found in the ACHF Grant Guidelines.

*File Size Limit: 2 MB*

## Amount of ECRAC/ACHF Grant Request:\*

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

*Character Limit: 20*

## ECRAC/ACHF 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 or the fiscal sponsor organization. The other signer must be the project director. Please note: electronic signatures are accepted.

*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.

Contact staff via email at [grantinfo@ecrac.org](mailto: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.

## *Regional Arts Council Data Collection*

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### **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

### **Are you a new 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/Alaskan Native

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

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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51  
99

### 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  
02I  
03  
03A  
03B  
04  
04A



04B  
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10C  
10D  
11  
12A  
12B  
12C  
12D  
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14  
15

## 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  
02A  
02B  
02C  
02D  
02E  
02F  
02G  
02H  
02I  
03  
03A  
03B  
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04A  
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04C  
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12A  
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12D  
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15

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

**Choices**

Yes

No

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

Enter all individual event dates separated by a comma.

*Character Limit: 250*

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

*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 Organization Expenses\***

List the total organization expenses for the most recently completed fiscal year.

*Character Limit: 20*

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

Or Department Budget if you are at a school or unit of Government.

*Character Limit: 20*

### **Fiscal Year\***

What is the organizations fiscal year used in the above question?

*Character Limit: 4*

### **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*

### **Full Time Equivalents (FTE) to be funded:\***

For project grants ECRAC expects this to be zero.

*Character Limit: 10*

### **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*

### **Board Members\***

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

*Character Limit: 1000*

Contact staff via email at [grantinfo@ecrac.org](mailto: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.

Thank you for applying! ECRAC staff wishes you all the best.

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