

# Annual Grant Program Application

Madison Arts Commission  
City of Madison Department of Planning and  
Community and Economic Development  
Planning Division  
215 Martin Luther King, Jr. Blvd., Suite LL-100  
P.O. Box 2985, Madison WI 53701-2985  
Phone: (608) 261-9134  
Fax: (608) 267-8739  
[www.cityofmadison.com/mac](http://www.cityofmadison.com/mac)



Choose one:  Project (Deadline: **MARCH 15**)  
 ArtWORKS! (Deadline: **MARCH 15**)  
 Signature (Deadline: **OCTOBER 15**)

Choose one:  Organization  
 Individual

**PLEASE PRINT/TYPE**

NAME OF INDIVIDUAL ARTIST OR ORGANIZATION (PLEASE PROVIDE FULL LEGAL BUSINESS NAME: MADISON THEATER GROUP, INC.)

If the applicant is not an individual artist, please indicate how your group is organized: (*Note: 501(c)(3) status does not answer this question - please consult your organization's leadership to determine the status of your group and the complete, legal name under which you would execute a contract with the City of Madison, should you be awarded this grant.*)

Corporation (Inc, Corp., Co., etc., including Non-Profit Corporations)       Unincorporated Association  
 Limited Liability Company (LLC)       Sole Proprietor d/b/a \_\_\_\_\_  
 Limited Liability Partnership (LLP)       Partnership       Other: \_\_\_\_\_

PROJECT TITLE

ESTIMATED TOTAL COST      MAC REQUEST

START DATE      END DATE      NUMBER OF PROJECT PARTICIPANTS      ANTICIPATED SIZE OF AUDIENCE

ALDERPERSON'S NAME AND DISTRICT NUMBER (WHERE PROJECT WILL OCCUR). VISIT [WWW.CITYOFMADISON.COM/CLERK/ELECTIONWHO.CFM](http://WWW.CITYOFMADISON.COM/CLERK/ELECTIONWHO.CFM) FOR ASSISTANCE.

**IN THE SPACE PROVIDED, BRIEFLY DESCRIBE YOUR PROJECT:**

ORGANIZATION APPLICANT		
FISCAL AGENT/RECEIVER (i.e., Board of Regents of UW System, Arts WI)		
CONTACT PERSON FOR FISCAL AGENT		
BUSINESS ADDRESS FOR FISCAL AGENT		
CITY	STATE	ZIP CODE
PROJECT CONTACT		
BUSINESS PHONE / E -MAIL ADDRESS FOR PROJECT CONTACT		
DATE ORGANIZATION RECEIVED FEDERAL TAX-EXEMPT STATUS UNDER SEC. 501(C)(3) OF THE IRS CODE		
FEDERAL TAX ID NUMBER		

INDIVIDUAL APPLICANT		
NAME		
STREET ADDRESS		
MAILING ADDRESS (IF DIFFERENT)		
CITY	STATE	ZIP CODE
TELEPHONE (DAYS)		
E-MAIL ADDRESS		

APPLICANT NAME/ORGANIZATION \_\_\_\_\_

\$ \_\_\_\_\_  
TOTAL REQUESTED FROM MAC

## PROPOSED BUDGET FOR MADISON ARTS COMMISSION GRANT

### PROJECT EXPENSES

Applicants may attach budget details **IN ADDITION** to this completed form. (Check box  if MAC funds will support the expense listed.)

In-Kind Expenses - Must Equal In-Kind Income (def bottom of p.3*)		Amount
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<b>TOTAL</b>		

Supplies/Materials		Amount
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<b>TOTAL</b>		

Publicity/Postage		Amount
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<b>TOTAL</b>		

Services/Fees/Rentals		Amount
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<b>TOTAL</b>		

Honoraria/Personnel		Amount
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<b>TOTAL</b>		

Travel/Other Expenses		Amount
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<b>TOTAL</b>		

<b>Total Expenses MUST Equal Total Income on PAGE 3</b>	<b>GRAND TOTAL</b>	
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**PROJECT INCOME**

In-Kind Contributions - Must Equal In-Kind Expenses (item, source, amount)*	Amount
<b>TOTAL</b>	

Committed Funds (donor and amount)	Amount
<b>TOTAL</b>	

Anticipated Funding (donor and amount)	Amount
<b>TOTAL</b>	

<b>MAC Grant Funds Request</b>	<b>TOTAL</b>
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<b>Total Income MUST Equal Expenses Total from PAGE 2</b>	<b>GRAND TOTAL</b>
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*\*INKIND is defined as non-cash donations of goods and services such as labor, facilities, or equipment to carry out a project. Typically, skilled or professional labor can be valued at the prevailing rate that the individual making the donation has a record of receiving in the field. For example Grantee X counts donation of Venue Y at Venue Y's normal rental rate and the donation of their set designer at the designer's average wage of \$17.00 per hour X the number of hours they will work on the project. If audited, these amounts could be verified, by showing the posted rental agreement for Venue Y and previous pay stub of the set designer.*

**Nondiscrimination Based on Disability.** Applicant shall comply with Section 39.05, Madison General Ordinances, Nondiscrimination Based on Disability in City-Assisted Programs and Activities. Under section 39.05(7) of the Madison General Ordinances, no City financial assistance shall be granted unless an Assurance of Compliance with Sec. 39.05 is provided by the applicant or recipient, prior to the granting of the City financial assistance.

**Applicant hereby makes the following assurances:** Applicant assures and certifies that it will comply with section 39.05 of the Madison General Ordinances, entitled "Nondiscrimination Based on Disability in City Facilities and City-Assisted Programs and Activities," and agrees to ensure that any subcontractor who performs any part of this agreement complies with sec. 39.05, where applicable, including all actions prohibited under section 39.05(4), MGO.

**NARRATIVE**

Use standard type (11 or 12 pt.), not a reduced typeface. **(2 full pages maximum - please attach.)**

- Describe your project, including its location and timeline for completion.
- Explain the project's goal, planning process and principal people involved.
- Who is your targeted audience? How will the project serve your targeted audience?
- How will people find out about your project?
- How will getting this grant contribute to you or your organization's artistic goals?

**THE FOLLOWING MUST BE SUBMITTED BY ALL APPLICANTS**

- All applicants **MUST** contact the Arts Program Administrator prior to submittal to discuss their application.
- One completed original (**application includes narrative pages**)
- Twelve (12) collated 3-hole punched copies of completed application form, including narrative and letters of support (relevant to the project). Please do not staple.
- One complete set of attachments:
  - Labeled CD containing digital version of the narrative  
(Contact the art administrator if you have technical limitations.)
  - Resumes of key personnel
  - Work Samples:       DVDs and CDs must be labeled. (These materials will not be returned.)  
DVD selections must be no longer than five-minutes. Please provide the time cue for the beginning of the selection.  
CD with digital images (maximum 5); jpeg format, 200 dpi, maximum 600 x 800 pixels, presented on a PC compatible CD-ROM. Name files and number images.  
Applicants who wish to include slide, VHS tape or audio tape submissions, please contact the Arts Program Administrator.

**ORGANIZATIONAL APPLICANTS MUST INCLUDE THE FOLLOWING ADDITIONAL INFORMATION:**

- Description of organization or mission statement
- Organizational budget for the year in which the project is taking place
- IRS tax-exempt status letter
- Listing of current board members and staff for the project

**~ LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED ~**

All application materials must be received by the deadline. If the deadline falls on a weekend, your application must be received in the Madison Arts Commission office by 4:30 p.m. the following Monday.

Application Mailing Address:   Madison Arts Commission  
  P.O. Box 2985  
  Madison, WI 53701-2985

Application Delivery Address:   Madison Arts Commission  
  Department of Planning and Community and Economic Development  
  215 Martin Luther King, Jr. Blvd., Suite LL-100  
  Madison, WI 53703

Contact:                   Karin Wolf, Arts Program Administrator  
                                  [madisonarts@cityofmadison.com](mailto:madisonarts@cityofmadison.com)  
                                  (608) 261-9134