



Madison Arts Commission | 2023-2024 Annual Grants Application

The Madison Arts Commission is seeking proposals for their 2023-2024 annual grant cycle.

ABOUT

The Madison Arts Commission's (MAC) mission is to foster arts appreciation by initiating partnerships, developing new audiences, and sponsoring diverse artistic activities by emerging and established artists and arts organizations while preserving Madison's rich artistic tradition. The MAC Grants Program distributes funds to Madison artists and nonprofit arts organizations through the annual grant programs. MAC is an 11-member citizen commission appointed by the Mayor to advise the City about matters of arts and culture.

There are three annual grant categories: project (\$1,000 - \$5,000 grants), legacy (\$1,500 grants), and individual fellowship (\$1,000 - \$2,000 grants). Applicants may only submit one application per year for one of the three categories.

GUIDELINES

All grants use the same guidelines & application. Read the guidelines in full prior to preparing your application:
XXXXXXXXXX

TIMELINE

- Application deadline: March 15, 2023 by 11:59 PM
- MAC reviews applicants: April, 2023
- Notified of Madison Arts Commission recommendation to Common Council: May, 2023
- Contracts sent to recipients: Late May, 2023
- Grant period: June 1, 2023 - May 31, 2024.

ELIGIBILITY

See each grant description in the guidelines for specific eligibility. In general, MAC funds:

- Individuals who are residents of the City of Madison.
- Nonprofits registered to an address in the City of Madison who can present proof of their federal tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

If you need an interpreter, translator, materials in alternate formats or other accommodations to access this information, please call (608) 266-4807 immediately.

Si necesita un intérprete, traductor, algún material en otro formato u otras adaptaciones para acceder a esta información, llame al (608) 266-4807 de inmediato.

Yog tias koj xav tau ib tug neeg txhais lus, tus neeg txhais ntawv, los sis xav tau cov ntaub ntawv ua lwm hom ntawv los sis lwm cov kev pab kom paub txog cov lus qhia no, thov hu rau (608) 266-4807 tam sim no.

如果您获取此类信息时需要口译人员、翻译人员、不同格式的材料, (608) 266-4807

Are you applying as an individual or an organization? *

☒ Individual

SECTION 1: ABOUT THE APPLICANT

Name *

This does not need to be your legal name. However, if you are awarded a grant, we may need your legal name for tax purposes.

Does the name above match your legal name? *

- ☐ Yes, the name above matches my legal name
- ☐ No, the name above does not match my legal name

Pronouns

Street Address *

City *

State *

Zip *

Email Address *

Phone Number *

Website

In the last 6 years have you or your organization received City funding? *

- ☒ Yes, I/we have received funding from the City of Madison
- ☐ No, I/we have not received funding from the City of Madison

Please list the year, project, and amount of funding you have received from the City of Madison in the last 6 years. *

SECTION 2: FISCAL AGENT

Will you be using a fiscal agent? *

A fiscal agent (also called a fiscal receiver) is a 501(c)(3) organization that accepts grant funds on behalf of another organization or individual.

- ☒ Yes, I will use a fiscal agent
- ☐ No, I will not use a fiscal agent

Name of Organization Serving as Fiscal Agent *

Contact Person for Fiscal Agent *

Email of Fiscal Agent *

Phone Number of Fiscal Agent

Address of Fiscal Agent *

City of Fiscal Agent *

Zip Code of Fiscal Agent *

SECTION 3: ABOUT THE PROJECT

Which grant are you applying for? *

Review the grant guidelines linked above if you are unsure of which grant to apply for.

- ☐ Project Grant
- ☐ Legacy Grant
- ☐ Individual Fellowship

Artistic Category *

Select one or more categories that apply to your project

- ☐ Arts Education
- ☐ Festival
- ☐ Dance
- ☐ Music
- ☐ Visual
- ☐ Theater
- ☐ Other

Project Title *

Brief Project Description *

1-2 sentences for promotional purposes.

Project Start Date *

If your project runs on multiple dates, select the span for the events, with start date being the first event and end date being the last.

Project End Date *

If your project runs on multiple dates, select the span for the events, with start date being the first event and end date being the last.

In which Alder District(s) will the project occur? *

Check all that apply. Use this map to determine the appropriate district:

<https://www.cityofmadison.com/council/councilmembers/map.cfm>

- ☐ District 1
- ☐ District 2
- ☐ District 3
- ☐ District 4
- ☐ District 5
- ☐ District 6
- ☐ District 7
- ☐ District 8
- ☐ District 9
- ☐ District 10
- ☐ District 11
- ☐ District 12
- ☐ District 13

- ☐ District 14
- ☐ District 15
- ☐ District 16
- ☐ District 17
- ☐ District 18
- ☐ District 19
- ☐ District 20

Estimated Total Project Cost *

Enter total project cost in dollars

Grant Request from MAC *

Enter total grant request in dollars. See grant guidelines for maximum request amounts.

What format is your Project Narrative? *

- ☐ Video (URL)
- ☒ Written document (PDF)

A. Project Narrative *

PDF files only. 1000 words maximum. Title the file
A_narrative_ApplicantName.pdf
Please see guidelines for recommendations.

 Drop files here

B. Project Budget *

You must use the provided budget template found in the grant guidelines.
Title the file B_budget_ApplicantName.pdf

 Drop files here

C. Letters of Support *

PDF files only. 3 letters maximum. Title the file C_letters_ApplicantName.pdf

 Drop files here

D. Resumes of Key Personnel *

PDF files only. Title the file D_resumes_ApplicantName.pdf

 Drop files here

What format are your Work Samples? *

Select all that apply

- ☒ Images (JPG)
- ☒ Video (URL)
- ☐ Written document (PDF)

E. Work Samples *

Written documents should be PDFs. Images should be JPG files at 200 dpi, 800-1200 px in largest dimension. Please keep files to less than 10 MB. Title the files E_worksample1_ApplicantName.jpg/pdf, etc.)

⬇ Drop files here

E. Video Work Samples

5 minutes max, submit URLs below

F. Work Sample List *

List corresponding to work samples submitted, including sample number, year, title, size/duration, media. Title the file F_imagelist_ApplicantName.pdf

⬇ Drop files here

G. Tax Exemption Determination Letter from the IRS

For your organization or your fiscal receiver. Title the file G_Tax_ApplicantName.pdf).

⬇ Drop files here

SECTION 4: DEMOGRAPHICS

In order to distribute grant funding equitably, we are requesting demographic information from applicants. Organizations should submit based on their entire organization (including Board membership & staff). Individuals should self-report.

Ethnicity

Optional (organizations - check all that apply to your staff and board)

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Prefer not to answer

Race

Optional (organizations - check all that apply to your staff and board)

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ White
- ☐ Multiracial
- ☐ A race not listed
- ☐ Prefer not to answer

Gender

Optional (organizations - check all that apply to your staff and board)

- ☐ Woman
- ☐ Man
- ☐ Non/3rd/Genderqueer
- ☐ Trans
- ☐ A gender not listed
- ☐ Prefer not to answer

Age

Optional (organizations - check all that apply to your staff and board)

- ☐ Less than 25
- ☐ 25-40
- ☐ 41-59
- ☐ 60+

☐ Prefer not to answer

SECTION 5: APPLICATION TERMS & AGREEMENTS

Guidelines *

By checking below, I confirm have read the application guidelines and will comply with all requirements including file naming conventions.

☐

Intent to Apply Email *

By checking below, I confirm that I emailed madisonarts@cityfmadison.com wit my intent to apply prior to submission.

☐

Project Budget Confirmation *

By checking the box below, I confirm that the submitted project budget is accurate to the best of my abilities, and that it complies with all budget notes in the guidelines, including allowable expenses, maximum MAC funding, required cash match, etc.

☐

Reporting Requirements *

By checking the box below, I agree to provide the required final reports and photos requested by the Madison Arts Commission.

☐

Acknowledgement of Funders *

By checking the box below, I agree that if awarded funding I will include the required MAC and Wisconsin Arts Board credit language and logo on all publicity materials.

☐

Non Discrimination Policies *

By checking the box below, I acknowledge and agree to require any contractors, successors, transferees, and assignees to comply with applicable provisions of national laws and policies prohibiting discrimination. See guidelines for full list.

☐

Payment Terms *

By checking the box below, I acknowledge that if awarded funding, I will receive payment after the project is completed and all necessary documentation has been approved by the City.

☐

☐ Email me a copy of my responses.

Submit

Never submit passwords through this form. [Report malicious form](#)