

**General Operating Support  
Grant Application**

Five Wings Arts Council – 200 1<sup>st</sup> Ave. NE, Staples, MN 56479  
Ph: 218-894-5485 E-Mail: [mturner@ncscmn.org](mailto:mturner@ncscmn.org) URL: [www.fwac.org](http://www.fwac.org)

**PLEASE TYPE IN BLACK INK**

<b>1. Applicant Organization</b> (Name, Address, Phone)	<b>2. Project Director</b> (Name, Address, Day/Eve Phone)
<b>3. Date of IRS Tax-Exempt Letter</b>	<b>4. Location of Activities</b>
<b>5. Project Starting Date</b> _____ (Cannot be before July 1 of current year)  <b>Project Ending Date</b> _____ (Cannot be over 1 year from starting date)	<b>6. Budget Summary</b> <b>Total Organizational Budget</b> \$ \$ _____ Operating Support Request \$ _____ Administrative Support Request \$ _____ Capital Support Request \$ _____ Building Support Request <b>Total Five Wings Grant Request</b> \$ (Total request cannot exceed \$2,500)

**7. Brief Description** including dates, time lines, location, etc. of proposed grant activity. If this request is for a capital expenditure, list brand name, model #, etc. here.

**8. Certification:** We certify the information in this application is true and correct to the best of our knowledge.

<b>Authorizing Official</b>	_____		
	Typed Name, Title	Signature	Date
<b>Project Director</b>	_____		
	Typed Name, Title	Signature	Date

## **Project Narrative**

---

In no more than four typed pages (12 pt), please respond to the following questions regarding 1) the quality and excellence of your organization, 2) your organization's commitment to community and access, 3) your organization's commitment to art forms, and 4) organizational stability and commitment to sound management.

### **Quality and Excellence of the Organization**

What is the organization's Mission Statement?

Give a brief history of the organization and a description of its programs, activities, and structure.

How does the organization evaluate its activities/programs?

Who makes the artistic decisions for the organization?  
Resumes or brief bios must be attached.

If this is a capital request, how will the funding improve the organization's presentations or services?

### **Commitment to Community and Access**

To what groups does the organization reach out?

How is the community responding?

How does the organization respond to the community's desire for expanded programming?

Are the organization's activities open to the entire community, or are they membership based?

If this is a capital request, how will the funding benefit the organization's relationship to the community?

### **Commitment to Art Form**

How does the organization respond to new directions in the art form(s) it provides?

Who or what provides feedback and how is that information used to determine new directions in the art form(s) produced or presented by the organization?

How does the organization's board and membership reflect the diversity of the community?

If this is a capital request, how will the funding improve access to the organization's activities?

### **Organizational Stability and Commitment to Sound Management**

Describe your organization's planning process.

Who makes the managerial decisions?  
Resumes or brief bios must be attached.

If this is a capital request, what impact will funding have on the stability of the organization?

## Financial Information

---

**Applicants must complete the attached financial page which shows the past year actual, current year's budget, and the next year's forecast.**

If any year end balance on the financial page indicates a deficit, indicate here how the deficit has been or will be covered.

If this request is for capital expenditures or a construction project, attach a minimum of two price quotes from suppliers, contractors, etc. It is not necessary to accept the low bid, but do indicate here why the accepted quote was selected.

If this request is for a building project, address the following in a brief narrative and attach to this application.

- The applicant organization must show that it has evaluated all options regarding rental, ownership and location before a decision is made to buy, construct or remodel a building.
- The applicant must show that the new or remodeled facility will adequately accommodate its needs for a reasonable period into the future.
- The projected operating costs of the new facility must be within the organization's budget.
- The capital financing plan must be sound.
- In the case of renovations, the facility must be owned by the applicant organization.
- If purchasing, the building must be identified, all local government approvals secured, and financing plans in place before the grant is disbursed.

What is your organization's fiscal year?

Beginning Date \_\_\_\_\_ to Ending Date \_\_\_\_\_

---

**Financial Statement**

---

*Round all figures to the nearest \$10*

	<u>Past Year Actual</u>	<u>Current Year</u> (Actual or projection)	<u>Next Year Budget</u>
<b><u>Revenue</u></b>			
Beginning Cash on Hand	_____	_____	_____
Five Wings Operating Grant	_____	_____	_____
Other Grants/Donations	_____	_____	_____
Earned Income (memberships, sales, events...)	_____	_____	_____
Other Income - Explain _____	_____	_____	_____
<b>TOTAL REVENUE</b>	_____	_____	_____
<b><u>Expenditures</u></b>			
Artist fees/Arts programming	_____	_____	_____
Salaries or wages	_____	_____	_____
Travel and Subsistence	_____	_____	_____
Publicity/Promotion	_____	_____	_____
Rental Fees (space or equipment)	_____	_____	_____
Supplies or Materials (copies, pens, software...)	_____	_____	_____
Unrelated Business Items (food, clothing, souvenirs...)	_____	_____	_____
General Operating Expenses (utilities, phone, garbage...)	_____	_____	_____
Capital Expenditures (computers, equipment...)	_____	_____	_____
Other Expenditures - Explain _____	_____	_____	_____
<b>TOTAL EXPENDITURES</b>	_____	_____	_____
<b>YEAR END BALANCE</b>	_____	_____	_____

---

**Required Attachments**

---

This checklist is part of the official application and must be submitted to Five Wings. Be sure that you have attached the following documents to the project narrative and financial pages. Resumes should be no more than one page each. Bios can be one to two paragraphs each. **Check the items below which you have attached.**

- \_\_\_\_\_ Resume for Project Director
- \_\_\_\_\_ Resumes for Personnel Funded (if applicable)
- \_\_\_\_\_ Resume for Artistic Director
- \_\_\_\_\_ Resume for Managerial Personnel
- \_\_\_\_\_ A copy of the IRS letter verifying the applicant organization is a nonprofit, tax exempt, 501(c)3 organization.
- \_\_\_\_\_ A copy of the organization's Articles of Incorporation as filed with the State of MN.
- \_\_\_\_\_ A copy of the certificate from the MN Secretary of State verifying that the organization's Articles of Incorporation are on file with the Attorney General's Office.
- \_\_\_\_\_ A copy of the applicant organization's Bylaws.
- \_\_\_\_\_ Organization's most recent audit, if available, or organization's most recent financial report approved by the organization's membership or board.
- \_\_\_\_\_ If this request is for capital expenditures, copies of quotes or estimates from at least two suppliers.
- \_\_\_\_\_ If this is a building request, narrative addressing the issues on page three of this application.
- \_\_\_\_\_ Data Collection Form - Application will be considered incomplete without Data Collection Form.

Send this completed application form with all appropriate attachments to:

**Five Wings Arts Council  
200 1<sup>st</sup> St. NE  
Staples, MN 56479-2224**

If you have any questions or need help with this application, please call the FWAC office: 218-894-5485 or e-mail [mturner@ncscmn.org](mailto:mturner@ncscmn.org)

# RAC GRANT DATA COLLECTION FORM

**TO THE APPLICANT:** This form is used to gather information about grant applicants to the Minnesota Regional Arts Councils (RACs). The data is maintained by the Minnesota State Arts Board in cooperation with the RACs, and may be distributed to others in accordance with the Minnesota Data Practices Act. Complete information is necessary to ensure the reliability of our data. *Note: If you are using a fiscal agent, please fill out this first page as it pertains to the arts organization conducting the activity, not the fiscal agent.*

## 1. APPLICANT INFORMATION

Date \_\_\_\_\_

Legal name of organization or individual \_\_\_\_\_

Professional or other name \_\_\_\_\_

Address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

Day phone ( \_\_\_\_\_ ) \_\_\_\_\_

Contact person and title \_\_\_\_\_

County \_\_\_\_\_ MN House district \_\_\_\_\_ US Congressional district \_\_\_\_\_

Fiscal agent name (if applicable) \_\_\_\_\_

## 2. SPECIAL CHARACTERISTICS:

*For individuals applying (optional)*

Select any combination that applies describing your racial/ ethnic characteristics

- American Indian/Alaska Native (N)
- Asian (A)
- Native Hawaiian/Pacific Islander (P)
- Black/African American (B)
- Hispanic/Latino (H)
- White (W)
- Other (describe) \_\_\_\_\_

*For individuals applying (optional), also mark these items if they apply*

- Mentally or Psychologically Disabled(E)
- Deaf/Hard of Hearing (D)
- Blind/Low Vision (Q)
- Physically Disabled (P)
- Other Disability (I)
- Senior Citizen—60+ (S)
- Veteran (V)

*For organizations applying*

Select the one code that best represents 50% or more of your staff or board or membership

## 3. STATUS:

Select the one code which best describes the applicant's legal status

- |                           |                        |                         |
|---------------------------|------------------------|-------------------------|
| 01 Individual             | 04 Government-Federal  | 07 Government-County    |
| 02 Organization-Nonprofit | 05 Government-State    | 08 Government-Municipal |
| 03 Organization-Profit    | 06 Government-Regional | 09 Government-Tribal    |
|                           |                        | 99 None of the Above    |

## 4. INSTITUTION:

Select the one code which best describes the applicant

- |                                   |                                     |                                 |
|-----------------------------------|-------------------------------------|---------------------------------|
| 01 Individual artist              | 20 School-Parent/Teacher Assn       | 39 Government-Judicial          |
| 02 Individual non-artist          | 21 School-Elementary                | 40 Government-Legis (House)     |
| 03 Performing Group               | 22 School-Middle                    | 41 Government-Legis (Senate)    |
| 04 Performing Group-College/Univ  | 23 School-Secondary                 | 42 Media-Periodical             |
| 05 Performing Group-Community     | 24 School-Vocational or Technical   | 43 Media-Daily Newspaper        |
| 06 Performing Group-Youth         | 25 School-Other (incl Community Ed) | 44 Media-Weekly Newspaper       |
| 07 Performance Facility           | 26 College/University               | 45 Media-Radio                  |
| 08 Museum (Art)                   | 27 Library                          | 46 Media-Television             |
| 09 Museum (Other)                 | 28 Historical Society/ Commission   | 47 Cultural Series Organization |
| 10 Gallery/Exhibition space       | 29 Humanities Council/Agency        | 48 School of the Arts           |
| 11 Cinema                         | 30 Foundation                       | 49 Arts Camp/ Institute         |
| 12 Independent Press              | 31 Corporation/ Business            | 50 Social Service Organization  |
| 13 Literary Magazine              | 32 Community Service Organization   | 51 Child Care Provider          |
| 14 Fair/Festival                  | 33 Correctional Facility            | 99 None of the Above            |
| 15 Arts Center                    | 34 Health Care Facility             |                                 |
| 16 Arts Council/Agency            | 35 Religious Organization           |                                 |
| 17 Arts Service Organization      | 36 Seniors Center                   |                                 |
|                                   | 37 Parks & Recreation               |                                 |
| 18 Union/Professional Association | 38 Government-Executive             |                                 |
| 19 School-District                |                                     |                                 |

THISBOX FOR MSAB ONLY  
Serial # \_\_\_\_\_

**5. DISCIPLINE:**

Select one code which best describes the applicant's primary area of interest in the arts (e.g. ballet 01A)

- 01 Dance—general
  - 01A ballet
  - 01B ethnic/jazz/folk-inspired
  - 01C modern
- 02 Music—general
  - 02A band
  - 02B chamber
  - 02C choral
  - 02D new-experi-mental, elec-tronic
  - 02E ethnic/folk-inspired
  - 02F jazz
  - 02G popular
  - 02H solo/recital
  - 02I orchestral
- 03 Opera/Musical Theater—general
  - 03A opera
  - 03B musical theater
- 04 Theater—general
  - 04A theater, in general
  - 04B mime
  - 04C puppetry
  - 04D theater for young people
  - 04E storytelling
  - 10C playwriting/ scriptwriting
- 05 Visual Arts —general
  - 05A experimental
- 05B graphics (include drawing, cartooning, printmaking and book arts)
- 05D painting
- 05F sculpture
- 06 Design Arts —general
  - 06A architecture
  - 06B fashion
  - 06D industrial
  - 06E interior
  - 06F landscape architecture
  - 06G urban/ metropolitan
- 07 Crafts—general
  - 07A clay (includes ceramics)
  - 07B fiber (includes basketry)
  - 07C glass
  - 07D leather
  - 07E metal
  - 07F paper
  - 07G plastic
  - 07H wood
  - 07I mixed media
- 08 Photography (include Holography)
- 09 Media Arts —general
  - 09A film
  - 09B audio
  - 09C video
  - 09D technology/experimental
  - 09E screenwriting
- 10 Literature—general
  - 10A fiction
  - 10B non-fiction
  - 10C playwriting/ scriptwriting
  - 10D poetry
- 11 Interdisciplinary (include collaborations and performance art)
- 12 Folklife/Traditional Arts, in general
  - 12A Dance
  - 12B Music
  - 12C Crafts and Visual Arts
  - 12D Oral Traditions
- 13 Humanities
- 14 Multi-disciplinary
- 15 Non-arts/non-humanities

**PROJECT ACTIVITY INFORMATION**

- 6. \_\_\_\_\_ **Adult Artists Participating** Record the number of adult artists expected to be directly involved in providing art or artistic services for these grant activities.
- 7. \_\_\_\_\_ **Adult Audience Benefiting** Record the number of adult audience expected to benefit directly from these grant activities (excluding employees, paid performers, artists participating, children/youth, and broadcast figures). Do not double-count repeat attendees.
- 8. \_\_\_\_\_ **Children/Youth Benefiting** Record the number of children and youth under the age of 18 expected to participate in and/or benefit directly from these grant activities, or were included in the audience (*excluding broadcast figures*). Do not double-count repeat attendees.
- 9. \_\_\_\_\_ **% Children/Youth Programming** For project grants: percentage of application designated for programs intended primarily for children and youth. For operating support grants, percentage of total fiscal year expenses allocated for programs intended primarily for children and youth.
- 10.    **Project Discipline** Using the same discipline coding listed above, select one category which best describes the grant activity.

**TO BE COMPLETED BY REGIONAL ARTS COUNCIL STAFF ONLY**

Total Project Revenue (cash only – include grant amount)	Total Project Cost (cash only)	In-Kind Contributions	Total Org. Expenses (most recently completed FY)
\$ _____	\$ _____	\$ _____	\$ _____ FY _____

FISCAL YEAR _____	GRANT REQUEST \$ _____	FUNDING SOURCE
REGIONAL ARTS CNCL _____	AMOUNT RECOMMENDED \$ _____	State \$ _____
APPLICATION # _____	AMOUNT AWARDED \$ _____	Federal \$ _____
		Other \$ _____

- GRANT PROGRAM
- Organization Arts Project/Production Assistance
  - Sponsorship Activity
  - Organizational Management Support
  - General Operating Support
  - Arts in Education—Touring/Performance
  - Arts in Education-School Residency
  - Individual Artist
  - Participation
  - Other \_\_\_\_\_

APPLICATION WITHDRAWN  APPLICATION INELIGIBLE

Reason for ineligibility or withdrawn application \_\_\_\_\_

Comments \_\_\_\_\_