

Jazz Touring Network Member Application

JTN MEMBER APPLICATION PROCEDURES AND REQUIRED MATERIALS

Before beginning the JTN Member Application, read the full program guidelines, which include eligibility criteria. Click here to download the full program guidelines. Materials should be mailed to the address below:

Jazz Touring Network
Mid Atlantic Arts Foundation
201 N. Charles Street, Suite 401
Baltimore, MD 21201

Applications sent via electronic transmission (i.e. fax or email) will not be accepted for consideration.

The required application and support materials must be submitted by the applicant, and received by Mid Atlantic Arts Foundation (MAAF) on or before the application deadline. Please submit the following materials in the order displayed:

1. **Member Application Form**
 - a. Applicant Information
 - b. Three-Year Budget Summary
 - c. Statistical Information
 - d. Certification signed by the authorizing official of the organization.
2. **Application Narrative** (four-page maximum). Each page should be numbered and include the applicant's name as the heading of each page. Applicants must use the lettered headings as referenced in the list below and address all of the following questions:
 - a. Provide a brief history of the organization and its mission. Include information about the community in which the organization resides and the constituency that comprises its audience.
 - b. Describe your venue(s) for presenting the performing arts. Please include venue type (auditorium, black box, open air, other), stage size, and seating capacity.
 - c. Describe why it is important for the organization to begin or increase programming jazz, and how it relates to the overall presenting goals of the organization. Include information on program personnel and artist selection process.
 - d. Describe if there are other entities, such as: presenters, clubs, restaurants, commercial venues, or other nonprofit venues that currently present jazz on a regular basis in your community.
 - e. Describe how membership in the JTN will facilitate reaching the organization's goals for programming jazz.

In addition, include the following support materials with your application:

1. **Biography of Proposed JTN Representative** (not to exceed one page).
2. **Job Description** on file with the organization for position of individual proposed as JTN representative.
3. **List of performing artists/companies** presented by the organization over the past two years and scheduled for the current season listed in chronological order and including the dates of engagements. The list should **not** include engagements programmed by other organizations or rentals.
4. Your most recent season brochure and/or two examples of other recent promotional material.
5. A letter on organizational letterhead signed by an authorizing official confirming the applicant's status as a unit of government, if applicable.

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MEMBER APPLICATION FORM

APPLICANT INFORMATION

Legal Name of Applicant: _____

AKA, if applicable: _____

Federal Tax Identification Number: _____ DUNS Number: _____

Address: _____

City: _____ State: _____ Zip Code +4: _____
(See <http://zip4.usps.com>)

Phone : _____ Fax: _____

Website: _____

DESIGNATED JTN REPRESENTATIVE INFORMATION

Name: _____ Title: _____

E-mail: _____ Phone: _____

Please include the following support materials with your application:

- Biography of proposed JTN Representative (not to exceed one page)
- Job Description on file with the organization for position of individual proposed as JTN representative

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THREE-YEAR BUDGET SUMMARY

INSTRUCTIONS

If applying as an entity within a larger organization, such as a college or university, or as a unit of state or local government the information should represent only the appropriate departmental or arts programming budget.

Indicate the term of your fiscal year: Start Date: _____ End Date: _____
 (month/day) (month/day)

Please list your annual operating budget for your current and past two fiscal years

BUDGET	Year: Actual	Year: Actual	Current Year: Projected
INCOME			
EXPENSES			
SURPLUS/(DEFICIT)			

If your organization experienced an annual operating deficit in the past two years or is anticipating a deficit for the current fiscal year, include a brief statement explaining the reason(s) for the deficit(s), and how the deficit was or will be addressed. (Maximum 750 characters)

Please indicate if your organization currently has an accumulated deficit, Yes No
 If yes, indicate the amount of deficit, and summarize plan(s) to address the deficit. (Maximum 750 characters)

Range of fees paid per performing arts engagement in the past three years: \$ _____ to \$ _____

Total performing arts presenting budget for the 2016-2017 season: \$ _____

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Were there any findings in your most recent financial or compliance audits relative to noncompliance with Federal statutes, regulations and terms and conditions of any grant awards?

Yes No

If yes, please describe the actions that have been taken to address the findings: (maximum 15 lines and 1050 characters or approximately 150 words)

Is your organization required to complete a Single Audit as mandated by the Federal Government?

Yes No

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STATISTICAL INFORMATION

Legal Name of Applicant: _____

Information requested on this page is for statistical purposes only and will have no bearing on grant-making decisions.

To answer this section, please consult the **“National Data Standard Codes”** listing on the following page.

Enter the appropriate numerical codes as they apply to your organization or project:

____ Organization Status

____ Organization Discipline

____ Organization Institution

____ Project Discipline

RACIAL CHARACTERISTICS

Using the chart below, **check the ONE box that best represents 50% or more of the racial make-up of your organization’s staff, or board, or membership.**

	Staff	Board	Membership
A. Asian			
B. Black/African American			
N. American Indian/Alaska Native			
H. Hispanic/Latino			
P. Native American/Pacific Islander			
W. White			
99. No Single Group			

If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed, check the appropriate box.

	Proposed Project
A. Asian	
B. Black/African American	
N. American Indian/Alaska Native	
H. Hispanic/Latino	
P. Native American/Pacific Islander	
W. White	
99. No Single Group	

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NATIONAL DATA STANDARD CODES

STATUS

Which category best describes your organization's legal status?

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

INSTITUTION

Which category best describes your organization?

- 01 Individual Artist
- 02 Individual Non-Artist
- 03 Performing Group
- 04 Perf Group-College/University
- 05 Perf Group-Community
- 06 Perf Group for Youth
- 07 Performance Facility
- 08 Museum-Art
- 09 Museum-Other
- 10 Gallery/Exhibit Space
- 11 Cinema
- 12 Small Press
- 13 Literary Magazine
- 14 Fair/Festival
- 15 Arts Center
- 16 Arts Council/Agency
- 17 Arts Service Org.
- 18 Union/Professional Org.
- 19 School District
- 20 Parent-Teacher Organization
- 21 Elementary School
- 22 Middle School
- 23 Secondary School
- 24 Vocational/Technical School
- 25 Other School
- 26 College/University
- 27 Library
- 28 Historical Society
- 29 Humanities Council/Agency
- 30 Foundation
- 31 Corporation/Business
- 32 Community Service Organization
- 33 Correctional Institution
- 34 Health Care Facility
- 35 Religious Organization
- 36 Senior Citizens' Center
- 37 Parks and Recreation
- 38 Government-Executive
- 39 Government-Judicial

- 40 Government-Legislative House
- 41 Government-Legislative Senate
- 42 Media-Periodical
- 43 Media-Daily Newspaper
- 44 Media-Weekly Newspaper
- 45 Media-Radio
- 46 Media-Television
- 47 Cultural Series Organization
- 48 School of the Arts
- 49 Arts Camp/Institute
- 50 Social Service Organization
- 51 Child Care Provider
- 99 None of the above

DISCIPLINE

Select the discipline that best describes the primary area of work as applies to the applicant and/or project.

- 01 Dance
 - A Ballet
 - B Ethnic/Jazz/Folk-Inspired
 - C Modern
 - D New/Avant Garde
- 02 Music
 - A Band-not Jazz/Pop
 - B Chamber
 - C Choral
 - D New/Experimental/Electronic
 - E Ethnic/Folk Inspired
 - F Jazz
 - G Popular-includes Rock
 - H Solo/Recital
 - I Orchestral/Symphonic
- 03 Opera/Music Theatre
 - A Opera
 - B Musical Theatre
- 04 Theatre
 - A General/Classical/Contemporary
 - B Mime
 - D Puppet Theatre
 - E Theatre for Young Audiences
 - F New/Avant Garde
- 05 Visual Arts
 - A Experimental/
 - B Graphics/Printmaking Book Arts
 - D Painting
 - F Sculpture
- 06 Design Arts
 - A Architecture
 - B Fashion
 - C Graphic
 - D Industrial
 - E Interior
 - F Landscape Architecture
 - G Urban/Metropolitan

- 07 Crafts
 - A Clay
 - B Fiber
 - C Glass-includes Neon
 - D Leather
 - E Metal
 - F Paper
 - G Plastic/plexiglass
 - H Wood
 - I Mixed Media
- 08 Photography
- 09 Media Arts
 - A Film
 - B Audio-Radio, Sound Installations
 - C Video
 - D Technology/Experimental
 - 10 Literature
 - A Fiction
 - B Non-fiction
 - C Playwriting
 - D Poetry
- 11 Interdisciplinary: Pertaining to art forms/works that integrate more than one discipline to form a single work. Includes performance art.
- 12 Folklife/Traditional Arts: Pertaining to oral, customary, material & performance traditions informally learned and transmitted in contexts characteristic of ethnic, religious, linguistic, occupational, and/or regional groups.
 - A Folk/Traditional Dance
 - B Folk/Traditional Music
 - C Folk/Traditional Crafts/Visual Arts
 - D Oral Traditions (include storytelling)
- 13 Humanities
- 14 Multi-disciplinary: Pertaining to two or more of the art disciplines above
 - A Exclusively Performing Arts
 - B Exclusively Visual Arts

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CERTIFICATION

I certify that this organization meets all the eligibility requirements and that all information contained in this application is accurate based on data available at the time of the application.

By signing this application, I certify that I have been duly authorized by the governing body of the applicant and have the authority to execute this application on behalf of the applicant. I further certify, that the applicant nor any of its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in Mid Atlantic Arts Foundation's programs by any federal department or agency, nor is delinquent in the repayment of any federal debt.

Typed Name and Title Organization's Authorizing Official: _____

Address of Authorizing Official: _____

Signature: _____

Date: _____