

Organization:
Artist:
eGRANT Application ID:

SPECIAL PRESENTER INITIATIVES

ORGANIZATION INFORMATION

Legal Name of Presenting Organization

Alternate Name (if applicable)

Address

City **State** **Zip**

County

Federal Employer ID **D-U-N-S #** **Year Incorporated**

Telephone

Contact Name **Title**

Contact Phone

Contact E-mail **Web Site**

If applicable, uploaded file name of letter confirming unit of government status

ORGANIZATION BUDGET SUMMARY

Fiscal Year Start Date **(month/day)** **Fiscal Year End Date**

Provide your annual operating budget for the last, current and next fiscal year. If a unit of government or part of a larger nonprofit organization, college or university, list the appropriate departmental budget only.

Annual Budget	Last Fiscal Year (Actual)	Current Fiscal Year (Projected)	Next Fiscal Year (Projected)
Income			
Expenses			
Surplus/(Deficit)			
Total Artist Fees			

Total number of staff in your organization. If part of a larger organization, college or university, list the appropriate departmental or total public arts programming staff only.

Full time **Part time**

Total number of staff in your programming department: Full time **Part time**

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 10 lines and 700 characters or approximately 100 words)

Organization:
Artist:
eGRANT Application ID:

SPECIAL PRESENTER INITIATIVES

Is your organization required to complete a Single Audit as mandated by the Federal government?
 Yes No

ENGAGEMENT INFORMATION

Artist/Ensemble Name

Artist City*

Artist State*

Artist Zip*

Artist Country (if not U.S. citizen or permanent resident)*

***Note: This is the city, state and zip or national residence of the artist/ensemble, not management/booking representative.**

Artist Website

Your Project Start Date (month/day/year)
(First date of public performance or community engagement activity, whichever comes first)

Your Project End Date (month/day/year)
(Last date of public performance or community engagement activity, whichever comes last)

Total number of days that engagement activities take place

Number of public performances

Projected audience attendance for public performance(s)

Number of community engagement activities

Projected number of participants for community engagement activities

Estimated ticket/admission pricing for public performance, if applicable:

Signed Letter of Agreement File Name

The uploaded document is the final fully executed contract.

Organization:
Artist:
eGRANT Application ID:

SPECIAL PRESENTER INITIATIVES

PRESENTER PROGRAMMING PROFILE

Provide a list of the performing artists/ensembles your organization has presented over the past two seasons and is presenting in the current season. Do NOT include artists/ensembles that were rentals or were self-produced by the artists/ensembles. **List one artist/ensemble per line. Include name of artist/ensemble ONLY.**

2017-2018 Season	2018-2019 Season	2019-2020 Season

Organization:

Artist:

eGRANT Application ID:

APPLICATION NARRATIVE (CONTINUED)

3. Provide a brief overview of the proposed project, including a description of the public performance(s) and community engagement activity(ies) (not to exceed 22 lines and 1700 characters or approximately 250 words).

4. Describe the target audience for this engagement and your organization's plans to promote the proposed project, and, if applicable, explain how the project will reach underserved and/or new audiences (not to exceed 22 lines and 1700 characters or approximately 250 words).

Organization:
Artist:
eGRANT Application ID:

SPECIAL PRESENTER INITIATIVES

WORK SAMPLE DESCRIPTION

WORK SAMPLE #1

Work Sample URL:

Password (if applicable):

Title of work:

Date worked was completed (if work is a traditional piece, simply note as such):

Name of composer, choreographer, playwright or director (if work is a traditional piece, simply note as such):

Will this work be performed at the engagement(s)? Yes No

Brief description of work sample, including date of performance, name and location of performance venue, identification of principal artists, recording conditions (if applicable), and any background information that would be helpful for panelists to better understand the work represented on the sample (not to exceed 22 lines and 1700 characters or approximately 250 words).

Organization:
Artist:
eGRANT Application ID:

SPECIAL PRESENTER INITIATIVES

WORK SAMPLE DESCRIPTION (CONTINUED)

WORK SAMPLE #2

Work Sample URL:

Password (if applicable):

Title of work:

Date worked was completed (if work is a traditional piece, simply note as such):

Name of composer, choreographer, playwright or director (if work is a traditional piece, simply note as such):

Will this work be performed at the engagement(s)? Yes No

Brief description of work sample, including date of performance, name and location of performance venue, identification of principal artists, recording conditions (if applicable), and any background information that would be helpful for panelists to better understand the work represented on the sample (not to exceed 22 lines and 1700 characters or approximately 250 words).

Organization:
Artist:
eGRANT Application ID:

SPECIAL PRESENTER INITIATIVES

PROJECT BUDGET

Please note: presenters may request up to 50% of eligible project expenses (not to exceed \$2,000 per project, or \$5,000 for applicants based in USVI). Eligible costs include contracted artist fees; artist-related travel and lodging; and expenses related to community engagement activities. Funding awarded by MAAF is restricted to the specific, direct costs of the project, as detailed above, and may not be used for indirect costs.

Grants must be matched on a 1:1 basis. The match may not include Federal funds whether they are received directly from a Federal agency or indirectly, such as through a state agency or other entity. In addition, the MAAF grant and the required match may not be used to match any other directly or indirectly received Federal funds.

EXPENSES

ELIGIBLE EXPENSES

Artist Fees	=
Artist Travel (if not included in artist fee)	=

Subtotal Eligible Cash Expenses	=
---------------------------------	---

OTHER PROJECT EXPENSES

Marketing/Promotion	=
Facility Rental	=
Equipment Rental	=

Administrative Personnel	=
--------------------------	---

Technical Personnel	=
---------------------	---

Other Personnel (list below)	=
------------------------------	---

Other Expenses (list below)	=
-----------------------------	---

Subtotal Other Project Expenses	=
---------------------------------	---

TOTAL PROJECT EXPENSES	=
-------------------------------	----------

Organization:
Artist:
eGRANT Application ID:

SPECIAL PRESENTER INITIATIVES

PROJECT BUDGET

INCOME

EARNED INCOME

Ticket Sales (performances)	=
Admissions (other activities)	=
Concession Sales	=
Other Earned Revenue (list below)	=
	=
	=
	=

Subtotal Earned Income	=
------------------------	---

CONTRIBUTED INCOME

Foundation/Corporate (list below)

=

=

=

Government: Federal (list below)

=

=

Government: State/Local (list below)

=

=

Individual Contributions

=

Applicant Cash Contribution

=

Subtotal Contributed Income	=
-----------------------------	---

TOTAL INCOME	=
--------------	---

MAAF Grant Request	=
--------------------	---

TOTAL PROJECT INCOME	=
----------------------	---

Note: Total project income must equal total project expenses

IN-KIND CONTRIBUTIONS

Use the space below to describe the source(s) and amount(s) of any in-kind contribution (donated goods or services) related specifically to this project. **Do not include any in-kind contributions in the estimated cash expenses or income items above.**

Organization:
 Artist:
 eGRANT Application ID:

SPECIAL PRESENTERS INITIATIVE

STATISTICAL INFORMATION

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

Racial Characteristics: Choose the ONE characteristic that best represents 50% or more of the racial make-up of your organization's staff, or board, or membership:

National Data Standard

To answer this section of questions, please consult the "National Data Standard Codes" listing below. Enter the appropriate numerical codes as they apply to your organization or project as specified.

Organization Status

Organization Institution

Organization Discipline

Project Discipline

Legal Status

Which category best describes your organization's legal status?

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

Type of Institution

- 03 Performing Group
- 04 Perf. Group – College/Univ.
- 05 Perf. Group – Community
- 06 Perf. Group for Youth
- 07 Performance Facility
- 08 Museum – Art
- 09 Museum – Other
- 10 Gallery/Exhibition Space
- 14 Fair/Festival
- 15 Arts Center
- 16 Arts Council/Agency
- 17 Arts Service Org.
- 18 Union/Professional Assn.
- 19 School District
- 20 School – PTO
- 21 School – Elementary
- 22 School – Middle
- 23 School – Secondary
- 24 School – Vocational/Tech.
- 25 School – Other
- 26 College/University
- 27 Library
- 28 Historical Society
- 29 Humanities Cncl./Agency
- 30 Foundation
- 31 Corporation/Business
- 32 Community Service Org.
- 33 Correctional Institution
- 34 Health Care Facility
- 35 Religious Organization
- 36 Senior Center
- 37 Parks and Recreation
- 47 Cultural Series Org.
- 48 School of the Arts
- 49 Arts Camp/Institute
- 50 Social Service Org.
- 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/Musical Theater
 - A Opera
 - B Musical Theater
- 04 Theater
 - A General/Classical/Contemp
 - B Mime
 - D Puppet
 - E Theater for Young Audiences
 - F Storytelling
 - G Avant garde
- 11 Interdisciplinary

Pertaining to art forms or works that integrate more than one arts discipline to form a single work. Includes performance art.
- 12 Folk Life/Traditional Arts

Pertaining to oral, customary, material and 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
 - D Oral Traditions (includes storytelling)
- 14 Multidisciplinary

Pertaining to two or more of the performing arts discipline listed above

Organization:
Artist:
eGRANT Application ID:

SPECIAL PRESENTERS INITIATIVE

CERTIFICATION & STATEMENT OF ASSURANCES SHEET

By submitting this application, the applicant agrees to comply with the following federal statutes:

- Title VI of the Civil Rights Act of 1964 as amended
- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act of 1990 (ADA)
- The Age Discrimination Act of 1975
- Title VI, Section 504, the Age Discrimination Act
- Title IX and ADA which prohibit discrimination on the basis of race, color, national origin, disability, age or sex in any program or activity receiving Federal financial assistance
- The Native American Graves Protection and Repatriation Act of 1990
- The National Environmental Policy Act, if applicable
- The National Historic Preservation Act, if applicable
- The applicant must also comply with the following statutes regulating lobbying with appropriated monies: Title 18 USC (United States Code) Section 1913, Sec 319 of Public Law 101 – 121 Certification regarding lobbying, etc., and Title 45 CFR (Code of Federal Regulations) Part 1158.

Certification

By checking this box, I agree that by entering my name in the field below and submitting the data in this application, I certify that this organization meets all eligibility requirements and that all information contained in the submitted application and its attachments is accurate or represent a reasonable estimate of future operations based on information available at the time of submission. I further certify that neither this organization nor any of its principles is presently disbarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in Mid Atlantic Arts Foundation's programs by any federal or state department or agency, nor is delinquent in the repayment of any federal debt.

I further certify that this application has been duly authorized by the governing body of the applicant and that I have the authority to execute the application on its behalf.

Name of Authorizing Official

Title of Authorizing Official

Phone

Email