mca
marion **cultural** alliance

OCALA METRO
ART SCENE

"*****" indicates required fields

Step 1 of 5 - MCA Cultural Grant Application

Organization Application Cover Page

Organization Name *****

(Legal Name of Not-For-Profit-Entity)

Type of Funding *****

◯ Special Project

◯ Special Program

Not-for-Profit Designation

I hereby certify: *

☐ Applicant organization must have a current 501(c)3 status for a minimum of two years as of the grant deadline, in good standing with the State of Florida Division of Corporations and IRS. MCA will verify the organization's current 501(c)3 status

- The applicant must document they are one of the following:
- A public agency governed by a county, municipality, school district, institutions of higher education, or an agency of state government
- A not-for-profit, tax-exempt Florida corporation incorporated or authorized as a not-for-profit corporation, in good standing, pursuant to Chapter 617, Florida Statute. (Some private schools may be determined to be not-for-profits under Chapter 623, Florida Statute.

  Designated as a tax-exempt organization as defined in Section 501(c)3 of the Internal Revenue Code of 1954. Exemption must be issued in the name of the applicant organization.
- Federally recognized Indian tribal governments

Not-For-Profit-Designation *

☐ A public entity governed by a county municipality, school district, community college, college, university, or an agency of state government.

☐ A not-for-profit, tax exempt Florida corporation incorporated or authorized as a not-for-profit corporation in good standing pursuant to Chapter 617, Florida Statues (Chapter 623, FS. For private schools.)

☐ Designated as a tax-exempt organization as defined in Section 501 (c) (3) of the Internal Revenue Code of 1954.

Certification of Not-For-Profit Status

Choose File	No file chosen

Accepted file types: jpg, gif, png, pdf, doc, docx, txt, rtf, html, odt, jpeg, Max. file size: 128 MB.

Please upload a copy of IRS Determination Letter for Federal tax-exempt status.

Certification

I certify... *

☐ I certify that the information contained in this application, including all attachments and support materials is true and correct to the best of my knowledge and that I will abide by all legal, financial, and reporting requirements, such as matching funds and final reports for all grants received by the organization.

Name of Authorizing Official: *

First	Last

Title of Authorizing Official: *

[   ]

Project Manager different than Authorizing Official?

○ Yes

○ No

Project Manager Name

First

Last

Project Manager Email

Project Manager Phone Number

Telephone Number: *

Date Signed: *

| MM | DD | YYYY |

General Information

IDENTIFICATION

Applicant (legal name of organization as shown on IRS 501 (c)(3) *

Unique Entity ID (UEI) *

EIN (Employee Identification Number) *

Applicant Name Continued (dba, department, etc.): *

Mailing Address *

Street Address

Address Line 2

	Florida
City	State

ZIP Code

Telephone (Area Code/Number): *

Contact Person *

First	Last

Email Address of Contact Person: *

Date of Incorporation: *

Website *

Type of Organization *

☐ Arts/Culture

☐ Arts Education

☐ Science

☐ History

☐ Heritage

Applicant's Fiscal Year Dates (Month/Day) – FROM:

*

Applicant's Fiscal Year Dates (Month/Day) – TO:

*

Has your organization ever received a grant from the Marion Cultural Alliance? *

◯ Yes

◯ No

Has your organization submitted a Final Report? *

Please Note – If a Final Report for your previous Grant has not been filed, your current application will not be accepted.

○ Yes

○ No

Year Last Received: *

Project/Program Information

Project/Program Title: *

Grant Amount Requested: *

Numerical Value

Start Date: (Month, Day, Year) *

MM

DD

YYYY

End Date: (Month, Day, Year) *

MM

DD

YYYY

Number of Different Events: *

Number of Individuals Expected to Participate in the Proposal Activities: *

Number of Youth Participating in the Project: *

Total Number of Opportunities to Participate: *

Total Number of Artists Participating in the Project: *

Organization Mission Statement *

In the space below, please provide the mission statement of your organization.

0 of 750 max characters

Project/Program Summary

Describe Your Proposed Project or Program: *

Describe your proposed project or program. Identify your goals and how you plan to achieve them. Be specific!

0 of 1000 max characters

Narrative Application

Please respond to each of these items. If an item does not apply to the organization's application, respond "Not Applicable". The responses are designed to give the panelists background information on the organization, its mission, and eligibility.

Will your project be subject to the National Historic Preservation Act (NHPA) and/or the National Environmental Policy Act (NEPA)?
*

○ Yes

○ No

(If Yes, the Grant Committee will be in contact with you with further questions.)

Organizational Overview

1) Give a brief history of your organization, including founding dates, date of incorporation, and date designated by the Internal Revenue Service as a 501 (c) (3), if applicable.

2) Describe the administrative and artistic structure of the organization. Indicate which positions are full time paid staff, part time paid staff, independent contractors , and volunteers.

3) Provide organizational statistics for the last fiscal year, including budget total, the number of individuals served, number of artists participating, number on the Board of Directors, number of volunteers, number of volunteer hours, number of seasonal ticket holders or memberships, etc. 4) Describe the fiscal condition of your organization. Be sure to address any operating or fund balance deficit that currently exists, as well as any special fiscal circumstances which may exist for

your organization at this time. Describe how these circumstances are being addressed.

Organizational Overview *

0 of 12000 max characters

Proposed Program/Project

Proposed Program/Project, including goals/objectives; the audience you intend to serve, including demographics and any special constituencies; provide a timeline for accomplishing the program/project and evaluation activities.

Proposed Program/Project *

0 of 3500 max characters

Proposed Budget and Revenue Sources

Describe the operating expenses for the program/project (salaries, marketing costs)

The requested grant amount may not exceed 50% of the anticipated total expenses, describe other funding sources, in addition to this grant that you anticipate will support the expenses.

What other funding sources, besides this grant, do you anticipate to support the expenses of this program/project? Describe the donations (both cash and non-cash) that your organization receives from the community. Describe admission charges, if applicable

Be sure to complete the budget form in detail.

Proposed Budget and Revenue Sources *

0 of 2500 max characters

Proposed Program Evaluation

What methods (i.e., attendance figures, surveys, press reviews, etc.) of evaluation will be used to evaluate the success of your proposed program/project? Evaluation of your proposed project should be anchored by the questions you hope to answer via your evaluation procedures and whom you hope to provide with evaluative feedback about your program.

Common questions might be: Who attended this program/project (demographic characteristics)? How did they learn about the activity? How many attended: Did the activity meet the attendees' expectations (like/dislike, suggestions given for improving the activity in the future)? Who responds to theses evaluations?

Describe the final report that you will provide Marion Cultural Alliance at the completion of your proposed program/project that documents program excellence and success (e.g. positive review, recent achievements, awards, feedback from attendees). As a minimum, this report must include attendance figures, and number of activities of each type supported by the grant. Three to five electronic images depicting the grant program must be submitted with the report to MCA no later than 30 days after the completion of the program/project.

Proposed Program Evaluation *

0 of 1000 max characters

Accessibility & Non Discrimination

Address the organization's efforts to ensure equal access and opportunity. (attach policies in the support section.) The applicant organization must have established policies and procedures which address diversity, as well as nondiscrimination against persons with disabilities. Marion Cultural Alliance requires that all funded programs are open to the public and grantees make programs/events/projects

accessible to persons with disabilities. Describe your organization's efforts to make this program/event/project accessible to the public. Specifically, buildings and facilities (including historic facilities) are physically accessible for the general public and employees. Programmatic accessibility including, but not limited to: public contact information, accessible electronic materials, accommodation for various disabilities.

The organization must provide equal access and opportunity in employment and services and may not discriminate on the based-on race, color, ethnicity, religion, gender, ancestry, national origin, geography, age, varying disabilities, pregnancy, sexual orientation, gender identity, marital status, familial status, citizenship status, or socioeconomic status.

Accessibility & Non Discrimination *

0 of 1000 max characters

Describe any particular obstacles or challenges to the success of your program/project *

0 of 1000 max characters

Your Organization's Budget

Total Income	Most Recently Completed FY	Previous FY

Total Expenses	Most Recently Completed FY	Previous FY

Operating Surplus and Deficit	Most Recently Completed FY	Previous FY

Fiscal Health

Discuss the fiscal health of your organization. You may use this space to discuss how the COVID-19 pandemic may have affected your organization's budget. In addition, you must explain: 1) any changes of 15% or more in either your income or expenses from one year to the next, and 2) plans for reducing any deficit (include the factors that contributed to the deficit and its amount)

*

0 of 1000 max characters

Your Project Budget

This form can be used to submit your initial application budget and any subsequent budget revisions.

*Note: MCA Cultural Arts Grant can be used for up to 50% of the program/project cost.

- - All costs included in this budget, whether paid for with MCA Cultural Arts Grant funds or your cost share, must be directly allocable to the project activity, allowable, and adequately documented. Actual, allowable expenditures must be reported on all payment requests and financial reports.
- - Only included costs expected to be incurred within the period of performance, which can begin no earlier than the earliest allowable start date noted in the guidelines for this MCA Cultural Arts Grant funding opportunity. Costs such as salaries, wages, fringe benefits, and administrative overhead may need to be pro-rated to reflect this period.
- - Provide a detailed breakdown of any large line items.
- - For equipment, clearly note items to be rented or leased versus those to be purchased.
- - Do not included unallowable costs such as receptions/parties, alcoholic beverages, cash prizes, construction or miscellaneous. (See detailed list in the guidelines)
- - This budget cannot include overlapping project costs with any other MCA Grant award.

Organization. Provide your legal name. *

[ ]

Direct Costs - Salaries and Wages

Include salaried employees, Pro-rate salaries to reflect only those incurred within the period of performance. (List artists, consultants, and contractors under Other Costs)

Title/Type of personnel	# of personnel	Annual salary/range	% of time allocated	Amount	
[ ]	[ ]	[ ]	[ ]	[ ]	+

Total Salaries and Wages - Number

Other Costs

Include all other direct project costs here, such as artists or consultant fees, marketing/promotion, supplies and materials, publications, distribution, access accommodations such as sign language interpretation or braille (no construction/renovation costs), shipping/cartage, rental of venues or equipment etc. If you are not claiming indirect Costs below, you may also include a pro-rated portion of administrative overhead.

Other Costs - Number

Total Project Costs

(Total Salaries, Wages + Total Other COSTS

Project Income

Source	Amount	
		+

Organization Share: Cash. Include your organization's contributions, cash donations, non-federal grants, and revenues such as ticket income or tuition fees. Federal funds subgranted from a state arts agency, regional arts organization, or local arts agency cannot be used as match.

Total Cash - Number

Third-Party In-Kind

Include goods or services provided by individuals entities outside of your organization (third-party contributions). All items listed here must correspond directly to a project cost line item to determine allowability.

MCA Amount

Total Project Income

(RECIPIENT SHARE + MCA AMOUNT)

Upload Application Support Materials

Please upload work samples, photographs, links, or other support materials that documents the artistic quality of your programs or services. If possible, include images that show your programs and services in actions, your constituents, and your organizations' activities. Include samples, if possible, that are closely related to your proposal.

Please include your Board of Directors and Bylaws, event programs/marketing, reviews of previous programs/projects, resumes of key artistic personnel involved, letters attesting to the organization's work, sample programs, surveys, policies related to accessibility and non discrimination.

Email *

Please add your email that you used for Grant Application submission.

Upload Your Support Materials *

Please upload any Supporting Material in the file form of either JPG, PNG, PDF or Word Documents.

Drop files here or

Select files

Accepted file types: jpg, gif, png, pdf, doc, docx, txt, rtf, html, odt, jpeg, Max. file size: 128 MB, Max. files: 10.