



## FY'18 Placemaking Grant Application Form

For Activities Occurring between July 1, 2017 and June 30, 2018

**Applications Due: Wednesday, June 30, 2017, by 5:00PM**

Late applications will not be accepted.

Applicants who have not filed a report from previous grants will not be eligible.

**PLEASE TYPE ALL INFORMATION USING THIS FORM**

### A. General Information:

Organization or individual(s) name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web site: \_\_\_\_\_

Name of authorized representative: \_\_\_\_\_

Representative's title: \_\_\_\_\_

Representative's phone: \_\_\_\_\_

Representative's fax: \_\_\_\_\_

Representative's E-mail address: \_\_\_\_\_

Do you live in Allegany County? \_\_\_\_\_

Is your organization based in Allegany County? \_\_\_\_\_

Is your organization (or are you) a current member of the Allegany Arts Council? \_\_\_\_\_

Does your organization (or do you) have IRS Tax-Exempt Status? \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

**B. Organizational or Individual Information:**

1. What is your organization’s mission statement or your individual artistic statement? (100 word limit)

2. Please provide a brief statement of your organization's (or your) primary goals for the upcoming grant period and how Arts Council funding will assist your organization in meeting these goals. Please do not include programming details. (100 word limit)

3. Please describe additional non-grant fundraising efforts you will engage in. (100 word limit)

4. What other funding sources (such as grants) do you intend to apply for in the upcoming grant period. (100 word limit)

5. How is your project sustainable (if applicable)? Include what, if any, maintenance plans you have considered, if applicable. (100 word limit)

6. Please list the top officers of your organization:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### C. Relevant Prior Work in FY17

If your organization (or you) executed specific projects or programming that would fall under the following description of Creative Placemaking in FY17, please list them below, including dates. List all locations/facilities used, and provide estimated attendance figures for each event presented, as well as the number of artists and/or presenters involved, if applicable.

*What is Creative Placemaking?*

**"In creative placemaking, partners from public, private, non-profit, and community sectors strategically shape the physical and social character of a neighborhood, town, city, or region around arts and cultural activities. Creative placemaking animates public and private spaces, rejuvenates structures and streetscapes, improves local business viability and public safety, and brings diverse people together to celebrate, inspire, and be inspired."**

From "Creative Placemaking," Markusen & Gadwa, 2010

DATE	EVENT TITLE	# ACTIVITIES OR DURATION LENGTH	LOCATION OR VENUE	# ATTENDING	# ARTISTS PARTICIPATING
<b>TOTALS</b>					

1. Are all of your obligations from prior projects paid?

2. If you represent an organization, ***please attach your organization's balance sheet (see example at the end of this document) or most recent IRS Form 990.***

**D. Project Description for FY18**

1. Please provide a description of your organization’s (or your) planned **Placemaking Project for FY18 (July 1, 2017-June 30, 2018) for which you are applying for funding.** (500 word max.) *You may attach an additional 8.5" x 11" sheet if needed.*

2. In the table below, please include the following information: date(s), title of project(s) or program, number of activities or length of event, location(s), estimated size of audience, and number of artists/presenters (including artistic support staff).

**Estimated audience impact**

DATE	EVENT TITLE	# ACTIVITIES OR DURATION LENGTH	LOCATION OR VENUE	# ATTENDING	# ARTISTS PARTICIPATING

3. In the table below, list partner organizations, businesses, or artists which will be involved in the project or program.

**Partner organizations, businesses, artists**

DATE	ORGANIZATION, BUSINESS, ARTIST	EXPLANATION OF COLLABORATION

4. What are the dates of the activity/event?

5. Is this a \_\_\_\_\_ new activity/event, or the \_\_\_\_\_ expansion of an existing activity/event?

6. Where will the activity/event be held?

7. Who is the target audience?

8. How many people will directly benefit from this activity/event (i.e., estimated audience)?

9. How many artists will be involved in this activity/event?

10. What fee will be charged to those attending or participating in the activity/event?

11. Please list all significant organizational staff members and titles or position, if applicable:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

**E. Placemaking Project Budget**

Please enter your planned **Placemaking Project** budget and funding request for **FY18 (July 1, 2017-June 30, 2018)**. Please note that funding is only available for projects in Allegany County.

ESTIMATED CASH EXPENSES		ESTIMATED CASH INCOME	
Salaries/Artist Fees:	\$	Individual Admissions/Tickets:	\$
Supplies/Materials:	\$	Memberships/Subscriptions:	\$
Equipment Rental:	\$	Tuition/Fees:	\$
Travel:	\$	Fundraising:	\$
Venue Rental:	\$	Advertising Revenue:	\$
Promotion:	\$	Other Grants:	\$
Other (specify):	\$	Cash Donations:	\$
Other (specify):	\$	Organization's Own Funds:	\$
Other (specify):	\$	Other (specify):	\$
<b>Amount requested from AAC (not to exceed 1/2 of total budget):</b>			<b>\$</b>
Total Cash Expenses:	\$	Total Cash Income:	\$

What non-cash (**in-kind**) donations, volunteer services, rental or materials have been made available to you for this activity/event? Please give value of each below:

Description: \_\_\_\_\_ \$ Value: \_\_\_\_\_

Description: \_\_\_\_\_ \$ Value: \_\_\_\_\_

If you are awarded Placemaking Grant funding, you will be asked to provide the AAC with two complimentary tickets (where applicable) to the event/activity, and to acknowledge the AAC's financial support in all press releases, posters, flyers, and/or public announcements.

I certify that the information in this application is accurate and correct, and agree to comply with the Allegany Arts Council's General Operating Grant eligibility requirements.

\_\_\_\_\_  
Signature of Authorized Organization Representative

\_\_\_\_\_  
Date

## **PLACEMAKING GOALS**

(500 word limit)

The purpose of the Allegany Arts Council's Placemaking Grant program is to assist our community in making Allegany County, and specifically its two Arts & Entertainment Districts in Cumberland and Frostburg, look and feel like arts destinations. This is done through projects such as open air performances, murals and other public art, arts walks, pop-up events and galleries, artist relocation and residency programs, outdoor workshops, and festivals. One of the most important components of placemaking is community involvement and partnerships. In this space, please describe how your specific Placemaking Project will help Allegany County and/or the Arts & Entertainment Districts grow as arts destinations. Describe specifically how the community will be involved and will benefit from your project.



## Disability Compliance

This form must be attached by all organizations requesting funding from the Allegany Arts Council, and attached to the grant proposal. Applicant organizations which do not satisfactorily address handicapped accessibility will be ineligible for consideration by the AAC regardless of artistic merit.

1. Are the facilities you plan to use for this program in compliance with Section 506 of the Rehabilitation Act regarding access for persons with disabilities?
  - Is there ramp access or elevators for wheelchairs? ..... Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
  - Is there a wheelchair area for viewing performances? ..... Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
  - Are there restroom facilities with grab bars and door widths to accommodate wheelchair users? ..... Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
  
2. Will public performances/facilities that are part of your program provide the following services?
  - Are there interpreters for persons who are deaf? ..... Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
  - Are there telecommunications devices for the deaf to reserve tickets or obtain information? ..... Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
  - Are hearing amplifications (FM, infrared, etc.) available for persons with sensory impairments? ..... Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
  - Are verbal program announcements or taped programmed notes available for persons with visual impairments? ..... Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
  - Are audio descriptions of performances available for persons who are blind or have low vision? ..... Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
  
3. If you answered "No" to any of the questions above, please attach a brief statement explaining a proposed plan of action to make reasonable accommodation to address these issues.
  
4. How will the accessibility of this program be advertised to persons with special needs?

*If you need help in identifying solutions for compliance, please call the office: 301-777-2787.*

### Other Compliances

1. Organizations must comply with Title VI, Section 601, of the Civil Rights Act of 1964 which states no persons, on the grounds of race, color, or national origin, shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination related to the arts.
2. Organizations must comply with Title IV, Section 1681, of the Education Amendments of 1972, and the Age Discrimination Action, Section 6101, of 1975, which prohibits discrimination on the basis of sex or of age.
3. Organizations must satisfactorily address Section 506 of the Rehabilitative Act of 1973 which states that no otherwise qualified person shall, solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination related to the arts.

\_\_\_\_\_  
Signature of Authorized Organization Representative

\_\_\_\_\_  
Date

## SAMPLE BALANCE SHEET

**Organization Name**  
**Balance Sheet**  
**Date**

<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
1001 - Checking - 1st United	9,000
1010 - Petty Cash	100
1050 - Unrestricted Investment	900
1051 - Board Restricted Investment	10,000
<b>Total Checking/Savings</b>	20,000
<b>Other Current Assets</b>	
1101 - Bulk Mail Prepaid	200
<b>Total Other Current Assets</b>	200
<b>Total Current Assets</b>	20,200
<b>Fixed Assets</b>	
1300 - Property, Plant, & Equipment	5,000
<b>Total Fixed Assets</b>	5,000
<b>TOTAL ASSETS</b>	25,200
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	5,300
Equity	19,900
<b>TOTAL LIABILITIES &amp; EQUITY</b>	25,200