

Springfield Area Arts Council

CITY ARTS

Artist Residency

Fiscal Year 2018

Grant Application

Guidelines and Forms

Springfield Area Arts Council

420 South Sixth Street Springfield IL 62701
Phone: 217-753-3519 Fax: 217-753-8018
director@springfieldartsco.org

City Arts Program 2017 - 2018

ARTIST RESIDENCY PROGRAM

Request for Proposal Guidelines

The Springfield Area Arts Council requests proposals from Sangamon and Menard County not-for-profit social service agencies registered with the Secretary of State. These proposals are for the development of artist residency programs and/or staff training programs in the arts. The purpose of the City Arts Residency Program is to provide access to the arts for underserved populations in community settings.

Background Information

The City Arts Residency Program, a project of the Springfield Area Arts Council and funded by the City of Springfield, seeks to identify segments of the community which are in need of the benefits gained from arts programming. Identification of such need can come directly from the community or from a segment of the community or can be recognized as an unspoken demand for hope and help by the Arts Council's staff, Board of Directors, and/or Panel members.

The goals of the City Arts Residency Program are:

- To increase the understanding of and appreciation for the arts and artists through a broad range of community arts programming;

- To provide underserved populations with access to the arts;

- To provide opportunities for professional artists to work within a community context and with various underserved communities; and

- To afford the community assistance for extended and in-depth arts programming on an ongoing basis.

Underserved communities include but are not limited to the following: senior citizens, minorities, mental health outpatient clients, rural populations, people with disabilities, abused women and children, and the homeless.

Local **arts** organizations are not eligible to apply per se, but an applicant may opt to develop an application in consultation with and/or in collaboration with a local arts organization. *Educational institutions are not eligible to apply.*

Review Procedures

A City Arts Panel representing the community, arts organizations, and city government will review all applications and recommend the amounts to be awarded as grants. The Board of Directors of the Springfield Area Arts Council will ratify the recommendations of the City Arts Panel. Applicant organizations will be informed of the decision of the Panel and Board by September 16, 2016.

General Guidelines

The City Arts Residency Program of the Springfield Area Arts Council provides support to social service and community agencies for artist residencies lasting from one week to two months for new applicants. However, sites which have hosted two City Arts Residencies may apply for up to a ten-month residency. During the residency, the artist works a minimum of two hours per week and a maximum of fifteen hours per week with identified clientele. A staff member of the agency must be present during all residency activities.

Funds may not be used for administrative expenses such as existing staff salaries or overhead expenses.

Funding is available to sponsor a broad range of artistic disciplines. The applicant agency also may request funds to train its staff in one or more artistic disciplines thus enabling the agency to continue the artist's work on an ongoing basis.

In 2017-2018, City Arts applicants may request funding for supplies in addition to the stipend for the artist(s). A maximum of 10% of the total grant amount may be requested.

The exact grant amount awarded is contingent upon the number of City Arts applications submitted and the available funds. The maximum request is \$500 for a new applicant and \$1250 for a repeat applicant.

Project Period

Projects are to take place between October 1, 2017, and July 31, 2018.

In lieu of the former workshops, all agencies who are first-time applicants in this category are required to schedule an appointment to discuss application details in order to be eligible for funding. Please call 217-753-3519 to schedule.

The Springfield Area Arts Council offers Artist Residencies as a component of the City Arts Program. The Arts Council should be credited on all promotional materials with the following statement: "This project is funded in part by a grant from the Springfield Area Arts Council and the City of Springfield."

Proposal Content

The proposal submitted (limited to two pages for #1–3 and #4B) should respond to the following:

1. Introduction: Describe your agency and its history. What is the purpose or mission of your agency? What are the goals of your agency? Whom do you serve?
2. Project Description: What activities will your artist(s) conduct with participants? How many artists are involved in residency? Who and how many individuals will participate in the residency? What are the residency dates (start and end)? How often will participants meet? Who will coordinate/supervise your project?
3. Project Outcomes: What goals of your agency's overall program will be met by the residency (e.g. socialization, communication skills, building self-esteem, etc.)?
4. Project Budget:
 - A. Complete the separate Project Budget page.
 - B. Provide details for items identified in the budget:
 When listing supplies/materials required, indicate their costs and if the grant amount will cover the needed supplies. If not, are these supplies/materials an in-kind donation by the organization, or will the organization seek outside donations to cover the additional cost of supplies?
 Will the clients assist by paying a small participation fee?
 What other expenses are being considered in-kind by the applicant organization (flyers to advertise project, administrative supervisor time, etc.)?

In addition to the Project Proposal and Project Budget, one (1) copy of the following items is required.

- Proof of status: Organization's current year's Illinois not-for-profit status (annual report to Secretary of State, copy of canceled check to Secretary of State or on-line proof obtained at www.cyberdriveillinois.com (Do NOT submit the 501(c)(3) Tax Exempt Form or the 990 Form to the Attorney General).
- Board of Directors List: Current Board of Directors with addresses
[SAAC use only - for invitations to related events]
- Operating Budget: Your organization's FY17 budget, FY16 year-end financial statement AND the proposed FY18 budget.

Contracts

Artist contracts will be issued by the applicant agency. Payment of stipend will be made directly to the artist by the applicant agency on a schedule set with the artist.

SAAC requires a copy of the contract and payment schedule, submitted along with the Cash Request for grant funding.

General Provisions

1. This Request for Proposal does not commit the Springfield Area Arts Council to pay any costs incurred in the preparation of a proposal. The Arts Council reserves the right to accept or reject any proposal in part or in its entirety. Proposals cannot be returned.
- 2a. One "Original Signature" set (as described on the Application Cover Page) plus five (5) copies of the Application Form, Proposal, and Project Budget should be submitted no later than August 1, 2017, to the Springfield Area Arts Council.
- 2b. Applications without an original signature set will be deemed incomplete. (Please use blue ink for the original signature.)
3. An evaluation of the arts residency program using the Final Report forms provided by the Arts Council must be submitted no later than thirty (30) days after the conclusion of the program.
4. Failure to submit timely and acceptable final reports may jeopardize the receipt of future funds from the Springfield Area Arts Council.

Application Deadline

Tuesday, August 1, 2017
Hand-delivered by 5:00 PM to the
Springfield Area Arts Council office
(Hoogland Center for the Arts basement).
OR
Postmarked on or before August 1, 2017

Springfield Area Arts Council

420 South Sixth Street Springfield IL 62701
217-753-3519 FAX: 217-753-8018 director@springfieldartsco.org

CITY ARTS GRANT PROGRAM 2017 - 2018

Artist Residency Application

_____ Check here if applying for a City Arts Grant *for the first time*.

Name of Applicant Organization	Year Founded	Year Incorporated	FY Year End (Month)
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Address of Organization (Street or PO Box)	Phone (office)	City Ward #
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City	Zip code	E-mail (organization)
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Official to whom notification should be sent	Title
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Project Director	Home or Office Phone	Cell Phone
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Address	City	Zip	E-mail
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Estimated number of artists providing services specifically identified with this project _____

Estimated number of adults who will benefit from this project _____

Estimated number of youth (under 18) who will benefit from this project: _____

SUMMARY OF PROJECT BUDGET

A.	Grant Amount Requested (same as # 1 on project budget)	\$ _____
B.	Total Anticipated Cash Income (same as # 4)	\$ _____
C.	Total Anticipated Cash Expenses (same as # 9)	\$ _____
D.	Total In-Kind Contribution (same as # 10)	\$ _____

STATEMENT OF ASSURANCES: The applicant organization agrees that all figures, facts and representations in this application are true and correct to the best of its knowledge and belief. It further agrees that activities and services will be administered under the supervision of the organization and the funds received will be expended solely on the described project.

Signature of official of applicant organization	Date
---	------

Signature of person completing this application	Date
---	------

Typed name and title of official of applicant organization

Typed name and title of person completing this application

Submit to the Springfield Area Arts Council, 420 South Sixth Street, Springfield, IL 62701 by August 1, 2017.

Springfield Area Arts Council
City Arts Grant, 2017 - 2018 – Residency Proposal
PROJECT BUDGET (Part #4, A of Proposal Content)

Applicant Organization _____

Project _____

CASH INCOME

- | | | |
|----|--|-----------------|
| 1. | Springfield Area Arts Council Grant Amount | \$ _____ |
| | Maximum for new applicant = \$500 | |
| | Maximum for two year-plus applicant = \$1250 | |
| 2. | Contributions/Support | \$ _____ |
| | (other grants, class fee, corporate/business or private donations) | |
| 3. | Applicant Organization's Cash Support | \$ _____ |
| 4. | TOTAL CASH INCOME | \$ _____ |

CASH EXPENSES

- | | Expenses | In-kind |
|-----|--|-----------------|
| 5. | Fees and Services: | |
| | Artist Stipend * | \$ _____ |
| | Administrative | \$ _____ |
| 6. | Supplies and Materials | \$ _____ |
| | May be 10% for a two2 year-plus applicant; \$125 maximum | |
| 7. | Rental (space or equipment) | \$ _____ |
| 8. | Marketing (ads, posters, etc.) | \$ _____ |
| 9. | Total CASH Expenses | \$ _____ |
| 10. | Total IN-KIND Contributions | \$ _____ |

Note: Line #4 INCOME should be equal to or greater than Line #9 EXPENSES.

* Determine Artist Stipend as follows: \$ _____ per hour
x _____ hours per session (including preparation, if necessary)
= \$ _____ cost per session
x _____ number of sessions
= \$ _____ TOTAL cost for artist's stipend

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City Arts Grant

2017 - 2018

Artist Residency Program Application Cover Page

Application Deadline: Monday, August 1, 2017

Hand-delivered by 5:00 PM to the
Springfield Area Arts Council office
(Hoogland Center for the Arts, basement)

OR

Postmarked by August 1, 2017

Organization _____

1. Please submit one (1) "original signature" set that includes the following:

_____ Application Form (signed with blue ink)

_____ Narrative Proposal

_____ Project Budget

_____ The organization's current Illinois not-for-profit status
(annual report to Secretary of State or copy of canceled check to the Secretary of State
or on-line proof from www.CyberDriveIllinois.com, NOT the 501(c)(3) Tax Exempt
Form or the 990 Form to the Attorney General)

_____ A current list of your Board of Directors with mailing addresses

_____ Your FY17 Operating Budget, FY16 year-end statement, and the proposed FY18
Operating Budget

2. _____ Five (5) copies of the Application Form, Narrative Proposal, and Project Budget

_____ met and discussed the Grant details on _____.
Name _____ Date _____

Jon Austin, Executive Director, SAAC

6/2017

► PLEASE ATTACH THIS PAGE TO YOUR "ORIGINAL SIGNATURE" SET ◀