



COMMUNITY ARTS ACCESS GRANT PROGRAM 2018



This program is partially funded by a grant from the Illinois Arts Council, a state agency.

APPLICATION AND GUIDELINES

Due Date:
Friday, March 30, 2018 (Round 2)
5:00 pm

Freeport Art Museum
121 North Harlem Avenue
Freeport, Illinois 61032
Phone: 815-235-9755 FAX: 815-235-6015
Email.director@freeportartmuseum.org

The Freeport Art Museum Community Arts Access Grants 2018

MISSION

The mission of the Freeport Art Museum is to promote an understanding of art and culture through our collections, exhibitions, education.

BACKGROUND

The Freeport Arts Center, DBA the Freeport Art Museum (FAM) was established in 1975 as the Highland Area Arts Council to serve Stephenson, Carroll, Jo Daviess, Lee, and Ogle counties. Key among the Freeport Art Museum's activities is the Community Arts Access (CAA) program funded in part by the Illinois Arts Council (IAC), a state agency. To this grant award from the IAC the Freeport Art Museum adds a 25% match.

Through this program, FAM is able to serve people in northwestern Illinois by extending arts funding to artists and not-for-profit organizations in Carroll, Jo Daviess, Lee, Ogle and Stephenson counties. The goal of the Community Arts Access program is to foster new and emerging artists and art programs by providing grants that increase community awareness and access to the arts in Illinois.

GUIDELINES

Application Deadline: Friday, March 30th, 2018 before 5:00 PM.

Maximum Grant Request: \$1500 for either Individual Artists or Not-for-Profit Organizations

WHO WE FUND

Individual Artists and Not-for-Profit Organizations

Community Arts Access funds are available to artists and nonprofit organizations that provide high quality, innovative community arts programming in the northwestern Illinois counties of Carroll, Jo Daviess, Lee, Ogle and Stephenson counties. Priority is given to new and emerging artists or programs. Programs or events that are repeated on annual basis are not guaranteed funding.

Individual artists must be at least 21 years of age and a resident of one of the northwestern Illinois counties of Carroll, Jo Daviess, Lee, Ogle and Stephenson.

Not-for-profit organizations must be incorporated, with a valid street address in one of the NW Illinois counties of Carroll, Jo Daviess, Lee, Ogle and Stephenson. They must also have acquired or be in the process of applying for 501(c)(3) status.

WHAT WE FUND

Artists and organizations who plan and execute innovative projects of high quality that are oriented toward community arts and **provide payment to artists from the State of Illinois** with preference given to artists living in the above listed counties. All art forms and disciplines are eligible. Funded projects must provide service to one or more of the following counties: Carroll, Jo Daviess, Lee, Ogle or Stephenson.

Projects must take place between January 1 and August 31, 2018.

Community Arts Access will award at least 30% of funds to arts programming that makes special efforts in **reaching locally neglected or underserved audiences**: including minority, elderly, people with disabilities, low income, at risk youth or with limited access to the arts, and rural populations.

WHAT WE DO NOT FUND

1. Multiple applications are not allowed.
2. Projects with no public or community arts emphasis will not be funded. Artists and organizations are strongly encouraged to provide a public program with high visibility (by virtue of structure, location or publicity) that describes and/or documents their art program.
3. **Community Arts Access** funds may not be used as a source for funding day-to-day operations, or capital improvements. Programs by universities and colleges that are not open to the public, touring or travel outside designated counties for service, purchasing permanent equipment, or deficit funding are ineligible.
4. Awards may not be used as scholarships to assist artists in obtaining college degrees.
5. Grantees are ineligible for grant support for 5 years if they fail to complete their project during the designated period and/or fail to submit final reports on their projects 30 days following the ending date of their project. Funds must be returned to FAM if the project is canceled.
6. Incomplete applications or applications received after the due date/time will not be reviewed.
7. **Community Arts Access** funds may not be used for artistic programs at functions where the artists are not the primary focus.
8. **Community Arts Access** funds may not be used as support for fundraisers, benefits, receptions or other social functions.

REVIEW CRITERIA

ARTISTIC MERIT (40%)

Quality of an individual's or organization's artistic value, as demonstrated by submitted support materials

- Is artistic work or program innovative and creative?
- Does artistic work require technical skill and vision?
- Did the artist or organization supply concrete and specific background qualifications?
- Quality of support materials and resume
- Will the project further the organization's mission? (Organizations only)

COMMUNITY IMPACT (30%)

- Does project or program meet current or future community needs?
- Does the project include diverse community representation and participation?
- Is it accessible to the community, regardless of race, gender, age, education or disability?
- Will the public be significantly involved and benefit from this project?
- Will the project be effective in achieving its goals with its target audience?
- Is there innovation in programming to incorporate diverse and new audiences in the project?
- Is the marketing plan effective?

ORGANIZATIONAL CAPACITY (30%)

- Does the project show clear and specific goals/objectives through a well-conceived and realistic plan of implementation?
- Evidence of sound management and planning
- Does the artist or program administrator demonstrate professionalism and ability to lead?
- Is the project budget clearly defined and realistic?
- Does the budget show support from diverse sources?
- Are the application materials clear, complete and consistent?

REVIEW PROCESS AND CALENDAR

APPLICATION REVIEW

March 30, 2018

Application deadline.

April 6, 2018

Staff review applications for completeness and eligibility.

April 13, 2018

Peer panel reviews grants and offers recommendations based on established criteria.

April 13, 2018

Applicants are notified by email regarding funding status.

DISBURSEMENT OF FUNDS

After announcing the award of grantees,

- 1) Grantees will be required to submit letters advocating financial support of the arts to their state and federal legislative representatives.
- 2) Grantees must complete and return Letters of Agreement and Cash Request forms.
- 3) Must return a Final Report form within 30 days of program.

APPLICATION ASSISTANCE

Questions about the Community Arts Program and eligibility of funding can be addressed directly to

Jessica J. Modica, Executive Director of the Freeport Art Museum via email at

director@freeportartmuseum.org. Please reference CAA or Community Arts Access in the subject

line of your email and allow 24 hours for a reply. Ms. Modica is also available to assist with questions relating to filling out the application.

GENERAL INSTRUCTIONS

- Please use legal name. Organizations must use their incorporated name.
- Only one application per artist or organization will be accepted.
- Application must be submitted on this form, a photocopy or the electronic form provided.
- Application must be typed.
- A written ink signature must be included on cover sheet in original set. Digital signatures are also accepted.

DELIVERY INSTRUCTIONS

- Mailed applications must be postmarked no later than December 29, 2017
- Applications in PDF format are accepted at director@freeportartmuseum.org
- Hand delivered applications must arrive before 5:00 PM on December 29, 2017
- Please submit entire application (original and copies) in one single envelope package.
- Applicants must supply an Illinois street address.

DOCUMENTATION AND RETURN POLICY

- Copies of the application, budget and printed materials such as brochures, letters and samples **will not be returned**. Please retain copies for your files.
- Staff will make every effort to protect artistic support documentation; however staff is not liable for any loss or damage that may occur.

IF YOU WOULD LIKE YOUR ARTISTIC SUPPORT DOCUMENTATION RETURNED:

1. Enclose a self-addressed stamped envelope with sufficient postage and protective packaging,
OR
2. Artistic support materials will be ready for return on designated pick-up days. Applicants will be notified by mail following panel review.

APPLICATION COVER SHEET
2018 Community Arts Access
Deadline: March 30, 2018

ARTIST OR ORGANIZATION NAME: _____

CONTACT PERSON: _____

Telephone: (W) _____ (H) _____ (FAX) _____

Street Address _____ City _____

State _____ Zip _____ Date of Not-For-Profit Incorporation _____

Website _____ (Email) _____

LEGISLATIVE DISTRICTS:

County: _____ House: _____ Senate: _____ Congress: _____

PROJECT INFORMATION

PROJECT TITLE: _____

Project Dates: Starting: _____ Ending: _____

PROJECT DIRECTOR: _____

Telephone: (H) _____ (W) _____

2018 Community Arts Access funds requested: \$ _____

ESTIMATE: Number of artists participating: _____ Number of artists being paid: _____

Number of youth to benefit: _____ Number of volunteers: _____

Total number of individuals to benefit from the project: _____

Please complete the following section to the best of your ability. This information will be used for state reporting purposes only. It is not used for awarding funds. NOTE: Your total may equal more than 100%.

Anticipated make-up of individual(s) benefiting from the project:

| | | | |
|-----------------|---|-------------------|---|
| Rural | % | African-American | % |
| Seniors | % | Asian | % |
| At-risk Youth | % | Hispanic | % |
| Other (Specify) | % | Native American | % |
| | | General/undefined | % |

**APPLICATION NARRATIVE
2018 Community Arts Access**

Please answer the following questions to the best of your ability. Respond to all questions using 12 point font and one inch margins.

1. Describe your history as an artist and how you are qualified to accomplish the proposed project. Organizations please state organizational mission and how the organization is qualified to accomplish the proposed project. Cite references, performances, exhibitions, publications, venues, dates, etc.

2. Provide a brief artistic statement. Organizations- explain why the organization has chosen its mission and what benefits it hopes to share through this project.

3. Describe the project for which funds are requested.

4. Who does your project serve? What audience, neighborhood or community will benefit?

5. What is the need for your project and how was the need determined?

6. How do you plan to promote your project? Provide dates, locations, and costs.

7. How will the funded project impact your artistic or organizational development?

8. If funded previously by the Freeport Art Museum's Community Arts Access program, discuss how funds were used and how the funded project impacted your artistic or organizational development.

APPLICATION BUDGET
2018 Community Arts Access

| 1. INCOME | | ITEM | AMOUNT |
|--------------------------|-----------------------|--|-----------------|
| a. Earned Income | | Admissions | \$ |
| | | Other Revenue | \$ |
| b. Gifts/Donations | | Corporate Support | \$ |
| | | Foundation Support | \$ |
| | | Individual Contributions | \$ |
| c. Grants | | Federal Funding | \$ |
| | | State Funding | \$ |
| | | Municipal | \$ |
| d. Organizational Cash | | Applicant's Cash | \$ |
| e. Community Arts Access | | Community Arts Access Request | \$ |
| | | Total Income | \$ |
| | NOTE: | <i>Total income must equal total expenses</i> | |
| 2. IN-KIND DONATIONS | What will you receive | free of charge from other sources? | \$ Value |
| Gift/Giver | | | |
| a. | | | \$ |
| b. | | | \$ |
| c. | | | \$ |
| d. | | | \$ |
| | | Total In-Kind | \$ |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|----------------------|-----------------------|----|
| 3. EXPENSES | | | \$ |
| a. Personnel: | Administrative | | \$ |
| | | | \$ |
| | Artist Fees | | \$ |
| | | | \$ |
| | | | \$ |
| | Technical/Production | | \$ |
| | | | \$ |
| b. Outside Fees/Services: | Artistic | | \$ |
| | | | \$ |
| | Other | | \$ |
| | | | \$ |
| c. Marketing: | Printing | | \$ |
| | Mailing | | \$ |
| | Other (please list) | | \$ |
| | | | \$ |
| d. Remaining Operating Expenses: | Supplies | | \$ |
| | | | \$ |
| | Space Rental | | \$ |
| | | | \$ |
| e. Other | Other (please list) | | \$ |
| | | | \$ |
| | | Total Expenses | \$ |

APPLICATION BUDGET NARRATIVE
2018 Community Arts Access

Please describe all of the information provided in the budget. Itemize each income or expense—for example, if you noted an anticipated income of \$2000 in corporate support, this is where you would name the corporation that has pledged the support or that you plan to approach for support. Be as descriptive as possible for both income and expenses, so the grant reviewer does not have any doubts as to the validity of the budget and how you arrived at the numbers.

This check list is for your information only. It is unnecessary to include it with your proposal.

6 SETS (copies) OF YOUR APPLICATION ARE REQUIRED. Please collate the following materials IN THIS ORDER, and PAPER CLIP each SET (do not staple). Please include this checklist on top of your original as the first page.

Each set should include:

- Application Cover sheet (ORIGINAL SIGNED form should be in the first set, photocopy for remaining set)
- Application Narrative
- Budget
- Budget Narrative explaining any amounts listed. Please list names of anticipated corporate or foundation support. If discounts are offered, please describe, i.e. seniors, children. Please identify sources of in-kind contributions.
- Artistic resume of each key project administrator and artist.
- Supplementary documentation: Submit up to 3 examples- letters of venue confirmation, critical reviews, press releases, sketches, proposed marketing materials, etc.0
- Proof of residency
Individuals: Driver's license or State ID; Organizations: Annual Report to the Secretary of State
- Previously funded project documentation
*If you have received funding in the past please show materials crediting the Community Arts Access program.

SOLO ARTISTS and ARTISTS PARTNERING WITH ORGANIZATIONS

- Documentation of artistic ability for artists applying **AND** artists partnering with organizations. Check the item that you are including. It must directly relate to the artistic discipline included in your project.
 - _____ Photo(s) each labeled with artist's name, work title, medium and dimensions
 - _____ JPEGs saved to a CD—title each image with artist first and last name and image number
 - _____ Audio CD
 - _____ DVD video (one copy, labeled, 3 minutes maximum play time)
 - _____ Short Story (two copies collated with the applications)
 - _____ Poems (two copies of three poems, assembled into sets, collated with applications)
 - _____ Two Letters of Recommendation **ONLY** if above documentation is unavailable (two copies of each collated with applications)

ORGANIZATIONS MUST INCLUDE THE FOLLOWING IN ADDITION TO THE ITEMS ABOVE

- Current 12 month operating budget. **Public schools** may submit a single copy if their building budget is not easily excerpted from the district budget.
- List of Staff and Board of Directors, including professional affiliations.

NOTE: All materials must be included. **Incomplete or late applications will not be reviewed.**