FY18-Regional Initiative Grant
Arts Project Support

Indiana Arts Commission

Before You Begin

Welcome New and Returning Applicants

In this application you'll find a new focus of the Indiana Arts Commission: community engagement.

Why community engagement?
We're happy to report the arts are growing in Indiana. Arts organization budgets are increasing, and the role of the arts is expanding. Other state agencies are integrating arts and quality of life in their efforts. Collectively, we know that when the arts thrive, communities thrive, and when communities thrive, Indiana thrives. So, how can we make the most impact with the resources we have? Focus on community.

So, what exactly is our priority?
To embed the arts in community. We know that the arts deepens its role, relevancy, and value by working with communities to address shared needs.

New Online System, best note the following:

- The system auto-saves after every 100 characters typed or every time you click into a new question; however there is also a "Save" button at the bottom of the page.
- If you copy and paste from an outside document into the online system, be sure to keep track of character limits (including spaces). We recommend that you do not use formatting tools, because the formatting will likely not transfer to the response area when pasted into the online system.
- If you do not provide an answer for one of the required questions, you will not be able to submit your application.
- Remember to click "Submit Form" when you are finished. Once your application has been submitted it is no longer available for editing.

Evaluation Criteria
All eligible applications are evaluated by a conflict-free panel of peer professionals. Panelists evaluate each application using this rating sheet. We recommend using it to help develop your application.

Questions?

About the Program: Contact your regional director

About online system technical issues: Grants Manager at 317-232-1278

Applicant Profile - General Information

501c3 or Public Entity*
To be eligible, the applicant must be a private, nonprofit, tax-exempt agency, 501(c)(3) status from the Internal Revenue Service (IRS) OR an Indiana public entity (part of city, county, or state government). Which applies to your organization?

Choices
A private, nonprofit, tax-exempt agency, 501(c)(3) IRS status
Indiana public entity (part of city, county, or state government)

Exempt Documentation*
Upload your organization's Tax Exempt Letter or Public Entity Enabling Document. (The file should be named with your organization's name or acronym and the applicable title, e.g. IAC_ArticlesNonprofit.pdf.) PDF only.

File Size Limit: 1 MB

Organization's County*
Select the county in which your organization is located.

Choices
Adams
Allen
Bartholomew
Benton
Blackford
Boone
Brown
Carroll
Cass
Clark
Clay
Clinton
Crawford
Daviess
Dearborn
Decatur
DeKalb
Delaware
Dubois
Elkhart
Fayette
Floyd
Fountain
Franklin
Fulton
Gibson
Grant
Greene
Hamilton
Hancock
Harrison
Hendricks
Henry
Howard
Huntington
Jackson
Jasper
Jay
Jefferson
Jennings
Johnson
Knox
Kosciusko
LaGrange
Lake
LaPorte
Lawrence
Madison
Marion
Marshall
Martin
Miami
Monroe
Montgomery
Morgan
Newton
Noble
Ohio
Orange
Owen
Parke
Perry
Pike
Porter
Posey
Pulaski
Putnam
Randolph
Ripley
Rush
St. Joseph
Scott
Shelby
Spencer
Starke
Steuben
Sullivan
Switzerland
Tippecanoe
Tipton
Union
Vanderburgh
Vermillion
Vigo
Wabash
Warren
Warrick
Washington
Wayne
Wells
White
Whitley

**Region Number**
In what IAC Region is your county located? Follow this [link](#) to determine your region number. Enter the Region Number below.

*Character Limit: 2*

**Authorizing Official***
If different from the Executive Officer entered in your registration profile, provide your Authorizing Official's Name, Title, Email, and Phone below. Type NA if not applicable.

*Character Limit: 400*

**Congressional District***
Click [HERE](#) to find your Congressional District and representatives.

*Character Limit: 2*

**State Senate District***
Click [HERE](#) to find your state district for Senate (this question) and House (question below).
Character Limit: 2

State House District*
Character Limit: 2

Applicant Discipline*
This is your organization's primary discipline.

Choices
01 Dance
02 Music
03 Opera/ Music Theatre
04 Theatre
05 Visual Arts
06 Design Arts
07 Crafts
08 Photography
09 Media Arts
10 Literature
11 Interdisciplinary
12A Folk Arts – Dance
12B Folk Arts – Music
12C Folk Arts – Crafts and Visual art
12D Folk Arts – Oral Traditions (include folk/traditional storytelling)
13 Humanities
14 Multidisciplinary
15 Non-Arts/Non-Humanities

Project Discipline*
This is the primary discipline of your project.

Choices
01 Dance
02 Music
03 Opera/ Music Theatre
04 Theatre
05 Visual Arts
06 Design Arts
07 Crafts
08 Photography
09 Media Arts
10 Literature
11 Interdisciplinary
12 Folk/ Traditional Arts
13 Humanities
14 Multidisciplinary
**Fiscal Agent**

**Fiscal Agent Status***
Is your organization acting as a fiscal agent for another organization that will be implementing the project? The fiscal agent is required to be the applicant and is responsible for fulfilling the contract if funded.

**Choices**
- Yes
- No

If you are serving a Fiscal Agent to another organization (answered "yes" to the question above), the following information must be completed. Failure to do so will result in an ineligible application.

**Organization serving under Fiscal Agent**
Provide all of the following in the text box below, and in this order:

Organization's Information:

- Legal name
- Mailing Address
- County
- Primary Contact Full Name
- Primary Contact Email and Phone
- Brief description of what the organization does
- Organization's Mission Statement
- Number of years in operation, and staff/volunteer/board overview
- Web address, if available

*Character Limit: 2000*

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**Applicant Summary**

**Project Title***

*Character Limit: 100*

**Grant Amount Requested***
Eligible project request range: $500 to $5000

*Character Limit: 20*

The following dates (start date and end date) must fall within the FY18 grant period of July 1, 2017 through June 30, 2018.
Project Start Date*
*Character Limit: 10

Project End Date*
*Character Limit: 10

Mission Statement*
Provide your organizational mission statement. If you are a fiscal agent, also provide the mission statement of the organization to which you're serving as a fiscal agent.
*Character Limit: 750

Project Summary*
Summarize your organization's proposed project and how the Indiana Arts Commission (IAC) grant funds will be used.

*Character Limit: 500

How many years has this project occurred?*
If this is a new project, enter 0.
*Character Limit: 10

Artistic Quality

Describe the Project*
Include:
A. Links and information about the artist(s), ensembles, etc.
B. Selection process.
*Character Limit: 5000

Sample Promotional Materials*
Upload your organization's project-related sample promotional materials (up to 3 pieces consolidated into one PDF file). Use the narrative box to provide additional information (optional - type N/A if you have no additional information).

Q: What if I don't have promotional materials for this project yet?
A: Just provide an example of your promotional material that would be similar to what you’d make for this project.

If applicable, provide a link to your Facebook/social media pages and/or website below.
*Character Limit: 2000 | File Size Limit: 5 MB
Community Engagement

Projected Participants

Think about who's going to directly participate in your project. Provide those projections below.

Q: For the next three questions, who should be included in the totals?
A: Everybody you estimate will directly participate, in-person only (not via internet or cable or electronically).

- But, only count them once - even if they will participate more than once; and,
- Only include folks who will participate in your project during the grant period.

How many adults (18 and over)?*

Character Limit: 10

How many children (under 18)?*

Character Limit: 10

How many artists?*

Include artists directly involved in providing IAC funded artistic services. If no artists will be directly involved in providing artistic services, enter 0.

Character Limit: 10

Online Participation*

Will your IAC funding directly serve participants via broadcast or online? If YES, how and how many do you estimate will participate (do not double-count)? If not applicable, type NA.

Character Limit: 1000

Please explain how you arrived at the totals above.*

Character Limit: 2500

Community Engagement: Narrative

Community Engagement is an active, two-way and ongoing relationship between the applicant and the community in the planning, participation and evaluation of the proposed project.

It is about working with a community, not for a community.
Q: What do we mean by community?
A: "Community" is a collection of people, places, and organizations that are connected in some way.
Learn more about community engagement here.

Community Engagement*
Discuss how you will work and develop relationships with a community (or communities) in planning, participation, and evaluation of this project.
Character Limit: 3500

Inclusion Efforts*
Describe inclusion efforts such as ensuring access, diversity of participants, accommodations to address physical challenges and other underserved populations.

Q: How do you define diversity, inclusion, underserved, etc?
A: Click here.
Character Limit: 3500

Community Impact*
Describe the changes (impacts) you wish to see in your community as a result of your project.
Character Limit: 3500

Project Management

Project Activities Timeline*
Describe how you will accomplish your project within the grant period. List each project activity and an estimated start and end date for each.
Character Limit: 5000

Project Evaluation*
What evaluation tools and processes will you use to know if you’re successful in achieving the desired change(s) (impacts)?

Note: This question refers to the community impact you provided in the Community Engagement section.
Character Limit: 2500

Projected Budget

Instructions

Complete a detailed budget for your project.
- The projected budget should only consist of income and expenses that will occur during the FY18 grant period (July 1, 2017 - June 30, 2018.)
- Include your IAC grant request in your FY18 budget income section.
- Refer to the following for assistance with IN-KIND:
  1. In-kind Overview
  2. Sample In-kind Contribution Worksheet

**Projected Budget Upload**
Upload your projected CASH budget. Projected income must include your IAC GRANT REQUEST. The income total and expense total must match. Budget information should provide enough detail to be meaningful to panelists.

*File Size Limit: 3 MB*

**Projected Budget Totals**

Use the totals from the uploaded budget above to complete the following.

**Total Projected Cash Income**
This should equal the "Total Projected Cash Expenses" below.

*Character Limit: 20*

**Total Projected Cash Expenses**

*Character Limit: 20*

**Total Projected In-Kind**
Type 0 if you do not anticipate in-kind support.

*Character Limit: 20*

**Projected In-kind Detail**
List and describe any "in-kind" contribution you anticipate for your project. (Type NA if not applicable.)

*Character Limit: 3500*

**Budget Explanation**
Help the panel understand your listed cash income and expenses (e.g. if equipment rental is listed in the expense line, explain what equipment will be rented and the source).

*Character Limit: 3500*

**Financial Documentation**
Combine and upload the following reports from your most recently completed fiscal year-end:
- **Income and Expense Statement** (aka Profit and Loss or P&L)
- **Balance Sheet** (Statement of Financial Position)

Use the space below to provide additional information (Optional - type NA if no information).

Q: What if we don't have a balance sheet?
A: Provide an explanation below.

Q: What if we are a school or college/university?
A: Only upload your individual school or division financial P&L, not the entire district, college, or university.

*Character Limit: 2500*

**Board and Staff List**

Upload a current board membership and staffing list using the template provided [here](#). (The file should be named with your organization's name or acronym and the title Board&Staff, e.g. IAC_Board&Staff.xls)

*File Size Limit: 2 MB*

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**Accessibility Statement**

**About this Section**

The Indiana Arts Commission (IAC) supports universal access to the arts. IAC abides by state and federal laws that prohibit public support to organizations (people or entities) that discriminate against people with disabilities. Therefore, each grantee is required to assure that they are in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). By signing an IAC application or grant agreement, applicants/grantees are in effect acknowledging that their programs, services, and facilities are accessible, or a plan to make them accessible is in place and being followed. Funds may not be granted unless applicants are able, if requested, to provide documentation of their efforts to be in compliance.

For assistance with this section, including an Accessibility Self-Assessment Checklist, consult the Indiana Arts Commission accessibility webpage located [here](#).

**Accessibility Statement***

APPLICANT ASSURES that all arts programs, services, and activities made possible with Indiana Arts Commission funding and all facilities in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant) will be accessible to people with special needs, in accordance with Section 504 of the Rehabilitation Act of 1973 and
the Americans with Disabilities Act of 1990 OR will provide readily achievable reasonable accommodation as warranted.

**Choices**
- Yes
- No

**APPLICANT ASSURES that this warranty is based on:**
Check all that apply.

**Choices**
- A. Self-assessment checklist from IAC website
- B. Independent accessibility assessment
- C. Recommendation from a citizen advisory committee composed of persons with disabilities
- D. Other

**Based on your selections above, complete the following**
A and B. If you selected "Independent accessibility assessment" or "Applicant self-assessment", provide the name and title of the individual who completed the warranty.
- C. Type NA
- D. If you selected "Other", you must specify what the warranty was based upon.

**Accessibility Warranty Date Completed:**

**Accessibility Verification**
Applicant assures that materials supporting the above statements are on file and available for review.

**Choices**
- Yes

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**Electronic Signature**

**Important Notes:**

- Be sure to review your application for accuracy before submitting. Corrections cannot be made after the submission deadline.
- After submitting the application, an automatic email will be sent to the primary contact. To confirm the application was submitted and/or download a copy of the submitted application, go to the "Applicant Dashboard".

**Signature**
Please provide an electronic signature by typing your name in the box provided. Your signature certifies that you have read the guidelines incorporated herein by reference and will comply with
all guidelines, including federal and state statutes prohibiting discrimination or physical or mental disability. (Type in the name of your Authorizing Official).

*Character Limit: 200*