**Springfield Area Arts Council**

**CITY ARTS**

**The Americans with Disabilities Act (ADA) Assistance**

**Fiscal Year 2019**

**Grant Application**

**Guidelines and Forms**

**Springfield Area Arts Council**

**420 South Sixth Street Springfield, IL 62701**

**Phone: 217-753-3519 Fax: 217-753-8018**

**programs@springfieldartsco.org**

**City Arts Program 2019**

**The Americans with Disabilities Act (ADA) Assistance**

**GUIDELINES**

**The Americans with Disabilities Act (ADA) of 1991 was the first major new civil rights legislation in years and was enacted to end discrimination against the 43 million Americans with disabilities.**

The ADA has affected large and small businesses as well as not-for-profit arts organizations that schedule exhibitions and/or performances in public spaces, in privately-owned theatres, or galleries.

Effective January 26, 1992, the ADA states that “auxiliary aids and services must be provided to individuals with vision or hearing impairments or other individuals with disabilities so that they can have an equal opportunity to participate or benefit, unless an undue burden would result.” and

“Physical barriers in existing facilities must be removed or removal is readily achievable (i.e. easily accomplishable and able to be carried out without much difficulty or expense). If not, alternative methods of providing the services must be offered, if those methods are readily achievable.”

Restated, the ADA requires that “reasonable accommodation” be made for people with disabilities, including “readily achievable” architectural modifications, effective January 26, 1992. “Readily achievable” is defined as any removal of a barrier that doesn’t cost very much and is not difficult to do. The following factors will be considered:

• nature and cost of action needed

• overall financial resources of organization

• number of persons served

• effect on expenses and resources

• impact on operations

• type/nature of operation

The Springfield Area Arts Council believes that arts organizations have a wonderful opportunity to increase arts audiences by providing “reasonable accommodation” of products, services, and equipment in order to reach out and welcome people with disabilities – to make them comfortable as members of our audiences and to provide them with the benefit of the performance or exhibition. We believe the ADA should be viewed as a natural component of our missions as not-for-profit organizations to serve and educate all segments of the public, including minorities, women, and any disadvantaged or underserved group.

Eligible applicant organizations must serve residents of Sangamon and/or Menard counties, be registered as a not-for-profit organization with the Illinois Secretary of State, and have been in existence for at least one year prior to application.

The Springfield Area Arts Council, through its City Arts Grant Program, provides grants to arts organizations that provide accommodation for people with disabilities.

Some of the products, services, and equipment which could be funded are these:

• The hiring of sign language interpreters for the hearing impaired

• Printing of large-print performance programs or exhibition catalogues/flyers

• Raised letter/braille print programs or wall text cards for performances and exhibitions

• Non-capital expenditures, such as theatre aisle strip lighting

• Purchase of Portable Assistive Listening (PAL) or similar devices

If such equipment is already in place, then the need for more units must be proven by demand-

exceeding-supply documentation.

• Collapsible, non-motorized wheelchairs

Be aware of service that volunteers could offer if such equipment is provided. For example, does

the user of a wheelchair need an attendant after s/he exits a vehicle in order to access the site? And

then need assistance once inside the facility? Can you provide such volunteer attendants?

• CD recordings of printed materials for people with visual impairments

If, for example, specially designed tours of tactile exhibits are scheduled or other opportunities

can be made available to people with visual impairments, funding will be considered.

**Narrative**

Limit the Narrative to ONE page, responding to the following items:

• Indicate the nature of your project and need for products, services, or equipment. Include

project grant request amount.

• Indicate the specific program(s) to be targeted by ADA project. For example, a concert, an

exhibit, the entire season, etc.

• Explain briefly your organization’s mission, history, and current arts programming.

**Project Period**

October 1, 2018 – September 1, 2019

*Agencies that 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.*

**Acknowledgment**

The Springfield Area Arts Council offers ADA Assistance 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." Logos can be provided.

**Review Procedure**

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 Panel’s recommendations. Applicant organizations will be informed of the decision of the Panel and Board.

**Application Deadline**

**Monday, April 15, 2019**

Hand-delivered by 5:00 PM to the

Springfield Area Arts Council office

(Hoogland Center for the Arts, basement)

OR

Postmarked on or before April 15, 2019

Springfield Area Arts Council

420 South Sixth Street Springfield, IL 62701

217-753-3519 programs@springfieldartsco.org

CITY ARTS GRANT PROGRAM 2018 - 2019

**The Americans with Disabilities Act (ADA) Assistance Application**

\_\_\_\_\_ Check here if applying to the City Arts Grant Program *for the first time*.

Name of Applicant Organization Year Founded Year Incorporated FY Year End (Month)

Address of Organization (Street or PO Box) Phone (office) City Ward #

City Zip code E-mail (organization)

Official to whom notification should be sent Title

Project Director Home or Office Phone Cell Phone

Address City Zip E-mail

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 April 15, 2019.*

Springfield Area Arts Council

420 South Sixth Street Springfield, IL 62701

Phone: 217-753-3519 Fax: 217-753-8018

programs@springfieldartsco.org

THE AMERICANS WITH DISABILITIES ACT (ADA) GRANT

PROJECT BUDGET

2018 - 2019

Applicant Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH INCOME

1. Springfield Area Arts Council Grant Amount Requested $

2. Contributions/Support $

(other grants, corporate/business or private donations)

3. Applicant Organization’s Cash Support $

4. **TOTAL CASH INCOME $**

CASH EXPENSES

Expenses In-kind

5. Fees and Services:

Administrative $ $

Technical $ $

Artistic $ $

6. ADA Request Cost:

Project Supplies/Materials/Service $ $

7. ADA Request Cost: 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.*

Springfield Area Arts Council

420 South Sixth Street Springfield, IL 62701

217-753-3519 Fax: 217-753-8018

programs@springfieldartsco.org

**City Arts Grant**

**2018 – 2019**

Application Cover Page

**The Americans with Disabilities Act (ADA)**

Application Deadline: Monday, April 15, 2019

Hand-delivered by 5:00 PM to the

Springfield Area Arts Council office

(Hoogland Center for the Arts, basement)

OR

Postmarked by April 15, 2019

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 FY19 Operating Budget, FY18 year-end statement, and the proposed FY19 Operating Budget

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sheila Walk, Interim Executive Director, SAAC Date

►PLEASE ATTACH THIS PAGE TO YOUR “ORIGINAL SIGNATURE” SET ◄