**Springfield Area Arts Council**

**CITY ARTS**

**Artist Residency**

**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 2018 - 2019**

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.*

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**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 after May 16, 2019.

**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 six-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 2018-2019, 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 $1,00 for a new applicant and $1500 for a repeat applicant.

**Project Period**

Projects are to take place between October 1, 2018 and September 1, 2019.

*All 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.*

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."

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**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](http://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 FY19 budget and FY18 year-end financial statement.

**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 Agreement.

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**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 April 15, 2019, 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**

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 Fax: 217-753-8018 programs@springfieldartsco.org

CITY ARTS GRANT PROGRAM 2018 - 2019

**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)

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

City Arts Grant, 2018 - 2019 – 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 = $1,000

 Maximum for two year-plus applicant = $1,500

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 two-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

2018 - 2019

**Artist Residency Program**

Application Cover Page

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](http://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 and FY18 financial statement

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 ◄