**Springfield Area Arts Council**

**CITY ARTS**

**Rental Subsidy**

**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**

**Rental Subsidy Guidelines**

General Guidelines

This program is designed to provide area arts organizations with matching grants for rehearsal, performance, or exhibit rental. Eligible applicant organizations must serve residents of Sangamon 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.

Current funding is available for rental subsidies from October 1, 2018, through September 1, 2019.

Exact grant amount is contingent upon the number of applications submitted and available funds. *The grant request may not exceed 75% of total rent cost or a maximum of $2,500, whichever is less.*

How to Apply

Complete the Application Form and Project Budget, and answer the following Narrative questions. (Limit narrative to *one* page.)

1. Describe your organization and its history. What is your purpose and mission (i.e. to

present original plays; to organize visual arts exhibits; etc.)? Explain your current programming and how it fits your organization's mission.

2. Describe your organization's need for space rental subsidy. How are your organization's programs limited by lack of your "own" space? How will this grant, if awarded, help alleviate these limitations?

3. Indicate if applicant organization has previously received City Arts Rental Subsidy funds

and when.

Review Procedures

A City Arts Panel representing the community, arts organization, and city government will review all applications and recommend the amounts to be awarded. 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.

*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 rental subsidies 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."

**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

**Rental Subsidy 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

420 South Sixth Street Springfield, IL 62701

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

programs@springfieldartsco.org

**City Arts Program**

2018 - 2019

**Rental Subsidy**

PROJECT BUDGET

**Applicant Organization**

**Facility to be rented**

**Project**

CASH INCOME

1. Springfield Area Arts Council Grant Amount $

Note: Request may be no greater than 75% of total

rental cost or $2500 maximum, whichever is less.

2. Support/Admission Fees/Contributions $

(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. Supplies and Materials $ $

7. Space Rental (Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) $ $

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*.

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**City Arts Grant**

**2018 - 2019**

**Rental Subsidy**

Application Cover Page

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(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 year-end financial statement

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

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

Sheila Walk, Interim Executive Director, SAAC Date

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