

Martin Foundation Funding for the Arts Program

Administered by the
Arts Council of Central Louisiana
1101 4th St., Suite 201 - Alexandria, LA 71301
terra@louisiana-arts.org



GRANT APPLICATION

(a) Fill out this document **in typeface** and e-mail to Community Development Coordinator, Terra Allen, at the email address above. The **deadline** for applications and supplemental materials is **5:00 p.m., Tuesday, January 31st, 2023.**

(b) Please make sure to **attach all required attachments listed in the application guidelines**, which can be found at **www.louisiana-arts.org**

ROMFA Amount requested (should equal line 12 on Budget) _____

Total project expenses (should equal line 29 on Budget) _____

Title of Request: _____

Short Project Description (ONE sentence summarizing the activity for which the funds will be used):

THE APPLICANT (or Sub-Applicant, if a fiscal agent is being used)

Check here if a fiscal agent is being used: (If checked, supply the Fiscal Agent information on the next pg).

Organization Name _____

Address _____

City _____ State LOUISIANA Zip _____

Parish _____ Phone _____ FAX _____

Website _____

Contact _____

Address (if different from above) _____

City/ State/ Zip _____

Phone/ Email _____

Federal Employer ID#/ Tax I.D. # of Applicant (REQUIRED)

Director

Phone/ Email

Mission Statement of the applicant organization. (Mission statement of the organization which will actually be using the funds, not the Fiscal Agent, if any).

The Fiscal Agent

(Only completed if a FISCAL AGENT is used)

A non-profit organization which lacks 501c(3) status can arrange for another non-profit organization domiciled in their same parish and which has 501c(3) status to be its "Fiscal Agent." The Fiscal Agent is the legal applicant and is legally responsible for the proper use of any grant award made. Payments are made to the Fiscal Agent. **Both organizations must be domiciled in Rapides, Vernon, or Grant Parish.** The organization actually carrying out the activities and using the funds is sometimes referred to as the *Sub-Applicant*.

Fiscal Agent Name

Address

City

State

Zip

Parish

Contact

Title

Phone

Email

PROPOSED ACTIVITIES

Dates of Project Activities (or Period of Activities to be supported by requested ROMFA funds).

Location or Venue of Main Activity

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Artists

Number of professional artists paid through this	
Number of artists involved (including number paid):	

Individuals to Benefit

Number of Individuals Participating (w/ hands-on activities, master classes, etc.):	
Number of Individuals projected to be in the Audience:	

Primary Target Audience. CHECK ONE:

General Audience Ages 3-18/ Students PK-12 College Students Special Population: _____

NARRATIVE

Provide a brief account of the proposed activities to be funded by ROMFA funds. If additional pages are necessary, please insert these after the narrative space allotted below.

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PROJECT BUDGET

Please include a Provider-of-Service Form for each person paid in part with ROMFA funds listed under 14-18.

REVENUE	CASH
1. Admissions, Memberships, Subscriptions	_____
2. Contracted Services (workshops, packaged presentations, etc.)	_____
3. Other Applicant Cash: <i>List Source</i>	_____
4. Corporate Support: <i>List Source</i>	_____
5. Foundation Support: <i>List Source</i>	_____
6. Fundraising	_____
7. Federal: <i>List Source</i>	_____
8. State: <i>List Source</i>	_____
9. Regional: <i>List Source</i>	_____
10. Local: <i>List Source</i>	_____
11. SUB-TOTAL	_____
12. Martin Foundation Arts Funding Grant Request	_____
13. TOTAL REVENUE (Must match line 64. Total Expenses)	=====

EXPENSES	<u>ROMFA</u>	<u>CASH (non-ROMFA)</u>	<u>TOTAL</u>
14. Staff Personnel – Administrative	_____	_____	_____
15. Staff Personnel – Artistic	_____	_____	_____
16. Staff Personnel – Tech/Production	_____	_____	_____
17. Outside Professional Services -- Artists	_____	_____	_____
18. Outside Professional Services – Other	_____	_____	_____
19. Fiscal Agent Fees (paid to Fiscal Agent)	_____	_____	_____
20. Utilities, Services	_____	_____	_____
21. Space Rental	_____	_____	_____
22. Travel (adjudicator travel)	_____	_____	_____
23. Marketing (promotion, print)	_____	_____	_____
24. Equipment Rental	_____	_____	_____
25. Supplies and Materials	_____	_____	_____
26. Postage/ Shipping	_____	_____	_____
27. Insurance	_____	_____	_____
28. Other	_____	_____	_____
(List): _____	_____	_____	_____
29. TOTAL EXPENSES (Total column should equal line 13).	=====	=====	=====

IN-KIND SUPPORT (list source, contribution, and cash equivalent). If more space is needed, you may attach the rest on a separate page.

Source (List Budget Category or Company)	Contribution (Item or Hrs)	Cash Equivalent
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL IN-KIND SUPPORT:		

ASSURANCES

Required Attachments

- **The Assurances (Signature) Page, signed appropriately.** *If you are using a fiscal agent, the Authorizing Official and Chief Fiscal Officer of the fiscal agent organization must sign for these roles.
- **A copy of your organization’s 501c(3) letter of determination from the IRS,** *or, if using a fiscal agent, a copy of that organization’s 501c(3) letter of determination.
- **A copy of your Certificate of Incorporation from the Louisiana Secretary of State, or some other document proving that your organization is domiciled in Rapides, Vernon, or Grant Parish.** *If using a fiscal agent, the fiscal agent organization’s Certificate of Incorporation from the Louisiana Secretary of State showing its domiciliary status is also required. Both the sub-applicant and the fiscal agent organization must be domiciled in Rapides, Grant, or Vernon Parish.
- **A roster of your current Board members,** *and, if using a fiscal agent, a copy of that organization’s current Board members. **The list(s) of Board members must include each individual’s role on the Board, professional affiliation, and ethnicity.**

If appropriate, also submit:

- **Letter of support from participating schools or Parish School Board** (if project activities primarily involve schools).
- **Sample of work:** Applications requesting the creation of a new work in the performing arts, art in public places/ public art, design, or media production, **must submit a sample of work that illustrates the artistic merit and quality of the artists involved).**

- **Optional Supplemental Materials**, including scrapbooks, documentation of recent projects, artist samples, extended resumes, marketing materials, letters of support, etc.

Applicants may not be fully funded or funded at all, depending on Panel recommendations. If partially funded, you will be asked to provide an acceptable amended budget based on the amount awarded, and to show how your project will be kept essentially unchanged, before funding will take place.

All posters, flyers, programs, etc., must indicate “Funded by the Martin Foundation” and “Administered by the Arts Council of Central Louisiana” as well as appropriate logos. These are available at www.louisiana-arts.org.

The legal applicant (or the Fiscal Agent, if one is required) hereby gives assurances to the **Arts Council of Central Louisiana** that: the applicant has read and understood all information contained in the Martin Foundation Arts Funding Application Form and Guidelines; the activities and services proposed in this application will be administered as described; and any grant funds received for this application will be used exclusively for payment of allowable expenditures incurred for proposed services, and such grant funds will be administered by the applicant. The applicant will comply with all rules, regulations, laws, terms, and conditions described in the Martin Foundation Arts Funding Program. The undersigned have been duly authorized by the governing authority of the applying organization to submit this application to the **Arts Council of Central Louisiana**. We hereby certify that all figures, statements, and representations made in this application, including any attachments, are true and correct to the best of our knowledge.

Signatures are required and indicate that the signers have read the above “ASSURANCES” and agree to the grant conditions. “Authorizing Official” should be the president of the board or other individual with the authority to enter into a legal contract on behalf of the agency (if there is a Fiscal Agent, of the Fiscal Agent). (In the event of an application from a school or school system, a duly authorized representative on behalf of the parish school board or private/parochial school board is sufficient). “Chief Fiscal Officer” should be the individual immediately responsible for the disbursement of funds for the project. The “Project Director” (or the Sub-Applicant, if there is a Fiscal Agent) is the individual who will be directly responsible for the implementation of the activities for which funding is requested.

30. Authorizing Official (usually the President/Chairman)

Signature _____ Date _____
 Typed Name _____ Title _____
 EMAIL _____ Phon _____

31. Chief Fiscal Officer (may be same as Authorizing Official, usually the Treasurer or Fiscal Sponsor)

Signature _____ Date _____
 Typed Name _____ Title _____
 EMAIL _____ Phone _____

32. Project Director (or Sub-Applicant)

Signature	_____	Date	_____
Typed Name	_____	Title	_____
EMAIL	_____	Phone	_____
	_____		_____

***Please check over your final application package carefully. Incomplete applications may not be accepted. Keep a copy of the application and all attachments for your files.**

PROVIDER OF SERVICE FORM

You must fill out this page for each person listed on budget lines 14-18 if paid in part by ROMFA funds. Copy and paste this page into this document so that you have as many as needed. If an individual playing an important role is not being paid by ROMFA funds, you can fill out this page and put a 0 in the “amount paid from ROMFA.” The total “amount paid from ROMFA” over all POS forms must equal the ROMFA amount on lines 14-18.

A. SERVICE PROVIDED: _____

B. PERSON OR GROUP:

C. TOTAL FEE: _____

D. AMOUNT OF TOTAL FEE TO BE PAID FOR BY ROMFA FUNDING: _____

E. BRIEF RESUME