CITY of NOVI CITY COUNCIL



Agenda Item C February 8, 2010

SUBJECT: Approval to apply for the Michigan Council for Arts and Cultural Affairs (MCACA) Minigrant for Sizzling Summer Arts Series (SSAS), for a maximum grant award of \$4,000 which requires dollar-for-dollar matching funds.

SUBMITTING DEPARTMENT: Parks, Recreation and Cultural Services

CITY MANAGER APPROV

EXPENDITURE REQUIRED	Up to \$4,000
AMOUNT BUDGETED	\$13,500
APPROPRIATION REQUIRED	N/A
LINE ITEM NUMBER	208-693.00-960.611

BACKGROUND INFORMATION:

The Minigrant program is a grants-giving partnership funded by the State of Michigan through the Michigan Council for Arts and Cultural Affairs (MCACA) and administered by agencies in each region of the state. The Oakland County region has announced available funding for the region focusing on programs taking place from April 1 to September 30, 2010, with a grant submission deadline of February 24, 2010.

Minigrants provide up to \$4,000 for locally developed, high quality arts and cultural projects, which are special opportunities to address local arts and cultural needs and increase public access to arts and culture. The funds support a broad range of artistic expression from all cultures through projects which preserve, produce, or present traditional or contemporary arts and culture. The project the Department is seeking funds for is the 2010 Sizzling Summer Arts Series (SSAS).

The minigrant requires dollar-for-dollar matching funds, up to \$4,000. This match would be funded from the \$9,355 budgeted for Park Concert Series. If successfully awarded the grant these funds will enhance the quality of entertainers and enhance the overall program.

Upon approval, staff will prepare and submit the grant application.

RECOMMENDED ACTION: Approval to apply for the Michigan Council for Arts and Cultural Affairs (MCACA) Minigrant for Sizzling Summer Arts Series (SSAS), for a maximum grant award of \$4,000 which requires dollar-for-dollar matching funds.

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Mayor Pro Tem Gatt				
Council Member Crawford				ì
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Council Member Margolis				
Council Member Mutch				
Council Member Staudt				

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Michigan Council for Arts and Cultural Affairs FY 2010 Minigrant Application

This application must be submitted by the deadline to be considered for funding. Before preparing the application, read the Minigrant Guidelines. Codes needed to complete your application are listed in the Minigrant Guidelines. (Authorized by Exec. Order 1991-92.)

SECTION 1: APPLICANT ORGANIZATION INFORMATION

Organization's Legal Name		Other Common Name, if applicable				
Organization's Official Mailing Address		City		Zip code		
Organization's Telephone Number	Fax Number	Office Hours Organization's County Name		County Code		
Authorized Official's Name and Title	(May NOT be Project Director)	Organization's W		licable		
Board Chairperson (MAY be Author	ized Official)	Board Chair's Ac	Idress & Telephone	Number		
Federal Identification Number	Status Code	Institution Code Organization's		Discipline Code		
U.S. Representative		District Number		J		
State Senator		District Number				
State Representative		District Number				

SECTION 2: PROJECT INFORMATION

Project Title			Start Date		End Date		
Project Director's Name and Title (May)	IOT be Author	ized Official)			Project Dir	ector's Email	Address
Project Director's Address				City			Zip Code
Project Dir.'s Daytime Phone	e Phone Office Hours Project's Discipline C		Code Project's Primary County Name		rimary County Name and Code		
Have you applied, or are you planning to grant), for this project, or any overlap Yes* O No O Grant Program					umanities To	uring	If Yes, for how much funding?
* NOTE: If you are awarded BOTH grant	<u>s, you must cho</u>	oose which ONE	<u>E to accept</u>				
Are you applying to any State of Michiga department for support of this project?	n agency or	If Yes, to whic	ch agency or	departme	nt?		If Yes, for how much funding?
Yes O No O		 					

SECTION 3: PROJECT BUDGET SUMMARY

Total Match (Copy Box 1A)	Total Income (Copy Budget Line 12)	Total Expenses (Copy Budget Line 22)
Minigrant Request (Copy Budget Line 9)	Total Income must = Total Expenses;	Matching Funds Test must be met

SECTION 4: PARTICIPANT STATISTICS

Michigan Artists Participating	Dollars to Michigan Artists	Total Artists Participating	Dollars to All Artists
Number of Individuals Benefiling		Number of Youth Benefiting	
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Application Form, Page 2: PROJECT BUDGET You must complete this form. It must be typed, complete, and accurate. Round dollars to the nearest whole dollar (do not include cents) and be sure that the budget balances. Breakdown the parts that make-up the Totals in each Line below in the Budget Itemization (Attachment 2).

PROJECT INCOME CAS	4	IN-KIND	
EARNED INCOME:			
Line 1 Total Admissions			
Line 2 Total Other Earned Income			
Line 3 TOTAL EARNED INCOME (Add Lines 1+2)			
UNEARNED INCOME:			
Line 4 Total Private Support (Corp. Fndn.,Indiv.)			
Line 5 Total Public Support (All Gov't. Grants)			
Line 6 Total Other Unearned Income			
Line 7 Applicant Cash			
Line 8 TOTAL UNEARNED INCOME (Add Lines 4+5+6+7)			
Line 9 MINIGRANT REQUEST (Amount you are asking for)			
Line 10 TOTAL CASH INCOME (Add Line 3 + Line 8 + Line 9)			
Line 11 TOTAL IN-KIND SUPPORT (Copy from Line 21)			
Line 12 TOTAL PROJECT INCOME (Add Line 10 + Line 11)			

PROJECT EXPENSES	CASH	IN-KIND	MCACA \$
Line 13 Total Employee costs (Admin.+Artist.+Tech.)			
Line 14 Total Non-Employee costs (Admin.+Artist+Tech.)			
Line 15 Space Rental			
Line 16 Travel			
Line 17 Marketing, Promotion, Publicity			
Line 18 Capital Expenses and Acquisitions			
Line 19 Total Other Expenses			
Line 20 TOTAL CASH EXPENSES (Must equal Line 10) Add Lines 13-19, Cash Column			J
Line 21 TOTAL IN-KIND EXPENSES (Must equal Line 11) Add Lines 13-19, In-Kind Column	i		
Line 22 TOTAL PROJECT EXPENSES (Must equal Line12) Add Lines 20 + 21			

Application Form, Page 3: Total Match, Matching Funds Test, and Assurances

Using Project Budget information (Application Form, Page Two), complete the following:

TOTAL MATCH Add Line 3 + Line 8 + Line 11 I	BOX 1A
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MATCHING FUNDS TEST	Enter Minigrant Request (Copy from Line 9)	BOX 1B
	Multiply Line 1B by 2, and enter in Line 2B	BOX 2B
	Enter Total Expenses (Copy from Line 22)	BOX 3B

Test: The Number in Box 3B (Total Expenses) must be equal to or greater than the number in Box 2B.

Using information from the Project Budget, Total Match, and Matching Funds Test (above), complete the Project Budget Summary (Application Form, Page One, Section 3).

ASSURANCES

Your organization's Authorized Official must sign this Assurances section, which must bear the **original signature** of an individual with legal authority to obligate your organization. Use blue ink to indicate an original signature.

If a grant is awarded, the applicant gives assurance that:

- A. grant funds will be administered by the applicant,
- B. funds received under this grant will not be used to supplant funds normally budgeted for same and that funds received will be used solely for contracted Minigrant activities,
- C. the applicant has read and will conform to the Minigrant guidelines,
- D. the filing of this application by the undersigned individual who is officially authorized to represent the applicant organization, has been duly approved by, or will be approved by the governing board of the applicant organization.

The filing of this application was approved by the applicant organization's governing board on

enter date board approved your filing of this application

or

The filing of this application is scheduled to be approved by the applicant organization's governing board on

enter date board will approve your filing of this application

Authorized Official (May NOT be the Project Director) :

Type Name

Signature and date Assurances was signed

If the filing of this Minigrant application has not yet been authorized by your governing board, notify your Regranting Agency of the action taken as soon as possible. If notification is not received prior to application review, your project may not be recommended for funding.

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Application Form, Page 4: CHECKLIST

The following forms and attachments make up your application packet. As you are assembling and checking off the following items, be sure that you include the minimum number of pages, but not more than the number of pages allowed. See the Minigrant Guidelines for complete instructions on assembling and mailing your application.

PLEASE USE BOXES (□) NEXT TO EACH ITEM BELOW, TO CHECK-OFF (✓) THE NUMBER OF PIECES THAT YOU INCLUDE IN YOUR APPLICATION PACKET.

APPLICATION FORM

You must submit the original 4-page MCACA Minigrant application form plus 6 copies of the form (7 total). Be certain that each section of each page is complete and accurate.

Page One (Cover page)	
Section 1: Applicant Organization Information	
Section 2: Project Information	
Section 3: Project Budget Summary	
Section 4: Participant Statistics	
Page Two (Project Budget page)	
Page Three (Total Match, Matching Funds Test, and Assurances)	
Page Four (Checklistthis page)	

REQUIRED ATTACHMENTS

The following must be attached to each application form. Be certain that each is complete ar Attachment 1: Project Narrative (No more than 3 pages)	nd accurate:
Attachment 2: Budget Itemization (No more than 2 pages)	
Attachment 3: Proof of Non-Profit Status (1 page) Attachment 4: Board of Directors List (No more than 1 page) Attachment 5: Project Director's Resume or Bio Information (No more than 1 page) Attachment 6: Artist(s) Resume or Bio Information (No more than 1 page, per artist) Attachment 7: Current Letters of Support (At least 3, but no more than 6 letters) Attachment 8: Organizational Profile / history (No more than 1 page)	

OPTIONAL ATTACHMENTS: Support Materials (No more than 5 items, total)

The following may be attached to EACH of the application packets, and are encouraged, but not required: items such as brochures, programs, reviews, newsletters, artists' multi-page curriculum vitae, etc.)

Attachment 9: Support Materials (No more than 5 items)

KEEP COPIES OF EVERYTHING YOU SUBMIT

Mail your application packet to:

Oakland County Arts, Culture & Film 2100 Pontiac Lake Road, Building 41W Waterford, MI 48328-0414