



Mass Cultural Council - Cultural Organization Economic Recovery Program

City of Muppets

Application #ER0002

Primary Contact:

Mr. Fred R Cultural

Phone:

(617) 234-4587

Email:

123@gmail.com

Applicant Profile

Applicant Type	Organization
Legal Name	City of Muppets
Date of 501(c)3 incorporation	01/02/2019
Address	123 Sesame Street P.O. Box West 63rd Street Boston, Massachusetts 12345 UNITED STATES
Telephone	(678) 910-1112
Primary Contact	Mr. Fred R Cultural Director of Public Affairs Phone: (617) 234-4587 Email: 123@gmail.com
Applicant Status	Organization - Non-Profit
Applicant Institution	Media - TV
Applicant Discipline	Multidisciplinary
FEIN / TAX ID	99-9999999
DUNS Number	012221212



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Eligibility Requirements

Is your organization physically located in Massachusetts?

Yes

Is your organization recognized as a 501(c)3 non-profit by the Commonwealth of Massachusetts?

Yes

Was your organization incorporated as of June 30, 2019

Yes

Is the mission of your organization primarily focused on the arts, humanities, or interpretive sciences?

Yes

Prior to COVID-19, did your organization maintain year-round operations that provided ongoing public cultural programming in Massachusetts?

Yes

Can you document your organization's lost revenue due to COVID-19 for the time period between March 10, 2020, and December 31, 2020?

Yes

Is your organization currently open to the public or have plans to reopen?

Yes

Is your organization any of the following: a for-profit entity, municipal entity, unincorporated association, college or university, private/non-profit secondary school, OR a non-profit organization with a mission that is not primarily concerned with the arts, humanities, or interpretive sciences?

No

Will funding received from this grant be used for any expenses already reimbursed or paid by other aid?

No

Do you plan on using this grant to cover any of the following working capital costs: Major equipment purchases, Purchase of Real Property, Construction Activities, Lobbying, or other prohibited expenses?

No

If you answered "NO" to each of the last three questions, proceed to the next page.



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Applicant Information

Legal Name of Organization:

DBA (Doing Business As)

Address Line 1

Address Line 2

City/Town

State

Postal Code

Website

Primary Contact Information

First Name

Last Name

Title

Phone Number

Email

Authorized Signatory Information

First Name

Last Name

Title

Phone Number

Email



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Organization Information

What is the organization's mission?

URL that links to your organization mission statement

Is the mission of your organization primarily focused on: Presenting, promoting, and/or preserving the cultural traditions, art, history, and creative expression of people of color, women, people with disabilities, veterans, immigrants, people who are LGBTQIA+, and members of other historically underrepresented and underfunded groups
OR

Advancing and/or supporting artists who are people of color, women, people with disabilities, veterans, LGBTQIA+, and members of other underrepresented and underfunded groups?

Yes

The mission is primarily focused on supporting

People with disabilities

If "members of other historically underrepresented and underfunded groups" was selected, please specify.

When was your organization incorporated? MM/DD/YYYY

2019-6-29

Does your organization operate a cultural facility?

Yes

In 2019, how many FTEs were maintained? 

10.00 FTEs or less

Economic Development Initiatives

Please select the relevant districts, initiatives, or designations your organization is a part of. 

Business Improvement District (BID)

Transformative Development Initiative District (MassDevelopment)

State-Designated Cultural District (Mass Cultural Council)



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Adverse Impact of COVID-19

Which Massachusetts reopening phase does your organization fall under? 

Phase 3

Impact on Cultural Programming

Which statement best describes the current status of your organization's reopening of in-person, public programming?

We have partially reopened our in-person, public programming, but not to the fullest extent allowed by the State

Estimated Adverse Economic Impact

Provide a brief description of how the COVID-19 pandemic has caused a loss of revenue for your organization that is equal to or greater than the dollar amount of assistance requested.

Total estimated revenue loss between March 10, 2020, and December 31, 2020:

Federal Financial Assistance received related to COVID-19

If your organization received aid from other federal programs related to COVID-19, select each funding source below or indicate that no federal COVID-19 funds were received. 

NO Federal COVID-19 relief has been received by our organization

SBA Economic Injury Disaster Loan Program (EIDL)

SBA Paycheck Protection Program Loan (PPP)

CARES funding through National Endowment for the Arts (NEA)

CARES funding through National Endowment for the Humanities (NEH)

CARES funding through the Mass Cultural Council's Youthreach/SerHacer Program

CARES funding through the New England Foundation for the arts (NEFA)

CARES funding through Mass Humanities

Other aid from federal programs related to COVID-19 not listed above

If "Other aid from federal programs related to COVID-19 not listed above" was selected, please specify.

CARES funding through the Department of Health and Human Services



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Request for Financial Assistance

Amount Requested: \$

(Round down to the nearest \$1,000. Mass Cultural Council and EOHEE reserve the right to award less than the amount requested.)

58000

If your organization is applying for \$500,000, then this question is required.

Describe the extraordinary need and the remarkable challenges the organization faces. Also, specify how those needs and challenges combine to threaten the viability of the organization. 

A PDF copy of the organization's 2019 IRS Form 990 with highlighted expenses identifying the relevant line items used to calculate the dollar amount. 

ArtsLearning.pdf



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Working Capital Plan

	Amount
Payroll / Benefits to Support and Retain	
Employees: Provide descriptions	
Salaries 25% of 4 FTE Arts Educators	58,000
SubTotals:	58,000
Rent or Mortgage Expenses	Amount
Rent for Leased Property	0
Mortgage Payments for Owned Property	0
SubTotals:	0
Utilities: Provide descriptions	Amount
SubTotals:	0
Interest on Debt Obligations: Provide descriptions	Amount
SubTotals:	0
General Operating Expenses not included above* for Small Organization Only (10 FTEs or less) ONLY. Provide descriptions	Amount
SubTotals:	0
Grand Totals:	58,000



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Financial Documentation and Attestations

Documentation of Proposed Expenses

Upload one PDF document containing a cover page and a copy of the invoice(s) for expenses you plan to pay with these grant funds. You may include expenses incurred between March 10, 2020, and December 31, 2020.

Include a list that provides dollar amounts and the total dollar amount for all eligible expenses.

- The total dollar amount for all submitted documentation must equal or exceed the Amount Requested.
- Do not include any ineligible expenses

Upload supporting documentation for the identified expenses.

No File Uploaded

Duplication of Benefits Certification for Funds:

The duplication of benefits occurs when a person, household, organization, organization, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

Duplication of benefits occurs when financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

MASS CULTURAL COUNCIL requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with these grant funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any sub-recipient, individual or family, organization, direct beneficiary, or other entity that receives assistance and serves to document compliance with these requirements to ensure that there are adequate procedures in place to prevent any duplication of benefits.

I hereby certify that:

- **The Cultural Organization Economic Recovery Program funding, awarded to my organization**



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does not duplicate/replace any other funds from federal, state, or municipal:

- **Further, this executed certification serves to acknowledge that any subgrantee, sub-recipient, individual or family, organization, direct beneficiary, or other entity understands and agrees that the funds must be repaid if it is determined that such assistance is determined to be duplicative.**

Duplication of Benefits Certification for Funds:

I have read and understand the above statement.