

### **Applicant Information**

#### **Applicant Organization Information**

Review the applicant information. If you need to up	date the Organization Information, use the Note feature or
the left to contact a Mass Cultural Council staff per	son for help.

Phone:

#### **Primary Contact**

Review the applicant information. If you need to update the Primary Contact information you can do so in your Profile. Click Home button in upper right corner to get to My Profile button.

Phone: Email:

### **Contract Manager Information**

If awarded a grant, who will serve as contract manager for the grant? The contract manager is responsible for ensuring the contract and attachments are completed by the authorized signatory and that it is returned in a timely fashion.

#### **Contract Manager**

First and last name of person managing contract

### **Contract Manager Title**

### **Contract Manager Phone**



Contract Manager Email
Contract Manager Fax
Secondary Contact  You are the primary contact for this application. If we have questions about the project, is there someone else we should contact other than you?
Secondary Contact Name (first and last)
Secondary Contact Title
Secondary Contact Email
Secondary Contact Phone
Organization Background
Organization's annual expenses, according to the most recent 990 tax form (or expense statement if you do not file a 990):
How many years has your organization been carrying out cultural programming in Massachusetts?
Mission



#### **Mission Statement**

#### Mission URL

Copy and paste the URL that links to your organization mission statement

#### **Mission Focus**

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, 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?

#### Please Select

Provide the link (URL) to your organization's website. Also, list the URLs to web-based sources that demonstrate your organization's work, such as social media, videos, news articles, etc.

# **Project Information**

#### **Project Type:**

ONLY organizations whose mission is primarily focused on arts, humanities, or interpretive sciences may apply for a Capacity Building Project. Not sure which to pick? Take a moment to <u>review the CIP Projects</u> Guidelines.

Please select

#### **Project Discipline**



For Capacity Building Projects, select the discipline that best reflects your organization's discipline.

Please Select

#### **Project Title**

#### **Description**

Provide a one-sentence description of the project including purpose and project location by completing this sentence, "This grant will be used for a project to..." This response may appear in communications to the public, and in fiscal documents such as grant contracts.

#### When does the project begin, and when does it end?

If this project includes a public event, such as a performance, exhibition, live streaming, also provide this information. Include actual dates for your project, including day, month, year.

# **Project Description and Goals**

The reviewers use the following criteria to evaluate the responses provided to the questions in this section and the project budget, representing 55% of the application score.

The Project is clearly defined (20%)

The Project goals are clear, and the project is appropriately designed to meet its goals (20%).

The organization has the capacity to do the Project. (15%)

#### **Project Description:**



**Public Programming:** Provide a complete description of the proposed project, including all the activities planned: Describe your project in detail. What are you doing? Who is doing it? Is it online, in-person, or both? Who is the target audience?

**Capacity Building:** Provide a complete description of the proposed project, including the activities planned, how you plan to chose a consultant or training program, timeline, and who is participating in the project. Is it online, in-person, or both?

#### **Project Goals:**

**Public Programming:** What is the goal of the proposed project? Describe why are you doing this project, what do you hope to achieve, and how you define success?

**Capacity Building:** What is the goal/goals of the proposed capacity building project? How will the project improve or transform your organization's ability to carry out your mission?

#### **Organization Capacity:**

**Public Programming:** Describe how your organization is prepared and able to carry out this project. This could be a description of the organization's previous activities, or it could be about the specific individuals who will be managing this project.

**Capacity Building:** Why is this a good time for your organization to take on this capacity building project? What steps have you already taken to identify the need or prepare for this project?

### Promoting DEIA

The reviewers use the following information to evaluate the response provided to the question below. The answer to this question represents 20% of the application's score. Eligible projects must have at least one strategy for promoting diversity, equity, inclusion, and/or access with a specific goal that is measurable, achievable, and appropriate to the project.



#### **Diversity, Equity, Inclusion, and Access**

**Public Programming:** Identify a specific strategy for promoting diversity, equity, inclusion, and access with a specific goal that is measurable, achievable, and appropriate for the project. (For example, if you are working to make your project accessible to people with disabilities, what accommodations have you made, how have you identified the best practices, how are you reaching your target audience, and what will success look like?)

**Capacity Building:** Explain how this capacity building project promotes diversity, equity, inclusion, and/or access, either in the project activities (methods), outcomes (change), or both. For example, if you are planning leadership training for all staff, how does that that build new skills that create a more inclusive culture in the organization? If you are planning an equity assessment, how does that create improved HR practices? Programming?

### **Budget**

**Project Budget** Please provide cash expenses for the project (6/1/2021 - 6/30/2022) Project cash expenses must be incurred during this 13-month period. DO NOT INCLUDE IN-KIND.

Applicants must have project cash expenses of at least \$2,500

You may include the actual cost of staff time or administrative expenses that are dedicated to this project. Please include an explanation in your description of the project. For example, "Our budget includes 50% of our Education Director's time for 6 weeks."

You will include cash expenses in the budget form by clicking on the "Project Budget" button. Do not include anticipated revenue in the budget form, you will describe your anticipated income using the narrative questions below.

The reviewers use the information gathered in this section to evaluate the organization's capacity to plan and manage this project.



Projected Income: Please briefly describe the other sources of projected income needed to complete this project.

In-Kind Support: If applicable, please briefly describe any in-kind support you are getting for this project.

### Acknowledgement

#### Ready to Submit?

Once you click "Submit" below, you will no longer have access to make changes to your application. A copy of your application will be sent via an email attachment upon submission.

Please note: You have not successfully submitted your application until "Congratulations" appears in blue text at the top of the page.

Authorized Signature: I certify that all the information contained in this application, including all supporting documents and materials, is true and correct to the best of my knowledge. I hereby release Mass Cultural Council, its members, and employees, from any liability and/or responsibility concerning the submission of materials to this program. In addition, I agree that the required public acknowledgment will be given to Mass Cultural Council if this application is approved. I understand that failure to respond to any of the items requested in this application may seriously hinder its consideration. I certify that we are committed to the completion of the proposed activities in compliance with legal requirements and granting procedures and will file the report required by the Mass Cultural Council.

Clicking "submit" below serves as an authorizing electronic signature.

#### **Authorized Signature**