

**The Arrowhead Regional Arts Council**

1301 Rice Lake Road, Suite 111  
Duluth, Minnesota 55811  
218/722-0952 or 1-800-569-8134

**Application Form for:  
Administrative Support Grant**

**☛ This form may be handwritten using black ink or filled out electronically, then printed.**  
Instructions for completing this application are found on pages 7- 10 of the guidelines.

**General Information**

<p>1. Applicant Organization (name, address, city, zip code, <b>daytime</b> phone):</p> <p>County: Email: Web site:</p>	<p><b>For Office Use Only:</b></p> <p>Date:                    Type of Grant: County:                Amt. Funded: App.#:                 Source of Funds: Leg. Dist:             Discipline:</p>
<p>2. Fiscal Agent, where applicable (name, address, city, zip code):</p> <p><b>Daytime</b> phone: Email:</p>	<p>3. Project Director (name, address, city, zip code):</p> <p><b>Daytime</b> phone: Email:</p>

4. Brief one sentence description of the activities you intend to undertake:

5. For activities starting **February** 1, and ending January 31<sup>st</sup>.  
Budget summary for the activities:  
**Total project expenses:** \_\_\_\_\_ **Total match:** \_\_\_\_\_  
**Total requested from ARAC:** \_\_\_\_\_

**Certification:** We certify that the information provided here is true and correct to the best of our knowledge and will accommodate requests from persons with disabilities to facilitate their access to this project if funded.

Authorizing Official: *(This should not be the same individual as the Project Director.)*

Typed or Print Name	Title	Signature	Date
Fiscal Agent: <i>(if applicable)</i>			

Typed or Print Name	Title	Signature	Date
Project Director:			

Typed or Print Name	Title	Signature	Date
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## Organizational Budgets

Organization's fiscal year of the project: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Operating Budgets (round all figures to nearest \$10)    **A.** Last Actual FY \_\_\_\_\_    **B.** Year of the Project \_\_\_\_\_    **C.** ARAC Request \_\_\_\_\_

<b>Operating Revenue:</b>	<b>Amount</b>		
Cash (cash on hand)	\$ _____	\$ _____	\$ _____
New Cash Match for grant request	_____	_____	_____
Other Support (anticipated or received)	_____	_____	_____
Earned Income (tickets, program ads, or service, workshop, memberships/subscribers fees, etc.)	_____	_____	_____
Endowment Income	_____	_____	_____
Fund Raisers	_____	_____	_____
Amount of Admin. Support Grant Requested	_____	_____	_____
Other Grants (requested or received)	_____	_____	_____
Other	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total Operating Revenue/Amt. of Grant Request</i>	\$ _____	\$ _____	\$ _____

<b>Operating Expenses:</b>	<b>Amount</b>		
Salaries and Wages of Employees	\$ _____	\$ _____	\$ _____
Capital Costs	_____	_____	_____
Marketing and Publicity	_____	_____	_____
Organizational Development	_____	_____	_____
Artists' Fees	_____	_____	_____
Supplies and Materials (Expendable items only)	_____	_____	_____
Travel, Lodging and Per Diem	_____	_____	_____
Other (rental of space or equipment, leases, printing, etc.)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total Operating Expenses/ARAC Request</i>	\$ _____	\$ _____	\$ _____
(DEFICIT) OR EXCESS	\$ _____	\$ _____	

6. Briefly explain the reasons for a change of 20% or more to line items between “last year’s actual” and “year of the project” budgets.

7. Briefly explain any accumulated surplus in either of the two years and how the funds will be spent. Briefly explain any deficit in either of the two years and how you will deal with it.

8. Applicant organization's annual budget:

	Fiscal Year Prior to the Project:	Fiscal Year of the Project:
	Dates:_____	Dates:_____
INCOME	_____	_____
EXPENSES	_____	_____

9. List previous grants received from either the ARAC or the MSAB over the past two years. The purpose of this information is to provide additional background information on the applicant organization.

10. CHECKLIST: Before sending your application packet to the ARAC check the following list to see if your application is complete.

- \_\_\_ Review **Who or what does this program not fund?** In the grant guidelines, page 3.
- \_\_\_ The grant application form signed by your authorizing official, project director, and fiscal agent (if applicable).
- \_\_\_ Completed budget pages showing your organization’s annual budget for two years.
- \_\_\_ Completed copy of the RAC Grants Data Collection Form.
- \_\_\_ Copy of I.R.S. 501(c)(3) tax-exempt determination letter (either applicant or fiscal agent) and State of Minnesota letter of registration as a non-profit.
- \_\_\_ Grant Narrative of no more that seven pages.
- \_\_\_ A list of the principal artistic, administrative, technical, and consulting personnel and their resumes.
- \_\_\_ A list of current board members.
- \_\_\_ Relevant reviews, articles, press releases, posters, and/or brochures demonstrating your organization’s quality and merit, ability, and need.

**Keep a duplicate of the whole application for your own files.**

All support materials must be included with the grant application and narrative, under one cover, and postmarked on or received in the Council office before 4:30 p.m. on the appropriate deadline date.