



NATIONAL
ENDOWMENT
FOR THE ARTS

A great nation
deserves great art.



Application Form

FY 2009 Michigan Council for Arts and Cultural Affairs / American Recovery and Reinvestment Act / NEA Program

Before preparing the application, please read the guidelines and application instructions.

Applicant Organization Name and Address:

Project / Activity Title:

Grant Request Amount (between \$5,000-\$15,000) _____

Project Summary:

(Please limit response to space provided)

MCACA staff Only

Control #
09ARRA _____

Received __ / __ / __

Attachments:

1. ___ 2. ___

Section 2: Applicant Information

Applicants legal name		telephone
other common name	website (URL)	
official mailing address		
city, state & zip code		office hours
authorizing official or board designee (can not be same as proj. dir.)		title
board chairperson		title
address		
city, state & zip code		county name and code
federal I.D. number	DUNS number	institution code
U.S. Representative		Status Code
State Senator		
State Representative		
Applicant's Primary Discipline Code	Grantee Race Code	

Section 3: Project Information

project director (contact person{cannot be same as auth. off.})	title	
address	city, state & zip code	
business telephone & hours	home telephone & hours	
fax number	email address	
project/activity title	start date / /	end date / /
activity's primary discipline code	project race/ethnicity code	
type of activity code	arts education code	Project Descriptor
project primary county code(s) ---- enter all that apply		

Section 4: Project Participation Summary

This information should represent your estimates for the entire grant period and should only pertain to this project.

Total number of Michigan artists participating	Total paid to Michigan artists
Total number of artists participating	Total paid to artists
Total number of individuals benefiting (receiving grant funds)	Total number of employees for this project

Section 5: Project Budget

Income must equal expenses

Income

1. Request amount (total expenses).....\$_____

Expenses

Salaries, wages and fringe benefits for personnel, administrative and artistic, who are paid on a salary basis. List each position separately:

Title / type of personnel	salary	Fringe	% time for this project	amount

Total salaries, fringe and wages \$_____

Fees for artists and contractual personnel:

Title / type of personnel	salary / fee	Fringe	% time for this project	amount

Total salaries, fringe, fees and wages \$_____

Total Expenses \$_____

Section 6: Assurances

A: The applicant has an established policy of equal opportunity without regard to race, color, religion, national origin, age, sex or disability. The applicant agrees to take steps necessary to correct any under-representation reported on the status report and achieve a reasonably representative work force at all levels of employment. The applicant has an established policy to provide equal opportunity on all programs, activities and services.

The applicant:

- 1 Agrees in all recruiting materials and advertisements to state that all job applicants will receive equal consideration for employment;
- 2 Agrees in all promotional materials and advertisements to state that all programs, activities and services will be provided equally; and
- 3 Agrees to post in conspicuous places, notices setting forth the law on equal opportunity in employment and public accommodations.

B: If the grant is awarded, the applicant gives assurances to the Michigan Council for Arts and Cultural Affairs, that the support funds will be administered by the applicant.

C: Any funds received under this grant shall not be used to supplant funds formally budgeted for same and that funds received will be used solely for the contracted activities.

D: The applicant has read and will conform to the Guidelines.

E: The filing of this application by the undersigned, officially authorized to represent the applicant organization has been duly approved by the governing board of the applicant organization.

This application was approved by the governing board on ____/____/____

This application is scheduled to be approved by the governing board on ____/____/____

If the application has not yet been approved by your governing board, notify the Council of the action taken as soon as possible.

If the notification of action by your governing board is not received prior to panel review, the application may not be recommended for funding.

Authorized Official:

(Cannot be the Project Director)

Name (typed) _____ Date ____/____/____

Signature _____