



# M-AAA American Rescue Plan Grants: Online Application At-A-Glance

## I. APPLICANT ORGANIZATION INFORMATION

1. Organization Legal Name  
This is the Organization's name as it appears on its Federal IRS 501(c)3 Determination Letter
2. Organization Information (street and mailing address, phone, email, website address)
3. Organization Local Population [pick one]
4. U.S. Congressional District Number  
*For more information about federal and state legislative districts:*  
[https://openstates.org/find\\_your\\_legislator/](https://openstates.org/find_your_legislator/)
5. State House Legislative District Number - *Often listed as the lower chamber.*
6. State Senate Legislative District Number - *Often listed as the upper chamber.*
7. Choose the kind of institution that best describes the organization. [dropdown]
8. Organization's Leadership Position Information  
*This is the President/CEO/Executive Director or the equivalent.*
9. Choose all demographics that describe the person serving as the organization's leader. [select all that apply]
10. Is the organization's leadership position full-time, part-time or volunteer? [pick one]
11. What was the pay range for the organization's leadership position prior to March 2020 which is considered the onset of closures due to COVID-19? [pick one]
12. Organization's Grants or Secondary Contact Person Information
13. Choose all demographics that describe the organization's Board of Directors. [select all that apply]
14. Choose all demographics that describe the person serving as the Board of Directors' leader.  
*This is the President/Chairperson or the equivalent.* [select all that apply]
15. Choose all that describe the organization's staff demographics prior to March 2020 which is considered the onset of closures due to COVID-19. [select all that apply]
16. How many full-time, part-time, contractor, and volunteer personnel did the organization have in the fiscal year prior to March 2020 which is considered the onset of closures due to COVID-19?
17. What was the median pay range for all full-time staff in the fiscal year prior to March 2020 which is considered the onset of closures due to COVID-19? [pick one]  
*This is not the average. To find the median, list all full-time staff personnel and their pay, then sort that list by pay amount. The median is the pay amount in the middle of the list.* [pick one]
18. What was the median pay range for all part-time staff in the fiscal year prior to March 2020 which is considered the onset of closures due to COVID-19? [pick one]

*This is not the average. To find the median, list all part-time staff personnel and their pay, then sort that list by pay amount. The median is the pay amount in the middle of the list.*

19. Choose the category that best describes the organization's legal status. [dropdown]
20. Organization's Federal Employer Identification Number (EIN)  
*This is the number assigned by the IRS at the time of incorporation.*
21. Organization's Data Universal Numbering System ID (DUN)  
*This is the number assigned by Dun & Bradstreet.*
22. Organization's Unique Entity Identifier (UEI)  
*This is the number assigned upon registration at SAM.gov. (optional)*
23. In what month does the organization's fiscal year start? [dropdown]
24. Choose the organization's operating budget range for the fiscal year prior to March 2020 which is considered the onset of closures due to COVID-19. [dropdown]
25. Was the organization's operating budget in #24 impacted by COVID-19? (yes/no)  
If yes, how did it fluctuate? (limit 500 words)
26. Choose the organization's most recently completed fiscal year operating budget range. [dropdown]
27. What was the gross receipts/revenue for the organization's most recently completed fiscal year. [dropdown]  
*Gross receipts are the total amount the organization received from all sources during its accounting period, without subtracting any costs or expenses.*
28. Did the organization expend \$750,000 or more in federal funding in its most recent fiscal year? [yes/no]  
*If yes, upload Single Audit or Subpart F Audit.*
29. Choose the organization's primary discipline/area of work in the arts. [dropdown]
30. What is the organization's mission statement? (125 word limit)
31. Describe the organization. (500 word limit)  
*Summarize its purpose and the community/communities it serves. Describe how the organization celebrates diverse cultural practice, fulfills its mission, and supports arts and artists.*
32. Provide a short inventory of the organization's programs and methods used to serve its constituents. (500 word limit)  
*Include examples that represent the applicant organization's commitment to cultural equity, accessibility, and social justice.*  
Do the programs described in #32 serve any of the following populations?  
*If yes, which ones.* [select all that apply]
  - Black, Indigenous, and People of Color (BIPOC);
  - LGBTQ+ communities;
  - Low income communities;
  - Remote and rural communities (communities with fewer than 50,000 in population and isolated from metropolitan areas);
  - Individuals with disabilities;
  - Individuals in institutions;
  - Individuals below the poverty line;
  - Individuals with limited English proficiency;
  - Military veterans/active duty personnel including the National Guard and Reserves;

- Youth at risk
33. Are there other organizations in the community like the applicant? [yes/no]  
*If yes, what unique or differentiating role does the applicant serve in the broader community?* (500 word limit)
34. Organization Accessibility Information [dropdown]
- The organization has a stated policy or mission statement regarding accessibility.
  - The organization has accessible information/accommodations with appropriate disability symbols included in all publicity about the project.
  - The organization has an accessible website, including alt tags and captioned audio.
  - The organization has a designated staff member responsible for overseeing accessibility and Section 504/ADA compliance.
  - The organization has an access committee that includes people with various disabilities to advise on access issues.

## II. FEDERAL COVID-19 RELIEF PROGRAMS

35. Which of these federal funding programs has the organization applied to for assistance?  
 [select all that apply]

What is the status of those applications for which you have applied? [dropdown]

- Paycheck Protection Program (PPP) from the Small Business Administration
- Economic Injury Disaster Loan (EIDL) from the Small Business Administration
- Employee Retention Credit
- Payroll Tax Deferral
- CARES Act grant directly from the National Endowment for the Arts
- M-AAA CARES Funding
- State Arts Agency CARES Funding
- Shuttered Venue Operators Grant (SVOG) from the Small Business Administration
- None of the Above

*Note: If your organization receives federal relief from the National Endowment for the Arts, your State Arts Agency, or the Small Business Administration in either a PPP (Paycheck Protection Program Loan) or EIDL (Economic Injury Disaster Loan), you may not use this grant for the same purpose(s) during the same period of time.*

## III. M-AAA ARP FUNDING INFORMATION

36. Select all for which M-AAA ARP funding will be used.
- Salaries
  - Fees for artists and other contracted personnel
  - Facility costs (rent, utilities, etc.)
  - Costs related to the purchase of health and safety supplies
37. M-AAA ARP Funding Period—Start and End Dates
38. Describe how COVID-19 has affected the work of the organization. (500 word limit)
39. Describe the steps the organization is taking to sustain itself and its operational plans (e.g., budgeting, fundraising, staffing, etc.). (500 word limit)
40. Is there anything else the applicant would like M-AAA to know? (500 word limit) Yes/no - if yes, please share.

## IV. M-AAA ARP BUDGET (Round all amounts up to the nearest dollar amount.)

- 41. Full- and Part-Time Salary Support Requested
- 42. How many full-time positions are included in #41?
- 43. How many part-time positions are included in #41?
- 44. Contractual Support Requested
- 45. How many contractual positions are included in #44?
- 46. Operational Support Requested (rent, utilities, etc.)
- 47. Health and Safety Supplies Support Requested
- 48. M-AAA ARP Request (\$10,000, \$20,000, \$40,000) [pick one]

**V. APPLICATION DOCUMENT UPLOADS**

49. Upload a simple funding request chart. Format as follows and include the following information:

Salaried Funding Request

Position Title	Time Period	Funding Amount Requested

Contractual Funding Request

Position Title	Time Period	Funding Amount Requested

Operational Support Request

Expenditure	Time Period	Funding Amount Requested

Health and Safety Supplies Support Request

Expenditure	Time Period	Funding Amount Requested

*Funding Request Chart must be uploaded as a Microsoft Word, Excel, or PDF document. Be sure the totals in the Funding Request Chart match those in the application form budget section.*

50. Upload the organization’s most recent IRS Form 990/990 tax filing or latest financial statement.

*Upload your organization’s relevant document:*

- *Gross receipts of \$50,000 or more—IRS Form 990/990 EZ (only first page) or*
- *Gross receipts of less than \$50,000—a copy of your latest Financial Statement as reported to your Board of Directors.*

51. What year is reflected in the tax filing or financial statement uploaded for #50 reference?

52. Organization W9 Form (upload the organization's relevant document:  
53. Support Materials (limit five)  
*Include materials that will support this application request.*

## VI. Assurance of Compliance

By submitting the application form, the applicant certifies that it is in compliance with the statutes outlined below and all related M-AAA regulations, will maintain records, and will submit the reports that are necessary to determine compliance.

### Debarment, Suspension, Ineligibility, and Voluntary Exclusion

The Applicant confirms by checking the box below that all information contained in this application is true and further, it does not discriminate:

- on the grounds of race, color, or national origin (including limited English proficiency), in accordance with Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000d et seq.)
- on the basis of physical or mental disability in accordance with Section 504 of the Rehabilitation Act of 1973 and the 1990 Americans with Disabilities Act
- on the basis of age, in accordance with the Age Discrimination Act of 1975 (42 U.S.C.6101 et seq.).
- on the basis of sex, in any education program or activity, in accordance with Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.).

## DOCUMENTS TO UPLOAD AT-A-GLANCE

- Most recently filed IRS Form 990/990EZ (#50)
- Funding Request Chart (#51)
- W9 Form (#52)
- Other support materials (limit five) (#53)

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*M-AAA Grant materials are available in alternative accessible formats upon request.*

*Questions? Concerns? Contact: Christine Bial, Director of Grant Programs  
(816) 421-1388, ext. #227 or [Christine@maaa.org](mailto:Christine@maaa.org)*