

NATIONAL ENDOWMENT for the ARTS

CREATIVE FORCES

A SERVICE OF MID-AMERICA ARTS ALLIANCE

Creative Forces Community Engagement Grants Application-at-a-Glance

Deadline: 11:59 p.m. CST, Thursday, January 19, 2023

HOW TO APPLY

Use the following Application-At-A-Glance to prepare your responses. Data typed in the online form can be saved for editing later by clicking “Save my progress and resume later” at the top or bottom of the application form webpage. Each time you save your application you will be asked for an email address and a password which can remain the same or change as often as you see fit. Each time you save your application you will be sent an email with new instructions on how to resume your draft application. To resume the most recent version of your application refer to the most recent email in your inbox.

While draft applications can be saved, online technology is not always reliable, so we strongly recommend you prepare your narrative responses in a separate document to ensure you have a backup for reference as you proceed. Please add a space between paragraphs in narrative fields for clarity and ease of reading by staff and panelists.

For more information on how to fill out the application form you may watch this [Creative Forces Grant Application Walkthrough Video](#). For more information on the Grant Guidelines you may watch the [Grant Guidelines Informational Webinar Video](#).

Mid-America Arts Alliance will only consider applications submitted by 11:59 p.m. CST on January 19, 2023. We urge you to submit your application early to ensure your materials are properly received. The application platform may experience slower processing times when user traffic is higher as the deadline nears. The form will close promptly at midnight.

The Creative Forces Grant Application Form can be found online here:

<https://www.tfaforms.com/5011491>

CREATIVE FORCES COMMUNITY ENGAGEMENT GRANT:

APPLICATION-AT-A-GLANCE

The following outlines what is required for a complete application. Answering “no”, “not in place”, or “not applicable” to questions does not preclude the application from consideration for funding.

I. APPLICANT INFORMATION

1. Applicant Organization Legal Name

The organization’s business name as it appears on its Federal employer identification document.

- o Is the organization known by a name other than its legal name? (yes/no)
- o If you answered “yes”, what is the applicant organization’s other name?

Applicant address and other information (address, phone, email, website address, social media outlets)

Applicant mailing address, if different from street address

2. Applicant Primary Contact Person Information (name, job title or artistic discipline, phone, email)

3. Applicant Secondary Contact Person Information (name, job title or artistic discipline, phone, email)

4. Applicant Federal Identification Number (EIN)

[\[https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers\]](https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers)

5. Universal Entity Identifier (UEI)

[\[https://www.maaa.org/duns-transition-new-requirements-for-federal-funding/\]](https://www.maaa.org/duns-transition-new-requirements-for-federal-funding/)

6. U.S. Congressional District Number, State House and State Senate Legislative District Number [\[https://openstates.org/\]](https://openstates.org/)

7. Choose the category that best describes the applicant’s legal status. (dropdown menu)

8. Choose the type of institution that best describes the applicant. (dropdown menu)

9. Choose the artistic discipline that best describes the applicant’s primary area of work in the arts. (dropdown menu)

10. What is the applicant’s mission statement? (125-word limit)?

11. What is the applicant’s annual operating budget for its most recently completed fiscal year? The applicant may enter the most recent budget prior to March of 2020 (Pre-COVID) if that is a more accurate representation of a typical annual organizational budget. (picklist)

12. What is the population of the applicant's geographic service area?
(picklist)
13. Does the applicant have a history of creative/artistic endeavors?
(dropdown menu)
If you answered "yes", describe those creative/artistic endeavors.
(1,000-word limit)
14. Does the applicant have a history of implementing programs with/for the military community? (dropdown menu)
If you answered "yes", describe those programs. (1,000-word limit)
15. Are there arts and military programs or resources available in the applicant's service area? (dropdown menu)
If you answered "yes", in what ways is your project unique and does not duplicate existing resources/services in your community? (1,000-word limit)
16. Identify the extent to which a clinic to community recommendation process is in place across clinics/hospitals/community arts organizations and your organization. (dropdown menu)
17. Applicant's accessibility information (dropdown menu)
 - a. The applicant has a stated policy or mission statement regarding accessibility.
 - b. The applicant has accessible information/accommodations with appropriate disability symbols included in all its publicity.
 - c. The applicant has an accessible website, including alt tags and captioned audio.
 - d. The applicant has a designated staff member responsible for overseeing accessibility and section 504/ADA compliance.
 - e. The applicant has an access committee that includes people with various disabilities to advise on access issues.If you answered "not applicable" or "no" to one of the statements above, please explain. (125-word limit)

II. PROJECT INFORMATION

18. Project Title
19. Project Start and End Dates
20. Project Contact Person Information (name, title or artistic discipline, phone, email)
Person to whom questions should be addressed regarding the project.
21. Project Summary: In two or three sentences, describe the project.
(125-word limit)
22. What is the project's primary discipline? (dropdown menu)

If you answered, "interdisciplinary" or "multidisciplinary", designate the project's secondary discipline.

23. What is the primary type of activity involved in the project? (dropdown menu)
24. Is there another type of activity involved in the project? (dropdown menu)
If you answered "yes", what is the secondary type of activity involved in the project? (dropdown menu)
25. Choose the one statement that best describes the amount of arts education involved in the project.
 - o 50% or more of the project activities are arts education.
 - o Less than 50% of the project activities are arts education.
 - o None of the project activities involve arts education.
26. Project Description (2,000-word limit)
27. Is this a pilot project? (yes/no)
28. Which grant tier are you applying for? (Emerging or Advanced)
29. Project Accessibility Information (dropdown menu)
 - a. Persons using wheelchairs and/or prosthetics will be able to participate in the project.
 - b. A sign language interpreter, an assistive listening system, or other assistance for persons with hearing impairments will be provided upon request.
 - c. Large print materials or descriptive audiotapes will be available upon request for persons with visual limitations.
 - d. Seats near the speaker/performer/interpreter will be available for persons with hearing and/or visual limitations along with their companions.If you answered "not applicable" or "no" to one of the statements above, please explain. (200-word limit)
30. How will the project be implemented? (select all that apply)
If you answered "Other", tell us more. (125-word limit)
31. How will the project take place? (select all that apply)
If you answered "in-person", does the project take place at the applicant's street address listed above? (dropdown menu)
If you answered "no", other venue information is requested (venue name, address, plus Venue Accessibility Information)
If you answered "streaming online", what is the streaming platform name? (plus Streaming Online Accessibility Information)
Venue Accessibility Information (dropdown menu)
 - a. The venue has designated accessible parking spaces with adjoining curb cuts and an accessible route from parking to the venue entrance.

- b. The venue has ground-level entry, ramped access, and/or elevators.
- c. The venue has integrated and dispersed wheelchair seating in assembly areas with companion seating.
- d. The venue has signage at inaccessible entrances with directions to accessible entrances.
- e. The venue has a wheelchair-accessible toilet stall, including a 60" diameter or T-turn clear floor space, free of the door swing.
- f. The venue has accessible emergency exits and audio/visual emergency Alarms.

If you answered "not applicable" or "no" to one of the statements above, please explain. (200-word limit)

Streaming Online Accessibility (dropdown menu)

- a. Real-time captioning will be provided for persons who are deaf or hard of hearing
- b. Automatic captioning or subtitles will be provided and synced up in post-production for later streaming.
- c. Real-time American Sign Language interpretation will be provided on screen.
- d. Real-time audio or visual description will be provided.
- e. Images will include alternative text tags for people who are blind or have low vision that use screen-reading software.
- f. Screen reader support will be available.

If you answered "not applicable" or "no" to one of the statements above, please explain. (200-word limit)

32. What are the intended project outcomes for the applicant? (select all that apply)

33. Are there potential risks to military-connected participants in implementing the project? (dropdown menu)

If you answered "yes", describe those risks and how the applicant intends to mitigate or manage them. (500-word limit)

34. How will the applicant gauge the success of the Project?

III. PARTICIPANT INFORMATION

35. Approximately how many participants will your project serve? (enter a number)

36. Who are the intended participants in the project? (select all that apply)

37. What are the intended project outcomes for the participants? (select all that apply)

38. Why were these participants selected and what, if any, need does this

project address on their behalf? (500-word limit)

39. How will these participants be recruited to participate in the project?
(500-word limit)

IV. PARTNER INFORMATION

40. Will the project involve at least one organizational Partner? (dropdown menu)

If you answered "yes", partner organization Information required as follows in A-K.

41. Will the project involve at least one partnering individual? (dropdown menu)

If you answered "yes", partner individual Information required as follows in L-V.

PARTNER: ORGANIZATION INFO

A. Partner Organization Legal Name

Organization's business name as it appears on its Federal Employer Identification document.

Is this partner organization known by a name other than its legal name?

- o If you answered "yes", what is the partner organization's other name?

B. Partner Organization Address and Contact Information (address, phone, email, website address, social media outlets)

Partner Organization Mailing Address, if different from street address.

C. Choose the category that best describes this partner's legal status. (dropdown menu)

D. Choose the institution category that best describes this partner (dropdown menu)

E. Partner Organization Mission Statement

F. Does this partner have a history of creative/artistic endeavors? (dropdown menu)

If you answered "yes", describe those programs.

G. Does this partner have a history of implementing programs with/for the military community? (dropdown menu)

If yes, describe those programs.

H. What is the status of this partnership at the time of application? (dropdown menu)

I. What is the nature of this partnership? How will the partner advance or support

the project?

J. Letter of support for the project from this partner (upload PDF or Microsoft

word document)

- K. What are the intended project outcomes for this partner? (select all that apply)

PARTNER: INDIVIDUAL INFO

L. Partner Legal Name

Partner's name as it appears on their social security documentation. Identification document.

Is this partner known by a name other than its legal name?

If yes, what is this partner's other name?

M. Partner Contact Information (address, phone, email, website address, social media outlets)

Partner mailing address, if different from street address

N. Choose the category that best describes this partner. (individual artist/individual non-artist)

If you choose "individual artist", include the Artist Mission Statement.

O. Does this Partner have a history of creative/artistic endeavors in the last three to five years?

If yes, describe those programs. (500-word limit)

P. Does this Partner have a history of implementing programs with/for the military community in the last three to five years?

If yes, describe those programs. (500-word limit)

Q. What is the status of this partnership at the time of application? (dropdown menu)

R. What is the nature of this partnership? How will the partner advance or support the project?

S. Letter of support for the project from this partner (upload PDF or Microsoft word document)

T. Partner Resumé (upload PDF or Microsoft word document)

U. Artist Work Sample Summary Document (upload PDF or Microsoft word document)

Include the title of the art work, website address, and other context including the date created or performed, and when applicable, the names of the artists involved or medium and dimensions of the work.

V. What are the intended project outcomes for this partner? (select all that apply)

V. PROJECT BUDGET

EXPENSES

42. What amount of the project budget will be spent on applicant organization salaries/wages?

43. What amount of the project budget will be spent on artist/contractual personnel not employed by the applicant organization?
44. What amount of the project budget will be spent on other direct costs such as equipment or services?
45. Total Project Expenses
46. Comments regarding Expenses

INCOME

47. What is the amount of Creative Forces Grant funds being requested?
48. What amount of the project budget income will come from grant requests made to entities in the applicant's local area?
49. What amount of the project budget income will come from grant requests from state agencies?
50. What amount of the project budget income will come from grant requests made to national foundations?
51. What amount of the project budget income will come from grant requests from Federal agencies? (Cannot include NEA funds)
52. What amount of the project budget income will come from the applicant organization's cash reserves?
53. What amount of the project budget income will come from corporate or other sponsorships?
54. What amount of the project budget income will come from ticket sales or participation fees?
55. What amount of the project budget income will come from merchandise sales?
56. What amount of the project budget income will come from donations from individuals?
57. What amount of the project budget income will come from in-kind contributions from the applicant organization or a partner organization?
58. Total Anticipated Project Income
59. Comments regarding Income

VI. Additional Document Uploads

60. Project Timeline (upload PDF or Microsoft word document)
The timeline should include milestones or significant events associated with the project.
61. Other Artist or Personnel Resumé (upload PDF or Microsoft word document)
This includes artists or personnel that are employed by the applicant or

partners as staff who will be actively engaged in the project, but not listed above as a partner in the project.

62. Project Budget (upload PDF or Microsoft word document)

63. Additional Support Documents (upload PDF or Microsoft word document)

These support documents can include, but are not limited to contracts, rental agreements, letters of agreement or letters of support, or work samples pertaining to the project.

Questions or concerns about the Creative Forces Community Grant Program?

Technical Difficulties?

Contact M-AAA staff at creativeforces@maaa.org