



## **Eligibility Form**

Do you reside in MN?

☐ Yes ☐ No

Are you requesting more than \$50,000?

☐ Yes ☐ No

Are you a musician that is requesting funding for a project that works to create, produce, and/or perform music within Minnesota?

☐ Yes ☐ No

This funding cannot be used for the following:

- Cover costs incurred before the grant agreement is fully signed,
- Start, match, add, or complete any type of capital campaign,
- Support capital costs (such as improvements, construction, property, or equipment),
- Support benefits and fundraisers,
- Purchase promotional giveaway items such as t-shirts, keychains,
- Fund out-of-state expenses, such as out-of-state travel and lodging and contractor expenses,
- Pay for indirect costs or overhead charges not directly related to the activities outlined in the project proposal,
- Food expenses when expenses are either (i) incurred during the planning phase of the project, or (ii) are not essential to the final program,
- Wages, salary, and benefits of staff for the time that such individuals are not working on the project, and
- Cash payments.

Will the funding you are requesting be used for any of the activities listed above?

☐ Yes ☐ No

Will you be using this funding to pay for out-of-state expenses?

☐ Yes ☐ No

Will you be using this funding for new work or new additions to existing work?

☐ Yes ☐ No

## **Application** **Contact Information**

Applicant

Applicant First Name

Applicant Last Name

Legal Name (if different than above)

Address

City

State

Postal Code

Phone

Website (if applicable)

### ***Authorized Representative***

The Authorized Representative is defined as the person who has legal authority to sign the grant agreement, and any later amendments, on behalf of the organization.

First Name

Last Name

Title

Phone

Ext.

Mobile Phone

E-Mail

### ***Project Manager***

The Project manager is defined as the person responsible for overseeing the project and which MHC should be in regular communication with to obtain updates on the project.

**Complete the following section ONLY if the project manager is different from the Authorized Representative.**

First Name

Last Name

Title

Phone

Ext.

Mobile Phone

|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Email                                                                                                                                                                                                                   |                                                                                                                                                              |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| <b>Fiscal Sponsor</b>                                                                                                                                                                                                   |                                                                                                                                                              |             |
| You have entered into a fiscal sponsor agreement if you have agreed to use a nonprofit tax-exempt organization to accept Legacy funds on your behalf or accept legal and/or financial responsibility on your behalf.    |                                                                                                                                                              |             |
| Do you have a fiscal sponsor?                                                                                                                                                                                           |                                                                                                                                                              |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                |                                                                                                                                                              |             |
| <b>Complete this section <u>ONLY</u> if you are using a fiscal sponsor.</b>                                                                                                                                             |                                                                                                                                                              |             |
| Organization Name                                                                                                                                                                                                       |                                                                                                                                                              |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| Address                                                                                                                                                                                                                 |                                                                                                                                                              |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| City                                                                                                                                                                                                                    | State                                                                                                                                                        | Postal Code |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| Tax ID                                                                                                                                                                                                                  | Website                                                                                                                                                      |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| Contact Name                                                                                                                                                                                                            |                                                                                                                                                              |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| Contact Phone                                                                                                                                                                                                           | Contact Email                                                                                                                                                |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| <b>Fiscal Sponsorship Agreement</b>                                                                                                                                                                                     |                                                                                                                                                              |             |
| Please submit a copy of your Fiscal Sponsorship agreement as a PDF attachment.                                                                                                                                          |                                                                                                                                                              |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| <b>Project Details</b>                                                                                                                                                                                                  |                                                                                                                                                              |             |
| <b>Project Name</b>                                                                                                                                                                                                     |                                                                                                                                                              |             |
| The Minnesota Humanities Center will use this title when referencing this grant, including reporting on the Legacy website.                                                                                             |                                                                                                                                                              |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| <b>Amount requested</b>                                                                                                                                                                                                 |                                                                                                                                                              |             |
| (up to \$50,000)                                                                                                                                                                                                        |                                                                                                                                                              |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |
| <b>Project Start Date</b> (mm/dd/yyyy)<br>This date is an estimate only. The actual project start date will be when a grant agreement is fully signed. (For this application projects cannot start before Oct. 1, 2026) | <b>Project End Date</b> (mm/dd/yyyy)<br>Project activities must be completed by May 31, 2027. Grant reporting must be completed no later than June 30, 2027. |             |
|                                                                                                                                                                                                                         |                                                                                                                                                              |             |

### **Project Overview**

Please describe your project, the specific activities that will be completed with the funding requested, and its impact upon your intended audience and the people living in Minnesota.

Max word count: 500

### **Project Alignment**

Applicants must submit a bio describing their experience creating, producing, and/or performing music.

*Please submit a copy of your bio as a PDF attachment.*

Applicants must submit two letters of recommendation from a person or organization to which the applicant has recently created, produced, or performed music.

*Please submit two letters of recommendation as PDF attachments.*

Applicants must provide free or at reduced cost for admission to attendees for performances. Please describe how your project will make music available to Minnesotans at a free or reduced cost?

Max word count: 500

These grants will be awarded to individual Minnesota musicians to create, produce, and perform music throughout the state. Please select which of these activities your project will include (select all that apply), and describe them in more detail below.

- ☐ Create music
- ☐ Produce music
- ☐ Perform music

Please describe the type of music involved in your project (e.g., genre, style, tradition) and what you will create, produce, and/or perform.

Max word count: 500

These grants will be awarded to applicants who do one or more of the following, please select all that apply:

- ☐ Amplify arts, culture, and heritage in Minnesota
- ☐ Increase the depth and breadth of Minnesota who will connect with arts, culture, and heritage
- ☐ Provided opportunities for individuals in Minnesota to enjoy arts and culture for free or at reduced cost to allow access for economically disadvantaged individuals and families in Minnesota to attend Legacy programs

If not clear in other parts of the application, please describe how you will do one or more of the previous.

Max word count: 500

Who are you trying to reach with this project, and how will you reach them? Where in Minnesota will the project take place — include specific cities, venues, or regions where you will create, record, or perform. How will your audience engage in meaningful ways?

Max word count: 500

**Counties Served (select all that apply)**

- |                                       |                                            |                                     |                                          |
|---------------------------------------|--------------------------------------------|-------------------------------------|------------------------------------------|
| <input type="checkbox"/> All Counties | <input type="checkbox"/> Faribault         | <input type="checkbox"/> Marshall   | <input type="checkbox"/> Rice            |
| <input type="checkbox"/> Aitkin       | <input type="checkbox"/> Fillmore          | <input type="checkbox"/> Martin     | <input type="checkbox"/> Rock            |
| <input type="checkbox"/> Anoka        | <input type="checkbox"/> Freeborn          | <input type="checkbox"/> McLeod     | <input type="checkbox"/> Roseau          |
| <input type="checkbox"/> Becker       | <input type="checkbox"/> Goodhue           | <input type="checkbox"/> Meeker     | <input type="checkbox"/> Saint Louis     |
| <input type="checkbox"/> Beltrami     | <input type="checkbox"/> Grant             | <input type="checkbox"/> Mille Lacs | <input type="checkbox"/> Scott           |
| <input type="checkbox"/> Benton       | <input type="checkbox"/> Hennepin          | <input type="checkbox"/> Morrison   | <input type="checkbox"/> Sherburne       |
| <input type="checkbox"/> Big Stone    | <input type="checkbox"/> Houston           | <input type="checkbox"/> Mower      | <input type="checkbox"/> Sibley          |
| <input type="checkbox"/> Blue Earth   | <input type="checkbox"/> Hubbard           | <input type="checkbox"/> Murray     | <input type="checkbox"/> Stearns         |
| <input type="checkbox"/> Brown        | <input type="checkbox"/> Isanti            | <input type="checkbox"/> Nicollet   | <input type="checkbox"/> Steele          |
| <input type="checkbox"/> Carlton      | <input type="checkbox"/> Itasca            | <input type="checkbox"/> Nobles     | <input type="checkbox"/> Stevens         |
| <input type="checkbox"/> Carver       | <input type="checkbox"/> Jackson           | <input type="checkbox"/> Norman     | <input type="checkbox"/> Swift           |
| <input type="checkbox"/> Cass         | <input type="checkbox"/> Kanabec           | <input type="checkbox"/> Olmsted    | <input type="checkbox"/> Todd            |
| <input type="checkbox"/> Chippewa     | <input type="checkbox"/> Kandiyohi         | <input type="checkbox"/> Otter Tail | <input type="checkbox"/> Traverse        |
| <input type="checkbox"/> Chisago      | <input type="checkbox"/> Kittson           | <input type="checkbox"/> Pennington | <input type="checkbox"/> Wabasha         |
| <input type="checkbox"/> Clay         | <input type="checkbox"/> Koochiching       | <input type="checkbox"/> Pine       | <input type="checkbox"/> Wadena          |
| <input type="checkbox"/> Clearwater   | <input type="checkbox"/> Lac Qui Parle     | <input type="checkbox"/> Pipestone  | <input type="checkbox"/> Waseca          |
| <input type="checkbox"/> Cook         | <input type="checkbox"/> Lake              | <input type="checkbox"/> Polk       | <input type="checkbox"/> Washington      |
| <input type="checkbox"/> Cottonwood   | <input type="checkbox"/> Lake Of The Woods | <input type="checkbox"/> Pope       | <input type="checkbox"/> Watonwan        |
| <input type="checkbox"/> Crow Wing    | <input type="checkbox"/> Le Sueur          | <input type="checkbox"/> Ramsey     | <input type="checkbox"/> Wilkin          |
| <input type="checkbox"/> Dakota       | <input type="checkbox"/> Lincoln           | <input type="checkbox"/> Red Lake   | <input type="checkbox"/> Winona          |
| <input type="checkbox"/> Dodge        | <input type="checkbox"/> Lyon              | <input type="checkbox"/> Redwood    | <input type="checkbox"/> Wright          |
| <input type="checkbox"/> Douglas      | <input type="checkbox"/> Mahnomen          | <input type="checkbox"/> Renville   | <input type="checkbox"/> Yellow Medicine |

If applicable, please describe how your music or performance is unique to the cultural heritage within Minnesota or is from a cultural community residing within Minnesota.

|                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                 |
| Max word count: 500                                                                                                                                                                             |
| If applicable, please describe how your music or performance supports greater understanding of the history of Minnesota or understanding of the cultural communities residing within Minnesota. |
|                                                                                                                                                                                                 |
| Max word count: 500                                                                                                                                                                             |
| Please identify past success in creating, producing, or performing music.                                                                                                                       |
|                                                                                                                                                                                                 |
| Max word count: 500                                                                                                                                                                             |
|                                                                                                                                                                                                 |

### **Community Connection & Audience Engagement**

Awarded projects will connect and serve their intended audiences meaningfully. What steps will be taken to engage the audience or community in meaningful ways (e.g., performances, outreach, accessibility, or participation)?

Max word count: 500

Select which community or communities your project benefits?

- ☐ Asian and Pacific Island communities
- ☐ Somali diaspora and other African immigrant communities
- ☐ Indigenous communities with a focus on the 11 Tribes in Minnesota
- ☐ African American community
- ☐ Latinx community
- ☐ LGBTQIA+ community
- ☐ Other underrepresented cultural groups
- ☐ Multiple communities served
- ☐ None

Does your project specifically support any of the following communities named in the legislation?

- ☐ Indigenous organizations
- ☐ Communities whose culture and heritage have been historically underrepresented
- ☐ Recent immigrant communities
- ☐ Veterans
- ☐ None of the above

If applicable, describe any partnerships, collaborations, or community relationships that will support the success of the project?

|                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                      |
| Max word count: 500                                                                                                                                                                                                                  |
| Please identify how community members have previously been involved, are currently involved, or will be involved in the development, implementation, and/or evaluation of the project.                                               |
|                                                                                                                                                                                                                                      |
| Max word count: 500                                                                                                                                                                                                                  |
| <b>Project Management</b>                                                                                                                                                                                                            |
| Please describe your project plan and timeline.                                                                                                                                                                                      |
|                                                                                                                                                                                                                                      |
| Max word count: 500                                                                                                                                                                                                                  |
| Please describe your tools to make sure that the project plan and timeline run as planned and scheduled. (Please make sure to describe how expenses will be tracked, and employee hours will be tracked correctly and consistently). |
|                                                                                                                                                                                                                                      |
| Max word count: 500                                                                                                                                                                                                                  |

Please describe your specific project goals and what evaluation metrics you will use to determine if they were met.

Max word count: 500

**Project Compliance**

Legacy funding only supports the creation of new work or new additions to existing work. Please describe how this project constitutes new work or a new addition or component to your existing work and programming.

Max word count: 500

If applicable, how will compliance with Minnesota competitive bid laws be ensured?

Max word count: 500

## Evaluation & Impact

### Proposed Measurable Outcomes

Please list your measurable outcomes for this project. Who or what is expected to change as a result of the grant? If you accomplish your planned activities as proposed, what outcomes are you hoping to see, that can be measured/tracked? (Note: this section will be used on the Legacy reporting website)

Max word count: 500

### Subject

Please check the subject(s) below that best describes your project. This information will be reported on the Legacy reporting website (pick the one that best fits your project).

|                                                         |                                                |
|---------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Archeology                     | <input type="checkbox"/> Education/Outreach    |
| <input type="checkbox"/> Arts                           | <input type="checkbox"/> Historic Preservation |
| <input type="checkbox"/> Arts Access                    | <input type="checkbox"/> History               |
| <input type="checkbox"/> Cultural Heritage Preservation |                                                |

### Activity

Please select the activity type that best describes your project. This information will be reported on the Legacy reporting website (pick the one that best fits your project).

|                                                                 |                                                         |
|-----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Analysis/Interpretation                | <input type="checkbox"/> Education/Outreach/ Engagement |
| <input type="checkbox"/> Assessment/Evaluation                  | <input type="checkbox"/> Planning                       |
| <input type="checkbox"/> Demonstration/Pilot Project            | <input type="checkbox"/> Preservation                   |
| <input type="checkbox"/> Digitization/Online Information Access | <input type="checkbox"/> Research                       |

## Budget

### **Budget Template**

Please complete and attach MHC's budget template. Budgets will only be accepted using MHC's budget template. The budget template can be found on MHC's website where you accessed this application. If you have questions, please feel free to contact MHC staff.

As a reminder, Legacy prohibits funds from being used to:

- Cover costs incurred before the grant agreement is fully signed,
- Start, match, add, or complete any type of capital campaign,
- Support capital costs (such as improvements, construction, property, or equipment),
- Support benefits and fundraisers,
- Purchase promotional giveaway items such as t-shirts, keychains,
- Fund out-of-state expenses, such as out-of-state travel and lodging and contractor expenses,
- Pay for indirect costs or overhead charges not directly related to the activities outlined in the project proposal,
- Food expenses when expenses are either (i) incurred during the planning phase of the project, or (ii) are not essential to the final program,
- Wages, salary, and benefits of staff for the time that such individuals are not working on the project, and
- Cash payments.

**Payment to vendors must be paid by electronic fund transfer or check with payee noted.**

### **Provide the budget totals for the following categories:**

|                                         |                                    |
|-----------------------------------------|------------------------------------|
| Personnel/ Staff                        | Contractors                        |
|                                         |                                    |
| Print, Media, and Promotional Materials | Supplies and Equipment - Purchased |
|                                         |                                    |
| Rental Costs (non-overhead)             | Food/ Meals                        |
|                                         |                                    |
| Transportation and Lodging              | Administrative and Support costs   |
|                                         |                                    |
| Total Amount Requested                  | Other Funding Sources              |
|                                         |                                    |

### **Full Time Equivalents**

How many FTEs (Full Time Equivalents) will be funded with this grant? The number of FTEs and Independent Contractors working on the grant project will be reported on the Legacy website.

For example: 0.5 (50%) of one staff person, and 0.35 (35%) of another = 0.85 total FTEs

## Grant Payments

Minnesota law, as enforced by the Department of Administration, provides the manner in which MHC may issue payments to grantees. You may select between Reimbursement or Advanced Payment models.

### Reimbursement

Reimbursement is the preferred and default method of payment under state guidelines. Under the Reimbursement model, upon the grantee providing information that expenses have been incurred, MHC will forward funding reimbursement to the Grantee for the total amount spent per payment request.

### Advance

Grantees may also receive a partial advance under Minnesota law. Under the Advance model, the grantee may receive the following partial advance depending on the amount of the grant:

- If grant is \$10,000 or less, the maximum that can be advanced is 75%
- If the grant is more than \$10,000 but less than \$50,000, the maximum that can be advanced is 50%
- If the grant is more than \$50,000, the maximum that can be advanced is 25%

Those who choose the advanced payment model will receive advanced payments at a fixed amount.

For example, if a Grantee is on a 20% advance payment model and receives a grant award of \$1,000 then they will receive \$200 per each payment request. Grantees will not receive any additional funding under their grant until a financial reconciliation has occurred. Advances may only be provided under Minnesota law to Grantees who do not have a history of late reports, poor performance, or financial risk.

Upon completion of a grant, MHC conducts a financial review of the expenses incurred by the grantee. Minnesota law requires MHC to conduct a more in-depth financial review of the expenses of grantees that obtain an advance.

Please select your preferred payment model below.

☐ Reimbursement

☐ Advanced

**Complete the following question ONLY if you wish to pursue obtaining an advance.**

Please identify the amount of advance funding that you wish to request and provide a brief explanation as to the need for the advanced payment. As there is no guarantee that you will be eligible to receive an advance, please also indicate in your request whether you will be able to pursue the project if you are denied an advance.

Max word count: 500

## Financial Review

**Complete this section ONLY if you are requesting \$25,000 or more.**

Please check the box below to indicate your organization's annual income and provide the corresponding financial document to MHC.

- ☐ Board Approved Financial Statement (Organization annual income under \$50,000 and no IRS Form 990)
- ☐ IRS Form 990 (Organization annual income under \$750,000)
- ☐ Certified Financial Audit (Organization annual income over \$750,000)
- ☐ Most Recent Individual Tax form (Individual applicants only)

### Financial Information

*Please submit the financial document you identified above. (If you have a fiscal sponsor, please submit only their financial documents). These should be submitted as a PDF attachment.*

## Certifications & Acknowledgement

I certify that the money for this grant will be spent as indicated within this grant application and consistent with Minnesota law.

☐ I agree    ☐ I do not agree

I certify that these grant funds will be used to supplement and not substitute traditional sources of funding.

☐ I agree    ☐ I do not agree

I certify that funds will not be spent on: activities unless they are directly related to and necessary for the project; indirect costs or other institutional overhead charges that are not directly related and proportional to, and necessary for, the activities outlined in the project proposal; fundraising; lobbyists and/or political contributions; bad debts, late payment fees, finance charges, or contingency funds; parking or traffic violations; promotional giveaway items; or out of state transportation.

☐ I agree    ☐ I do not agree

I certify that that if awarded, none of the applicant's current principals have been convicted of a felony financial crime in the past 10 years. Principal is defined as a public official, board member, or staff with authority to access grant funds or determine how funds are used.

☐ I agree    ☐ I do not agree

I certify that if awarded funding, the applicant is in good standing with the Minnesota Secretary of State as required by MN statutes, Chapter 317A.

☐ I agree    ☐ I do not agree

I certify that if awarded, contact information will be clearly posted on the applicant's website for the applicants leadership and the employee or other person who directly manages and oversees the grant

for the applicant. "Contact Information" means a telephone number, email address, or business address. "Leadership" means the applicants top administrative person, such as an Executive Director, President, or CEO.

☐ I agree    ☐ I do not agree

I certify that if awarded, all grant documentation will be saved and archived for at least six years from the end date of the project.

☐ I agree    ☐ I do not agree

Did you attend or watch a recording of an information session for this grant opportunity?

☐ Yes    ☐ No

Enter your full name, business title, and the date of submission.

(e.g., Emi Sakura, Executive Director, December 1, 2020)

| Full Name | Business Title | Date of submission |
|-----------|----------------|--------------------|
|           |                |                    |

By signing above and selecting "I agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.

☐ I agree    ☐ I do not agree