

ELIGIBILITY CERTIFICATION

Please read the eligibility criteria statements below carefully. These statements will help you discern if your project is eligible for funding through this grant. If your response to any of the statements below is "False", your organization and/or your proposal may be ineligible for funding from this grant. Please take time to pay special attention to statements marked as "**NEW!**" because eligibility criteria often change.

Once you have answered "True" (or N/A) for all of the eligibility criteria statements, the Authorizing Official, Grant Administrator, and Fiscal Sponsor (if applicable) will need to type their name and title below. Typing your name acts as an electronic signature and verifies that your project is in compliance with all eligibility criteria and that responses to all questions in this application and any documents included with this application are true and factual. Your electronic signature holds you legally responsible for any false or fraudulent information.

If you have any questions on any of the eligibility criteria, please email or call the R2AC office (218-751-5447 or 1-800-275-5447) to discuss eligibility. We can help you determine your organization's eligibility for this grant and, if needed, recommend a different grant to better suit your needs.

Mission*

The purpose of the organization or arts affiliate that I am applying on behalf of is to provide arts programming to the public.

Choices

True
False

Two Years of Arts Programming*

The organization I am applying on behalf of has produced or sponsored arts projects, events, or opportunities for the public during the past two years.

Choices

True
False

Service Area*

The organization I am applying on behalf of primarily serves the people of one or more of the following Minnesota counties:

Beltrami, Clearwater, Hubbard, Mahnommen, Lake of the Woods.

Choices

True
False

Location of Organization*

The organization I am applying on behalf of is physically located in one of the following Minnesota counties: Beltrami, Clearwater, Hubbard, Lake of the Woods or Mahnomen and will retain that location as their legal address throughout the grant period. (**Note:** Organizations that relocate outside of our service area during the grant period will be asked to return all grant funds received.)

Choices

True
False

Relocation*

The organization I am applying on behalf of does not intend to use Community Arts Support Grant funds to relocate their legal address outside the geographic boundaries of Beltrami, Clearwater, Hubbard, Lake of the Woods or Mahnomen Counties or outside the state of Minnesota.

Choices

True
False

Location of Funded Activity*

The activity proposed for funding will occur within the state of Minnesota.

Choices

True
False

5-county Impact*

The activity proposed for funding will occur within one or more of the following Minnesota counties: Beltrami, Clearwater, Hubbard, Lake of the Woods or Mahnomen, or will primarily impact residents of one or more of those counties.

Choices

True
False

Tax Exempt Status*

The organization I am applying on behalf of has 501(c)3 or other tax exempt status or is a group formed for non-profit purposes that is applying for this grant in order to cover expenses associated with obtaining 501(c)3 tax exempt status.

Choices

True
False

NEW!

990, 990-EZ, 990-N Annual Filing*

The organization that I am applying on behalf of currently holds 501(c)3 or other tax exempt status and has a filed either a 990, 990-EZ, or 990-N with the IRS for the years 2022, 2023, or both. If the organization I am applying on behalf of is an arts affiliate or a group formed for non-profit purposes, then the host organization or fiscal sponsor, if required, has filed a 990, 990-EZ, or 990- N with the IRS for the years 2022, 2023, or both.

Choices

True

False

N/A (Public Entity such as School or Government)

Averaged Annual Operating Expenses*

The averaged annual operating expenses from the two consecutive completed fiscal years of the organization I am applying on behalf of is not greater than \$173,999.

Choices

True

False

My organization falls between R2AC and MSAB operating support funding and has permission to apply.

Other General Operating Support*

The organization I am applying on behalf of will not be receiving operational support funding from the Minnesota State Arts Board between March 2024 – February 2025.

Choices

True

False

NEW!

Charitable Organization Annual Report Form Filing*

At the time of this application submission, the organization I am applying on behalf of is up-to-date on its Charitable Organization Annual Report Filing with the Minnesota Attorney General's Office. If the organization I am applying on behalf of is an arts affiliate or a group formed for non-profit purposes, then the host organization or fiscal sponsor, if required, is up to date on its registration with the Minnesota Attorney General's office.

Choices

True

False

N/A (School or Government Entity)

Use of Operating Support Funds*

The arts organization I am applying on behalf of does not intend to cover arts project and programming production costs other than administrative or operational support costs associated with arts projects and programming. (Community Arts Grant funding is designated

for an organization's administrative or operational costs; those costs that support an organization's *ability to provide* arts programming).

Choices

True
False

Support for Accessible and New/Expanded Arts Activity*

The organization I am applying on behalf of intends to use Community Arts Support Grant funding for operations to support arts programs or services that provide accessible and new and/or expanded arts education, arts access, and arts and cultural heritage activity as stipulated by the Clean Water, Land, and Legacy Amendment.

Choices

True
False

Misuse of Funds*

The organization I am applying on behalf of has not misused granted funds and has not been deemed ineligible to receive funds from R2AC, the Minnesota State Arts Board, or any other regional arts council due to the misuse of funds.

Choices

True
False

Grant Administrator Conflict of Interest*

I am not a current member of the Anishinaabe Arts Initiative Council, the R2AC board or staff, or a member of their immediate family (Immediate family is defined as: spouse, domestic partner, parent, child, child's spouse, brother, brother's spouse, sister, or sister's spouse.)

Choices

True
False

Organizational Conflict of Interest*

The organization I am applying on behalf of does not have a current member of the Anishinaabe Arts Initiative Council or the R2AC board or staff holding the position of Executive Director, Artistic Director, or the position of Chair, President, Vice Chair, Vice President, Treasurer, or Secretary of our board of directors.

Choices

True
False

Internal Conflict of Interest*

The organization I am applying on behalf of does not have any internal conflicts of interest as defined by Minnesota State statute 317A.255

Choices

True
False

Ineligible Organizations*

The organization I am applying on behalf of is NOT a for-profit business, an organization intending to influence public policy, or a religious organization.

Choices

True
False

Objectionable Content*

The organization I am applying on behalf of and the proposed project or activity does not promote use of illegal substances, violence, and/or racism and any activity supported with these funds does not include pornographic content. (*Please note it is at the board's discretion to deem an activity objectionable.*)

Choices

True
False

Proselytizing*

The organization I am applying on behalf of and the activity proposed for funding does not proselytize a belief or involve the religious socialization of an audience or participants.

Choices

True
False

Attempt to Influence State or Federal Legislation or Appropriation*

This request does not include activity that is an attempt to influence any state or federal legislation or appropriation.

Choices

True
False

Fundraising*

This request does not include activity that is intended to raise funds for an organization, charity, or cause or to start or build an endowment.

Choices

True
False

Unreasonable Fees for Artists*

This request does not include activity that requires artists to pay an unreasonable entry fee in order to exhibit, perform, or be included in the project.

Choices

True
False

Purchase of Food or Drink*

The request is not intended to fund the purchase of food or drink for events.

Choices

True
False

Unallowable Capital Improvements*

This request is not intended to cover capital improvement projects made to property which is not owned by the applicant organization or its nonprofit host.

Choices

True
False

Allowable Capital Improvements*

This request does not include capital improvements that do not support one or more of the following: new and/or expanded arts access, arts education, arts and cultural heritage activity.

Choices

True
False

Requests for Funding After the Fact*

This request is not intended to cover funding deficiencies or to cover purchases made prior to March 1, 2024.

Choices

True
False

Already funded by R2AC*

This request is not meant to cover costs associated with a project or activity that is currently receiving funding from an R2AC grant award.

Choices

True
False

Past Contractual Agreements with R2AC*

The organization I am applying on behalf of is not in violation of any past contractual agreement with R2AC, such as an overdue final report from a previous R2AC grant.

Choices

True
False

Terminated Grant Contract/Agreements with R2AC*

The organization I am applying on behalf of has not failed to return grant funds to R2AC after having any R2AC grant contracts/agreements terminated or funding revoked.

Choices

True
False

Unfinished Projects*

The organization I am applying on behalf of does not have any past CAS grant final reports that are either incomplete or in extension.

Choices

True
False

Public Art

If public art is a part of this request, the funded activity falls within the parameters of the Public Art Policy.

Choices

True
False
N/A

Literary Arts*

If literary arts are part of this request, the funded activity falls within the parameters of the Literary Art Policy.

Choices

True
False
N/A

Film/Television/Media Arts*

If film, television or other video media are part of this request, the funded activity falls within the parameters of the Film/Media/Television Art Policy.

Choices

True
False
N/A

Academic Coursework Expenses*

This request does not include expenses associated with receiving academic credit, tuition for academic coursework, teaching license, or continuing education requirements (CEUs) to retain a teaching license.

Choices

True
False

Compensation for School Personnel*

This request does not include compensation for school personnel to complete work in the school where they are employed.

Choices

True
False

Public Access to School/College/University Activities*

This request does not serve K-12 schools, university students, or faculty only.

Choices

True
False

School/College/University Arts Programs*

This request does not fund discontinued or nonexistent arts programs or pay an artist or organization to provide essentially the same services an arts teacher/instructor/professor or arts specialist employed by the institution would be expected to provide.

Choices

True
False

Over 80% Funded*

This request, if approved, will not put CAS grant award funds toward any activity in which the total project cost is being supported with up to 80% Arts and Cultural Heritage or State General Funds provided by any State/Arts and Cultural Heritage funding sources such as Minnesota State Arts Board, Library Legacy, Historical Legacy, Department of Agriculture , etc. and will not become over 80% funded if awarded this grant.

Choices

True
False

Type in the names and titles of the following lead positions for this application, with the consent of all signatories, as electronic signatures. Note that the typed name constitutes a legal signature and all parties undersigned must agree to the following statement:

"We certify that all information provided in this application is, to the best of our knowledge, true and factual and we have not plagiarized artists' work or otherwise knowingly misrepresented our organization, as described in the R2AC Plagiarism Policy. Our proposed arts activity is in compliance with all the eligibility criteria stated above, as well as with all applicable

federal, state, and local laws, rules, regulations, and ordinances in relation to the use of these funds."

Signature and Title of Authorizing Official*

(Board Chair/President or Artistic/Executive Director. This cannot be the same individual that signs as the Grant Administrator. If the Executive/Artistic Director is also the Grant Administrator, the Board Chair/President needs to sign as Authorizing Official to ensure eligibility. ***For Arts Affiliates, the Authorizing Official should be the director/chairperson/president/mayor/department chair of your host organization.***)

Character Limit: 100

Date of Authorizing Official's Signature*

Character Limit: 10

Grant Administrator Signature*

Character Limit: 100

Date of Grant Administrator's Signature*

Character Limit: 10

Fiscal Sponsor Signature (if applicable)

Character Limit: 100

Date of Fiscal Sponsor's Signature

Character Limit: 10