Sample Application for Legacy Grant Applicants

- Only use this application for preparing your responses. You must enter your response into the online application form to apply.
- There may be some sections below you will not need to complete. This is because some questions on this form are conditional. They only appear when you select a specific answer before that. On this sample, we selected options you may not select. We outlined the conditional sections in red. Please ignore those sections if they are not applicable to you.
- Questions? email madisonarts@cityofmadison.com

Madison Arts Commission Annual Grants | 2025-2026

The Madison Arts Commission (MAC) invites Madison artists and nonprofits to apply for 2025-2026 grants. There are three types of grants:

Project ($1,000 - $5,000)

Legacy ($1,500)

Individual fellowship ($1,000 - $2,000)

You may only submit one application per year for one of the three grant types. We rarely fund grants at the full amount due to limited resources. Grants are not paid until the project is complete.

GUIDELINES

All grants use the same guidelines & application. Read the guidelines before submitting your application.

You cannot save the application form once you start. Please prepare your materials before you start.

IMPORTANT DATES

Application due: March 1 by 11:59 PM

MAC reviews grant applications: March 10th, 12th, and 13th.

MAC sends recommendation sent to Common Council: Approved in April

Staff notify applicants if their request is approved: April

Staff sends contracts to recipients: Late April/ Early May

Grant period: June 1, 2025 - May 31, 2026

WHO IS ELIGIBLE?

Individual residents of the City of Madison

Nonprofits with a Madison address and tax-exempt status under Section 501(c)(3)

Groups using a nonprofit fiscal agent

See the guidelines for more information about eligibility

Information you share in this application is not private. MAC could have to share your application as part of a public open records request.

Photo: 2024 Mad Lit, Credit-Expressions Photography

LANGUAGE AND DISABILITY ACCESS

If you need an interpreter, translator, materials in alternate formats, or other accommodations to access this information, please call (608) 266-4635 immediately.

Si necesita un intérprete, traductor, algún material en otro formato u otras adaptaciones para acceder a esta información, llame al (608) 266-4635 de inmediato.

Yog tias koj xav tau ib tug neeg txhais lus, tus neeg txhais ntawv, los sis xav tau cov ntaub ntawv ua lwm hom ntawv los sis lwm cov kev pab kom paub txog cov lus qhia no, thov hu rau (608) 266-4635 tam sim no.

如果您获取此类信息时需要口译人员、翻译人员、不同格式的材料，(608) 266-4635

Questions marked with * are required. Other questions are optional. Your application will be scored the same weather you choose to answer optional question or not.

Are you applying as an individual or organization? *

◯ Individual

◯ Organization

Clear Selection

Is this the first time your or your organization has applied for a Madison Arts Commission Annual Grant? *

◯ Yes

◯ No

SECTION 1: ABOUT THE PROJECT CONTACT

Legal Name of Organization *

[   ]

Contact Person *

[   ]

Pronouns

Optional. For example: she/her, he/him, they/them, or no pronouns

[   ]

Address *

City *   **State** *   **Zip** *

Email *   **Phone** *

Website

How much is your annual organizational budget? *

SECTION 2: FISCAL AGENT

Will you use a fiscal agent? *

A fiscal agent (also called a fiscal receiver) is a 501(c)(3) organization that accepts grant funds on your behalf.

◯ Yes, I will use a fiscal agent

◯ No, I will not use a fiscal agent

Clear Selection **This section only appears if you select "Yes" above**

Fiscal Agent Organization Name *

Fiscal Agent Contact Person *

Fiscal Agent Address *

Fiscal Agent City *   **Fiscal Agent State** *   **Fiscal Agent Zip** *

Fiscal Agent Email *   **Fiscal Agent Phone Number**

SECTION 3: ABOUT THE PROJECT

Which grant are you applying for? *

Review the grant guidelines if you are unsure which grant to apply for.

○ Project Grant ($1,000-$5,000)

○ Legacy Grant ($1,500)

○ Individual Fellowship ($1,000-$2,000)

Clear Selection

Project Title *

[   ]

Project Description *

Describe your project in 1-2 sentences.

[   ]

Start Date *

What date will your project start?

Projects cannot start before June 1, 2025.

[mm/dd/yyyy   ⌄]

End Date *

What date does your project end?

[mm/dd/yyyy   ⌄]

Estimated Project Cost *

How much will your project cost?

This should include in kind contributions.

[   ]

Grant Request from MAC *

How much money are you requesting?

Read the guidelines for maximum request amounts.

[   ]

Estimated Number of Project Creators *

How many artists, performers, or students will create the project?

[   ]

Estimated Number of Audience Members *

How many people will experience or participate in your project?

[   ]

Where will your project take place? *

Check all Districts that apply. Use this map to find the appropriate district:

https://www.cityofmadison.com/council/councilmembers/map.cfm

☐ District 1
☐ District 2
☐ District 3
☐ District 4
☐ District 5
☐ District 6
☐ District 7
☐ District 8
☐ District 9
☐ District 10
☐ District 11
☐ District 12
☐ District 13
☐ District 14
☐ District 15
☐ District 16
☐ District 17
☐ District 18
☐ District 19
☐ District 20

Supporting Neighborhoods with Resource Teams

Will your project take place in, or will you provide transportation from, a community served by a Neighborhood Resource Teams?

If yes, where will your project take place or how will you provide transportation from one of these areas?

[   ]

How many hotel rooms do you think people will book? *

[   ]

This question only appears if you select "Yes" in the question to the left

Hotel Rooms

We have funding for projects that result in hotel stays. Do you think people will travel to Madison to stay in hotels for your project?

○ Yes
○ No

Clear Selection

What format is your Project Statement? *

◯   Video (URL)

◯   Text (Enter Below)

Clear Selection

**This section only appears if you select "Text."
If you select "Video" a box will appear for you to add a URL**

Artistic & Educational Value *

In 250 to 500 words, tell us:

1. How will your project contribute to the quality of arts in Madison? For Individual Fellowship applicants, how will it support your artistic development?

2. How will the grant contribute to you or your organization's artistic goals or expand your capacity (engage more people or expand your program options)?

3. How is your project innovative?

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Access *

In 250 to 500 words, tell us:

1. What element of your project is free to the public? For Individual Fellowship applicants this could be an exhibition, workshop, performance, street performance, school or library presentation, etc.

2. Who is your target audience?

3. How will you engage your target audience?

4. What partnerships or collaborations are you building to ensure your project reaches your target audience?

5. How will you stretch yourself to make your project accessible to more diverse audiences? For instance, will you provide transportation?

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Feasibility *

In 250 to 500 words, tell us:

1. Who are the key staff for your project? What is their role, and what are their qualifications?

2. What is your project timeline?

3. Where will your project occur?

4. How will you promote your project? Are you trying any new publicity efforts to reach new audiences?

5. Are any permits, permissions, or partnerships required for the project to succeed? If yes, what are they and have you received these permissions?

6. What will success look like for this project and how will you evaluate that?

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Importance *

In 250 to 500 words, tell us:

1. How will your project fill an identified community need?
2. How will your project increase awareness of the arts in Madison?
3. Will your project provide access to an underrepresented art form?
4. Are other organizations relying on your project? if yes, did they provide a letter of support?
5. How will this grant have an effective impact on the project?

A. Project Budget

You must use the [annual grant budget template](#).

Save the file as A_budget_ApplicantName.pdf

⊕ Drop files here or **browse**

E. Tax Exemption Determination Letter from the IRS or WI Certificate of Exempt Status *

Upload either a IRS determination letter or the WI Certificate of Exempt Status for your organization or your fiscal agent.

PDFs or JPG/JPEG only.

Save the file as F_Tax_ApplicantName.pdf.

⊕ Drop files here or **browse**

SECTION 4: DEMOGRAPHICS - OPTIONAL

In order to distribute grant funding equitably, we request demographic information from applicants. Organizations should submit based on their entire organization (including board & staff). Individuals should self-report.

Ethnicity

Optional. Choose all that apply.

☐ Hispanic/Latinx/e/a/o

☐ Non-Hispanic/Latinx/e/a/o

☐ Prefer not to answer

Race

Optional. Choose all that apply.

☐ American Indian or Alaskan Native

☐ Asian or Pacific Islander

☐ Black or African American

☐ White

☐ Multiracial

☐ A race not listed

☐ Prefer not to answer

Gender

Optional. Choose all that apply.

☐ Woman

☐ Man

☐ Non-binary/Genderqueer

☐ Prefer not to answer

☐ Prefer to self-describe (write-in below)

Do you or does anyone in your organization identify as transgender?

Optional.

☐ Yes

☐ No

☐ Prefer not to answer

Do you or does anyone in your organization identify as having a disability?

Optional.

☐ Yes

☐ No

☐ Prefer not to say

Age

Optional. Choose all the apply.

- ☐ Less than 25
- ☐ 25-40
- ☐ 41-59
- ☐ 60+
- ☐ Prefer not to answer

SECTION 5: APPLICATION TERMS & AGREEMENTS

Confirmation of Accuracy & Authenticity *

By checking the box below, the applicant confirms that the information you provided is true, complete, and accurate to the best of their knowledge. You confirm your proposed project has all necessary production rights. By accepting a grant award, you acknowledge that any false, fictitious, or fraudulent statements or claims may result in criminal, civil, or administrative penalties.

☐

Guidelines *

By checking the box below, you confirm they have read the application guidelines and will follow all requirements including file naming conventions.

☐

Intent to Apply Email *

By checking the box below, you confirm you emailed madisonarts@cityofmadison.com with your intent to apply before submitting this application.

☐

Project Budget Confirmation *

By checking the box below, you confirm that the project budget attached above is accurate to the best of your ability, and that it complies with all budget notes in the guidelines (allowable expenses, maximum MAC funding, required cash match, no additional funding from other City agencies, etc.)

☐

Reporting Requirements *

By checking the box below, you agree to provide a final report including photos and testimonials.

☐

Public Records Requests *

By checking the box below, you confirm you understand that this application form is not private and it could be shared if there is a public records request.

☐

Acknowledgement of Funders *

By checking the box below, you confirm that if awarded funding you will include the MAC and Wisconsin Arts Board credit language and logo on all publicity materials.

Nondiscrimination Policies *

By checking the box below, you assure and certify that you will comply with, and agree to ensure that any subcontractor, transferees, and assignees who performs any part of this agreement will comply with applicable provisions of national laws and policies prohibiting discrimination. See guidelines for full list.

Payment Terms *

By checking the box below, you acknowledge that if awarded funding, you will be paid after the project is complete and all necessary documentation has been approved by the City.

Do not submit passwords through this form. Report malicious form