

Cook County Arts Suburban Creative Placemaking Application

Lead Applicant

Legal Name of Organization

Doing business as Name

Number and street (or P.O. box, if mail is not delivered to street address)

Room/Suite

City or town

State

Zip

Employer Identification Number

Does your project require fiscal sponsorship?

Yes

No

Mission Statement

**Description of Major Programmatic Accomplishments During Last Three Years
(500 Words)**

AUTHORIZING OFFICIAL

An Authorizing Official is any individual permitted, alone or with others, by any provision of law or by the issuing public entity, to execute and sign off on behalf of the applicant organization.

First Name

Last Name

Job Title

Phone Number

Email

PROJECT MANAGER at Lead Organization

First Name

Last Name

Organization/Business

Job Title

Phone Number

Email

FISCAL SPONSOR (if needed)

Organization Name

Organization EIN

Address

Authorizing Official Name

Authorizing Official Title

Authorizing Official Email

Authorizing Official Phone Number

PROJECT INFORMATION

Project Title (50 words or less)

Summary (200 words or less)

Total Project Budget

Grant Request Amount

Location of proposed project in Cook County (Name of Suburb/Town/Village)

APPLICATION NARRATIVE (2000 words max)

Describe your project goals for community impact, arts and community engagement, project feasibility, organizational capacity, and experience managing federal funds and overall team expertise by answering the questions below:

Community Impact: (500 words)

Discuss the neighborhood challenge or opportunity your project addresses.

- What community change do you envision from your project?
- If your project is a component of a larger community plan, please provide background on the planning process and an overview of major components.
- What will be different in your community after completing the project?
- How will you define success and what indicators will you use to measure?
- Describe how the project will help improve the quality of life for current community members.

Arts & Community Engagement: (500 words)

Describe the specific role of arts, artists, and culture in the project.

- How is your project team leveraging creativity to advance the community's economic, physical, and social vitality?
- What community engagement strategies will you employ to cast a wide net of input and ideas?

Project Feasibility, Organizational Capacity & Experience Managing Federal Funds: (500 words)

Discuss the key resources (e.g. technical, physical, financial, etc.) required for the proposed project and their status.

- Describe the organization’s experience managing Federal funds, reporting and compliance.
- How likely is the project to be completed by 2026?
- What area(s) does your project team need technical assistance in?

Overall Team Expertise: (500 words)

Describe how key project partners/collaborators will contribute their expertise to the success of the proposed project, including the ability to complete funded projects within the program timeframe.

Application Checklist

Before submitting your application, be sure the following items have been included.

- Detailed Creative Placemaking Project Plan - upload one document with the following (YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT THESE MATERIALS):
 - Project history (if applicable and relevant)
 - Project budget (indicate proposed source and status of all project revenue)
 - Project timeline
 - Long-term maintenance plan
 - Site control

- Images and details of proposed site, if applicable
- List of Board of Directors
- List of project team and key community partners (artists, community development leaders, residents, etc.) with brief biographies, their role in the project, and highlighting relevant skills and experiences.
- Financial statements for the last 2 years (audited or unaudited)
- Letters of support to demonstrate community support (no more than 3)
- IRS Letter of Determination as 501(c) Nonprofit (Please Note: A 501(c) 4 is not eligible to apply (if not applying with a fiscal sponsor))
- If the applicant is operating with a Fiscal Sponsorship, include a signed and executed fiscal agency agreement between applicant and fiscal agent.

Demographic Information:

This information will have no impact on whether or not you receive a grant. This is purely for reporting purposes and to better understand the makeup of the suburban Cook County nonprofit arts sector to improve future programs meant to serve this vital sector.

What percentage of your organization’s staff and executive leadership are women?

<25%

25-50%

51-75%

>75%

Data unavailable

What percentage of your organization's staff and executive leadership are men?

<25%

25-50%

51-75%

>75%

Data unavailable

What percentage of your organization's staff and executive leadership identify as LGBTQ+?

<25%

25-50%

51-75%

>75%

Data unavailable

What percentage of your organization's staff and executive leadership is Black, Indigenous, or other People of Color (BIPOC)?

<25%

25-50%

51-75%

>75%

Data unavailable

Does your organization track the demographic makeup of individuals directly served?

Yes

No

If Yes: What percentage of individuals directly served by your organization in the last year are women?

<25%

25-50%

51-75%

>75%

Data unavailable

What percentage of individuals directly served by your organization in the last year identify as LGBTQ+?

<25%

25-50%

51-75%

>75%

Data unavailable

What percentage of individuals directly served by your organization in the last year are Black, Indigenous or other People of Color (BIPOC)?

•<25%

•25-50%

•51-75%

•>75%

•Data unavailable

Annual operating expenses are:

- Below \$20,000
- \$20,000 to \$99,999
- \$100,000 to \$499,999
- \$500,000 to \$999,999
- \$1 million to \$4.9 million
- \$5 million+

How many people does your organization employ?

- 0-10
- 11-100
- 101-250
- 251-500
- 500+

CERTIFICATIONS

- I certify that I am authorized to submit this proposal on behalf of the applying organization.
- I certify that all information contained in this application is true to the best of my knowledge and belief, and duly reflects the applicant's business activities, under penalty of perjury.
- I certify that my organization has been affected by the COVID-19 pandemic or by ongoing economic challenges related to the COVID-19 pandemic (such as increased financial insecurity, increased operating costs, or other related expenses) that continue to impact my operations today. *(Please note you are*

still eligible if your organization was established post the COVID-19 pandemic).

- I certify that my organization is currently active.
- I certify that I am not an employee of Cook County, Illinois, nor is any member of my immediate family or household an employee of Cook County, Illinois. I acknowledge that Cook County Illinois government employees and members of their immediate family or household are not eligible for Cook County Arts Nonprofit Relief Grants. "Immediate family or household member" means the spouse, child, parent, brother, sister, grandparent, or grandchild, whether of the whole blood or half blood or by adoption, or a person who shares a common dwelling.