

# Statewide Service Organization SSO FY24-25

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*Montana Arts Council*

## *Montana Arts Council Statewide Service Organization Guidelines*

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### **About the Montana Arts Council**

The Montana Arts Council is the agency of state government established to develop the creative potential of all Montanans, advance education, spur economic vibrancy, and revitalize communities through involvement in the arts. The Montana Arts Council is governed by 15 individuals appointed by the Governor.

### **Program Description**

Statewide Service Organization (SSO) grants provide operating support for Montana non-profit arts organizations with statewide service impact. The program recognizes strong operations, stable management, ongoing engagement, and high-quality services.

Successful applicants will expand opportunities for all Montanans to create, participate in, and appreciate Montana's wide range of cultural resources. Applicants may be prioritized to equalize awards across geographic area and disciplines.

### **Application Deadline**

March 15, 2023 at 5:00 pm. Submit applications online at <https://art.mt.gov/application>

### **Review Criteria**

Each application is scored against the following criteria:

- Appropriate and sufficient governance, management, and staffing.
- Mission and focus strengthen the artistic community statewide.
- Programs and services advance the artistic and administrative functions of targeted membership.

### **Award Amounts**

Grants will range from \$2,000 to \$24,000 annually.

The application review determines grant amounts based on alignment with the criteria, agency budget and priorities, and an average of the previous two years' cash expenses. MAC may place a funding priority on organizations that provide service to an exceptionally underserved population. Grants must be matched 1:1 with cash.

**Grant Period**

The grant supports activities between July 1, 2023 and June 30, 2025.

**Eligible Applicants**

- A statewide arts service organization (SSO) is defined as an organization with a statewide membership and statewide board of directors. Its primary function is to provide member organizations and artists with programs and services more efficiently and cost-effectively than if those members had to acquire them individually.
- Non-profit arts organization with an IRS 501(c)(3) ruling, incorporated in Montana and registered and in good standing with the Montana Secretary of State.

**Requirements**

- Formally organized and continuously operating in Montana for a minimum of two years. Organization compliance will be verified by information on submitted 501(c)(3).
- A SAM number - System for Award Management is the U.S. government system that helps manage the federal awards process. The Montana Arts Council receives funding from the National Endowment for the Arts and therefore requires all grant recipients to have a SAM number. Go to <https://sam.gov> for more information and to apply for a SAM. A SAM number is not required for application but is required before funds can be distributed to your organization. There is never a charge to receive a SAM number.
- A current web presence.
- Compliance with the Americans with Disabilities Act (ADA).
- Organizations may not receive both Statewide Service Organization and Public Value Partnership funding in the same fiscal year.

**Contacts and Accessibility**

For questions or concerns about the application process or technical assistance, or to request a large-print or alternate format guidelines, contact Kristin Han Burgoyne at [kburgoyne@mt.gov](mailto:kburgoyne@mt.gov) or 406-444-6449. If you do not have reasonable access to a computer or high speed internet connection or have other technology challenges, contact staff for alternatives.

**Review Process**

MAC funding is highly competitive with more worthy requests than funding available. Take time to develop clear, complete, and compelling materials. Assume the reviewer has no prior knowledge of the organization or program. A past funding record will not assure future funding.

If additional information is required, contact will be made via the email address provided. Do not submit information unless requested.

Applications will be reviewed in the spring of 2023 and recommendations will be made to the full body of the Montana Arts Council. The decisions of the Council are final.

All MAC review meetings are open to the public. Applicants will be identified by name and all information submitted is public information.

Applicants must refrain from contacting panel or council members, individually or as a group, before or during the panel review process. Applicants attending the panel meeting as observers will not be allowed to discuss their application.

A summary of panel comments is available to applicants upon request. Applicants are encouraged to contact MAC staff after the review to receive comments, regardless of the outcome of their review. Committee discussions and comments provide insights about effective grant writing and how applications are perceived and understood.

### **Notification**

Applicants will be notified of funding decisions in late June 2023.

### **Grantee Responsibilities**

- Awardees will be asked to acknowledge the Governor, local legislators, and congressional representatives in writing.
- All current and prior MAC reporting must be in compliance to receive funding.
- Organizations must maintain eligibility and continued compliance with the Americans with Disabilities Act.
- MAC must be notified in writing within 30 days of changes in leadership or programming.
- Grantees must appropriately credit the Montana Arts Council and the National Endowment for the Arts in materials and announcements related to the supported programming during the award period.

### **Reporting Requirements**

Annual reporting is submitted online in September of each year following the grant period.

Report forms ask for:

- Statistical data about audiences and artists participating.
- A narrative summary of programming and accomplishments.
- Images of activities in progress, include the appropriate photo credits and permission to reprint.

## *Narrative Responses*

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### **Application Title\***

Brief Working Title

*Character Limit: 100*

**Mission\***

Provide the current mission.

*Character Limit: 500*

**Organizational History\***

Supply a brief history of the founding of the organization, noting key development stages.

Either a narrative or an upload is acceptable.

*Character Limit: 3000 | File Size Limit: 5 MB*

**Governance, Management, and Staffing\***

Describe the structure and management of the organization including the interaction of the board, staff, and community.

*Character Limit: 2500*

**Programs and Services\***

Identify the community that is the focus of services.

*Character Limit: 1000*

Provide an overview of primary program activities. \*

*Character Limit: 1000*

Summarize recent adaptations to remove barriers and increase accessibility. \*

*Character Limit: 1000*

State the current programmatic goals. \*

*Character Limit: 1000*

**Relationships, Relevance, Return on Investment\***

What have you seen that indicates programs are meeting the current goals?

*Character Limit: 2500*

**Accessibility\***

Describe your accessibility goals, strengths and weaknesses.

*Character Limit: 2500*

**Financials**

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All applicants will provide 990's for the TWO previously completed fiscal years.

Universities and organizations that are a sub-set of a larger organization: Please provide information only for your organization.

Upload your previous TWO years of 990's as two separate pdf files in the upload fields below. Then

indicate the expenses from each year in the appropriate text fields below.  
If you are not required to submit an IRS Form 990, please contact the MAC office for alternatives.

The following are unallowable costs.

- Entertainment, including amusement and social activities such as receptions, parties, galas, dinners, community gatherings, etc., and any associated costs including food, catering, alcoholic beverages, as well as costs for the planning, staffing, and supplies.
- Funding cash reserve or endowment accounts.
- Home Office Workspace costs.
- Prohibited telecommunications and video surveillance services and equipment. (This does NOT include internet.)
- Purchase of vehicles.
- Regranting.
- Goods for resale, including concessions, promotional merchandise.
- Compensation to foreign nationals, including travel to or from foreign countries (some exceptions).

Review [this list](#) for additional information on costs.

Contact staff if you have questions about allowable and unallowable costs.

### Use of Funds\*

Indicate how the funds will be spent.

*Character Limit: 1000*

### IRS Form 990 Most Recent Fiscal Year\*

Upload the 990 for the most recently completed fiscal year. For example: Fiscal Year 2021.

*File Size Limit: 8 MB*

### What date is at the top of the attached (most recent) 990?\*

#### Choices

2019

2020

2021

Other

### Total Cash Expenses Most Recent Fiscal Year\*

Total Cash Expenses as reported on the attached 990.

*Character Limit: 20*

### Total Cash Income Most Recent Fiscal Year\*

Total Cash Income as reported on the attached 990.

*Character Limit: 20*

**Total In Kind Most Recent Fiscal Year\***

*Character Limit: 20*

**IRS Form 990 Older Fiscal Year\***

Upload the 990 for the older (of the two years submitted) fiscal years. For example: Fiscal Year 2020.

*File Size Limit: 7 MB*

**What date is at the top of the attached (older) 990?\*****Choices**

2018

2019

2020

Other

**Total Cash Expenses Older Fiscal Year\***

Total Cash Expenses as reported on the attached 990.

*Character Limit: 20*

**Total Cash Income Older Fiscal Year\***

Total Cash Income as reported on the attached 990.

*Character Limit: 20*

**Total In Kind Older Fiscal Year\***

*Character Limit: 20*

**Financial Explanation**

Explain any features of your financials that would benefit from more information. (IE outside accounts or funds, sale of assets, deficits, profits, rainy day funds, capital or endowment campaigns, operating budget increases of over 10% per year etc.)

*Character Limit: 1500*

## *Additional Information*

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**Board List\***

Upload a list of the current board members with name, city, and professional affiliation. Identify board officers by title and specify their term of service.

*File Size Limit: 1 MB*

**Key Personnel\***

Upload a one page list of key personnel with their qualifications and contributions. Please include name, title, paid or volunteer, hourly rate or salary, average hours per week.

*File Size Limit: 1 MB*

### **Membership List\***

Upload a current list of members or clients with cities.

*File Size Limit: 8 MB*

### **Supplemental Materials**

Provide web links to images, audio, video, or press that are specific to the proposal. For example: YouTube, Vimeo, Flickr, or media websites that are not password protected.

*Character Limit: 2000*

*Character Limit: 2000*

*Character Limit: 2000*

*Character Limit: 2000*

### **Other Social (ie Instagram)**

*Character Limit: 1000*

## *Assurances*

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### **Active 501(c)3 Status\***

Is your 501(C)(3) status active in Montana?

#### **Choices**

Yes

No

### **Accessibility\***

We understand we are to be in compliance with ADA regulations or risk grant elimination from the Montana Arts Council.

#### **Choices**

I agree

### **Assurances\***

Click Here to read the assurances. Check the box below to certify that you have read and understand the assurances.

#### **Choices**

I have read and understand the assurances

### **Review of Application\***

I have clicked on the print application link and looked at the pdf file of my application. I know this is how it will appear to the review committee and all items required appear in the pdf file. I

have reviewed the guidelines and understand that my application will be reviewed based on this criteria. I understand that how my application appears is my responsibility.

**Choices**

I have reviewed my application

**Grant Contact Information\***

I have added **administrator@grantinterface.com** to my contact list.

**Choices**

Yes

**Please type your name in the box below.\***

*Character Limit: 100*

**Date\***

*Character Limit: 10*

**Signature Verification\***

By clicking "I Agree" below and typing my name in the box above, I am authorized to make application on behalf of this individual or organization and the information provided is true and accurate to the best of my knowledge.

**Choices**

I Agree