

Montana CARES Recovery

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. Fifteen individuals appointed by the Governor oversee the Montana Arts Council.

Program Description

Montana CARES Recovery supports funding challenges related to the COVID-19 pandemic. This pool of grant funding provides resources for artists and non-profit organizations with public arts programming. Requests are accepted to offset realized costs related to postponed and canceled arts opportunities. Applicants may be prioritized to equalize awards across geographic area and disciplines.

Application Deadline

The first application pool will close on June 15 at 5:00 p.m, with subsequent applicant pools established every other week. The application process will remain open, and eligible and qualified applicants will remain in consideration, until the available funding is fully committed.

Applications must be submitted through the MAC application portal. If you do not have reasonable access to a computer or high-speed internet connection or have other technical challenges, please contact mac@mt.gov or (406) 444-6430.

Review Criteria

Application materials are reviewed against the following criteria:

- Of artistic value and benefit to an artist or community
- The likelihood of recovery and future success
- Evidence of worthiness for investment

Award Amounts

Grants of up to \$1,000 are available, and the minimum request is \$250.

Grant Period

Requests can show losses that date back to the beginning of the pandemic. Awards will reimburse documented and realized losses.

Eligible Applicants

All applicants must be one of the following:

- An individual aged 18 years or older, U.S. citizen, and resident of Montana for at least one full year before the application deadline, and at the time of application.

- Non-profit organization with an IRS 501(c)(3) ruling, incorporated in Montana and registered, in good standing with the Montana Secretary of State, and providing public arts programming for at least one year.
- Units of government, such as higher education or tribes, that provide public arts programming. Higher education applicants must demonstrate programming that significantly extends beyond the campus.

Restrictions

- High school and degree-seeking students are ineligible.
- Relief requests for projects and activities currently funded by MAC will not be considered.
- Applications may not be submitted through a fiscal agent.
- Organizations must be in compliance with the Americans with Disabilities Act (ADA) and hold a Data Universal Numbering System (DUNS) number. www.dnb.com
- MAC staff or members of its current governing body, or anyone connected to them by one degree of relationship- by blood, marriage, or shared household- are not eligible to apply.

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 or 406-444-6449.

General Information & Budget

Applicant Type*

Please select an option below.

Choices

Artist

501(c)(3) Non-profit organization providing public arts programming

Proof of 501 (c)(3) Status

If you are an organization, please upload your proof of 501 (c)(3) status letter here.

Units of government may submit a letter with the date that the program seeking support was established, signed by the authorizing official.

File Size Limit: 1 MB

Residency*

- (Individuals) Have you been a resident of Montana for the last 12 months? Did you file Montana state taxes as a Montana resident on your most recent tax return? If not, why not?

- (Organizations) Has your organization been operating in Montana in the last 12 months?

Character Limit: 250

How did you learn about the CARES program?*

Character Limit: 250

Amount Requested*

Grants of up to \$1,000 are available, and the minimum request is \$250.

Character Limit: 20

Detail of Realized Expenses*

On the provided form located here, provide details and exact costs in the following categories:

- Salaries
- Fees for artists or consultants
- Facilities
- Other, specified

File Size Limit: 3 MB

Documentation of Realized Expenses*

Upload a PDF of receipts and/or payroll tracking, equal to the amount of relief funds requested.

File Size Limit: 5 MB

Describe the specific expenses the grant funds will pay for*

Character Limit: 500

Narrative Questions

Arts Event or Opportunity*

- Provide an overview of the event or opportunity for which emergency funding is being requested.
- Note the scheduled date, location, expected attendance, key market, and if it was canceled, curtailed, or postponed.
- Summarize the significant anticipated outcomes, including lost revenue.

Character Limit: 2500

Economic Losses*

- Characterize the losses incurred related to the described event.
- Indicate how the recovery of these funds would impact future efforts.

Character Limit: 2500

Attachments

Please upload supporting documentation.

Resume or Organization History

Individuals: Include information that reflects career advancements and professional accomplishments, up to four pages.

Organizations: Include information about the organization and arts programming.

File Size Limit: 4 MB

Additional Information

Upload supporting documentation if needed.

File Size Limit: 6 MB

File Size Limit: 6 MB

Links to Additional Information

Character Limit: 2000

Character Limit: 2000

Assurances

Review Process

If additional information is required, MAC will make contact via email. Do not submit information unless requested. Only the materials requested in the application will be considered.

Applications are reviewed by the MAC governing body. 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 Council members, individually or as a group, before and during the review process.

Notification

Applicants will receive notification of funding decisions within six weeks of submission.

Grantee Responsibilities

Grantees will be required to acknowledge the Governor, local legislators, and congressional representatives in writing.

Grantees must appropriately credit the Montana Arts Council and the National Endowment for the Arts in materials and announcements related to the award.

Grantees are not restricted by MAC from seeking other CARES relief funding. MAC is required to monitor compliance when other funding sources may be commingled. Relief funding sources that will need to be tracked include:

- National Endowment for the Arts
- Institute of Museum and Library Services
- National Endowment for the Humanities
- Institute of Museum and Library Services
- Western States Arts Federation
- Humanities Montana
- Small Business Administration
- Disaster Unemployment Assistance (for freelancers/self-employed)
- Unemployment Insurance
- Other funds or grants that include public dollars

Reporting Requirements

Within 90 days of receiving the grant payment, grantees will be required to submit a report disclosing other sources of CARES Act relief funds.

Grantees will be required to provide assurance that CARES Act relief funding was not used to over-fund any identified expenses.

Suggestions & Comments

Please provide any feedback, suggestions or constructive criticism about the application process, staff or programs of the Montana Arts Council.

Character Limit: 2000

I certify I am a resident of the state of Montana and a citizen of the United States*

Choices

Yes

I am at least 18 years old.*

Choices

Yes

I am not currently a high school or degree-seeking student.*

Choices

Yes

I am not on the Montana Arts Council staff or a member of its current governing body, nor am I connected to them by one degree of relationship by blood, marriage or household.*

Choices

Yes

Please type your name in the box below.*

Character Limit: 150

Date*

Character Limit: 10

Signature Verification*

By clicking "I Agree" below and typing my name in the box above, I am authorized to make an 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