

Application Form: Link Up Initiative

Save this form to your computer and fill it out using Adobe Acrobat Reader. Download the latest version of Reader (for free from www.adobe.com) to save and make changes to the form. Please do not fill out by hand.

Organization Name: _____ County: _____

Address: _____ City: _____ Zip _____

Phone: _____ Fax _____ Website: _____

U.S. Congressional District: _____

MS Senate District: _____

MS House District: _____

Find your district numbers using Project Vote Smart's website: www.votesmart.org

Year organization was founded: _____ Federal Employee ID No: ____ - _____

Dun & Bradstreet (DUNS) Number: _____

Project Director: _____ Title: _____

Project Director's Phone: _____ e-mail: _____

Authorizing Official: _____ Title: _____

Authorizing Official's Phone: _____ e-mail: _____

Requested Amount: _____

Project Start Date: _____ Project End Date: _____

Please estimate the number of people who will take part in your project. Your estimate should include everyone who will participate, including attendees, volunteers, staff, and artists.

Estimate of the total number of people who will take part in activities supported by this grant: _____

Estimate of the number of people under 18 who will take part: _____

How many people will be paid for work connected with these activities? _____
 (For example: artist fees, consultant fees, project director salary, subcontractor fees)

How many of the people paid for their work will be artists? _____

Where will the activities take place?

Name of Facility: _____ City: _____

Are the facilities accessible to persons with disabilities? Yes No

Briefly explain how they are accessible:

Are the facilities accessible to the general public? Yes No

Please estimate, in percentages, the racial composition of the following groups:

	Actual Number	% White	% Native American	% African American	% Asian	% Hispanic	Total
Board							= 100 %
Staff							= 100 %
Artists Taking Part In All Activities							= 100 %
Total Taking Part In All Activities							= 100 %
Population of Your Community**							= 100 %

**Community is defined as the geographic area served by your organization. Check the U.S. Census Bureau’s website (www.census.gov) to find the most recent estimate of your community’s population.

Describe your organization’s geographic area of service. Please be specific. Name the city, county, or multi-county region that your organization serves with its programs and services:

Project Narrative

Please attach a narrative that details your organization’s Link Up project. It should be no more than one page in length (with one inch margin on all sides of the page, 12 point font minimum). Divide the narrative into two sections:

A. Project Description:

Provide a brief overview of your project, describing the major activities and including details on the following:

- How the project connects to your organization’s main goals
- What local schools and/or school districts will participate
- How the project will impact your organization’s connection to the local community.

B. Organizational Capacity:

Provide an overview of your organization’s administrative capacity, including how current grants to the organization are managed. Who in your organization will manage the Link Up Initiative and what is their experience with this type of work?

Application Checklist

Incomplete applications, defined as applications missing one or more of the documents listed below, will not be considered for funding and will be returned to the applicant. Submit one copy of the following:

- Link Up Application Form
- Project Narrative (*one page maximum*)
- List of your organization's staff, including the name and title of each staff member.
- A list of your organization's board of directors

Certification

The Project Director and Authorizing Official certify that the information contained in the application, including all attachments and supporting material, is true and correct to the best of our knowledge. We certify that the applicant will comply with all general and specific guidelines and restrictions of the Mississippi Arts Commission and, when applicable, of the National Endowment for the Arts (NEA), including the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Executive Order 12549, Fair Labor Standards, and the Drug Free Workplace Act of 1988. For a complete list of the federal regulations that apply to NEA funds, please see the NEA's General Terms and Conditions at www.arts.gov/manageaward/GTC.pdf.

Signature of Project Director*

Date

Name

Title

Signature of Authorizing Official*

Date

Name

Title

**Your Project Director and Authorizing Official must be different people.*

Your application must be postmarked and in the mail no later than **March 1, 2016**. Send it to:

Mississippi Arts Commission
501 North West Street, Suite 1101A
Woolfolk Building
Jackson, MS 39201