

Back to Edit

ORP Rural Mural Spring 2024

Applicant Organization Legal Name (as shown on a W-9) (required)

Name of the administering organization for the mural grant.

Applicant Organization Address (as shown on W-9) (required)

Country (required)

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or Region (required) Zip or Postal Code (required)

Applicant Organization Email (required)

Applicant Organization website

Applicant Organization EIN (As shown on W-9) (required)

Legal Structure of Applicant Organization (required)

Is the organization or project located in a town with a population of 15,000 or fewer and a county with a population less than 50,000? (required)

Yes

No

Primary Contact for Project (required)

First Name (required)

Last Name (required)

Who will be the primary contact for the project? This would be the person coordinating the project, doing the monthly reports, and financial reports to Commerce.

Primary Contact Email (required)

Primary Contact Phone (required)

Contact for legal document signatures if different than above:

First Name

Last Name

Who will be the signee of the legal documents?

If this person is different than the project contact listed above, please list them here. This will be who documents are routed to for signatures.

Legal contact for contracts EMAIL: (required)

Grant amount being requested? (required)

\$

Please explain why your organization is applying for this Mural & Public Art funding. (required)

B ***I*** **U** ☰ ☷ “ ↻

Limit: 700 characters

Do you have an artist identified for the project? If not, do you have a plan to identify an artist? (required)

Select...



If you do not have an artist identified, please describe your plan for identifying and selecting the artist. Please include a timeline for this process.

Please describe your artist selection process, and provide a description, bio, or information about your artist that has been selected. (required)

We need to know who you have for the muralist, and if you do not have one identified, what you are doing in order to select a muralist. We need their name, and contact information if you have selected a muralist. Preference is for Kansas muralists or nationally recognized muralists, so please ensure you provide this information if you have it for the best application.

Has a site been selected for the location of the art and do you have permission by the site owner to complete the art in this location? (required)

Limit: 1000 characters

If you have multiple sites selected, we will need an answer to this question for each location.

Will you be doing more than one mural with this grant opportunity? (required)

- Yes, multiple locations
- No, only one location



Maybe

Please list the location(s) of each site being used or considered for the project. (required)



	A	B	C	D	E
1	Mural/Art Location Name	Site Address	City	Zip Code	Type of Art (Mural, statue etc.)
2	Project 1				
3	Project 2				
4	Project 3				
5	Project 4				
6	Project 5				
7	-	-	-	-	-

Please list project address(s) here.

This is limited to 5 locations in order to expedite the State Historic Preservation Office review process.

Please describe the condition of the building(s) and the surface that the mural or public art will be placed. (required)

Please describe the surface and the building for each location being considered. If the surface is not smooth, please describe how you will make accommodations to ensure that the mural/public art will be long lasting.

Is the building listed on the National or State Historic Register or located within a Registered Historic District and considered contributing?

Yes

No

Please go to: <https://khri.kansasgis.org/> (<https://khri.kansasgis.org/index.cfm?in=207-6010-00026>) to check the project site address to see if the building will require a SHPO review. A video tutorial and step by step instructions for this process are both located under "Mural Resources" here: <https://www.kansascommerce.gov/murals/> (<https://www.kansascommerce.gov/murals/>)

Please provide photos of the selected site(s) where the art will be located.

(required)

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv

Please provide photos of the anticipated art concept or drawings if possible.

Select up to 6 files to attach. No files have been attached yet. You may add 6 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Please describe how your community will be or has been engaged in the development of this art in your community. How will your team get involve the community in the mural or art process? (required)

What is the ultimate goal of this project? What story will this artwork tell visitors about your community, county, or region (if known)? (required)

Project Budget: (required)



	A	B	C	D	E
1	Project Name:				
2	INCOME				
3	Source	details/notes	Cash Match	Mural Request	In-Kind
4					
5					
6					
7					
8					
9					

MATCH REQUIREMENT:

- Dollar for dollar (1:1)
- The total project cost must be at least twice the amount of the grant request.
- The match requirement must consist of at least 25% cash expenses provided by the applicant
- In-kind non-monetary donations and volunteer hours may be counted, up to 75% of the required match

MATCH EXCEPTION:

Organizations or projects in communities **with populations of 1,000** or fewer:

- In-kind non-monetary donations may be counted as 100% of the required match

Proof of Matching Funds: (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Communities of less than 1000 population, must submit at least a letter stating that they have in-kind donations, volunteer time, or other equipment donations that equal the grant request.

PERIOD OF PERFORMANCE:

- May 2024 – December 31, 2024
- Murals painted on exterior walls using paint or an adhesive material need to be completed by mid-**October 2024** to ensure weather does not inhibit the curing process.

Timeline (required)

1	Project Name (please include project name below):
2	
3	May 2024 Scope of Work/Goal:
4	
5	June 2024 Scope of Work/Goal:
6	
7	July 2024 Scope of Work/Goal:
8	

Projects must be completed by December 31, 2024.

Optional Attachments - Support letters, additional information, letter of permission from building owners, etc.

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

The forms mentioned below will be required if your project is selected for funding:

These will be routed via docusign or blank forms are available to be signed and scanned back via email.

- **Sexual Harassment Policy Acknowledgement Form**
- **Completed and signed W-9 form**
- **Completed and signed required certifications by Kansas Department of Commerce**

Statement of Assurances:

- By checking this box, you understand that the Office of Rural Prosperity must be mentioned and/or tagged in everything newspaper article, flyer, public announcement, in-person speaking engagements, social media posts, video promotions, and celebrations and receptions. At the mural site, you must post the acknowledgement on a sign in the right-of-way grassy area, on the mural itself, or in an area that can educate the public on the project.
(required)

- I verify that by submitting this application for consideration of funding by the Kansas Department of Commerce under the Rural Mural program, all information provided and presented is true and accurate. I understand that if the project submitted under the Rural Mural program is chosen to be awarded funding, I must provide proof of securing the required match funding for the project and complete necessary forms, contracts, and financial information for the Kansas Department of Commerce to receive funding. Once funding has been awarded and the project begins, I understand the project must be complete by December 31, 2025. I also understand that I will be required to submit progress reports, proof of approved expenditures, and other documents including photos per the award agreement.
(required)

Name and Title of Preparer: (required)

Date Submitted: (required)

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.