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|---------------------------------|---------------|--------------------|
| (To be completed by City Staff) | Account Code: | CIF #: |
| STAR Tracking: | Round: One | Cultural District: |



Attachment A



City of Saint Paul, Minnesota 2021 Cultural Sales Tax Revitalization Program Organizational Development / Special Project Statement of Work

Project Title: _____

Organization: _____

Fiscal Sponsor (if any) _____

Address: _____

City: _____ State: MN _____ Zip: _____

Project Manager: _____

Phone: _____ Fax: _____

Email: _____

Federal ID No.: _____

City of Saint Paul Project Manager: _____

Phone: _____ Email: _____

Project Location: Please list the address(es) of all events/performances/programs related to project.

District Council(s): _____ Ward(s): _____

| | |
|--|------|
| STAR Funds Awarded | |
| Matching Funds (cash + in-kind; must be minimum of one-to-one match to STAR funds awarded) | + \$ |
| Total Project Cost (all funds) | = \$ |

Note: These amounts should equal the budget totals on page A3

1. Project Summary: In the space provided, please summarize your project and **state specifically how STAR dollars will be used.**

2. Anticipated Project Timeline: In the appropriate spaces below, list both the specific public programming dates (if applicable), and the overall project timeline.

Public Event/Exhibit/Performance/Program Dates (If applicable): _____

Detailed project timeline:

| Time Period (Month / Year) | Activities to be Completed | Person Responsible |
|-------------------------------|----------------------------|--------------------|
| From: To: | | |
| From: To: | | |
| From: To: | | |

3. Cultural STAR Project Budget:

Please fill in appropriate line items:

| BUDGET CATEGORY * | STAR GRANT * | MATCHING FUNDS** | TOTAL PROJECT AMOUNT |
|---|--------------|------------------|----------------------|
| Personnel (employee or contract) | | | |
| Artistic | | | |
| Administrative | | | |
| Supplies | | | |
| Supplies (provide details) | | | |
| Printing/Postage | | | |
| Facilities / Equipment | | | |
| Transportation | | | |
| Other (provide details) | | | |
| Marketing / Promotions | | | |
| Marketing / Promotions (provide details) | | | |
| ADA-related costs (e.g., sign language interpreters, signage, printing) | | | |
| Other (provide details) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTALS | | | |

* Food and Beverage expenses are **not allowed** to be paid for by STAR grant funds.

New Budget categories charged to STAR Grant Funds cannot be added later. Only expenses from these categories will be approved in the final payment request.

Exact amounts between budget categories charged to STAR Grant Funds can move between lines, but new categories/budget lines cannot be added later.

NOTE: Documentation of every expense charged to STAR Grant funds will be required at the end of the project, in order to receive the final 20% payment of the grant funds. Documentation examples include:

1. Invoices, receipts, artist/vendor contracts, payroll documents, etc. that document the following:
 - Amount due/paid
 - Date (dates eligible STAR expenditures may be incurred are **8/1/21-12/31/22**)
 - Reference to Project name

2. How expenditure was paid, such as:
 - Copy of check used to pay expense
 - Bank or credit card statement
 - Receipts and some invoices may include payment method, in which case no additional proof of expenditure document is needed

4. Matching Funds Sources:** Please include only those funds directly related to your STAR activity.

| Description | Amount |
|--------------|--------|
| | |
| Total | |

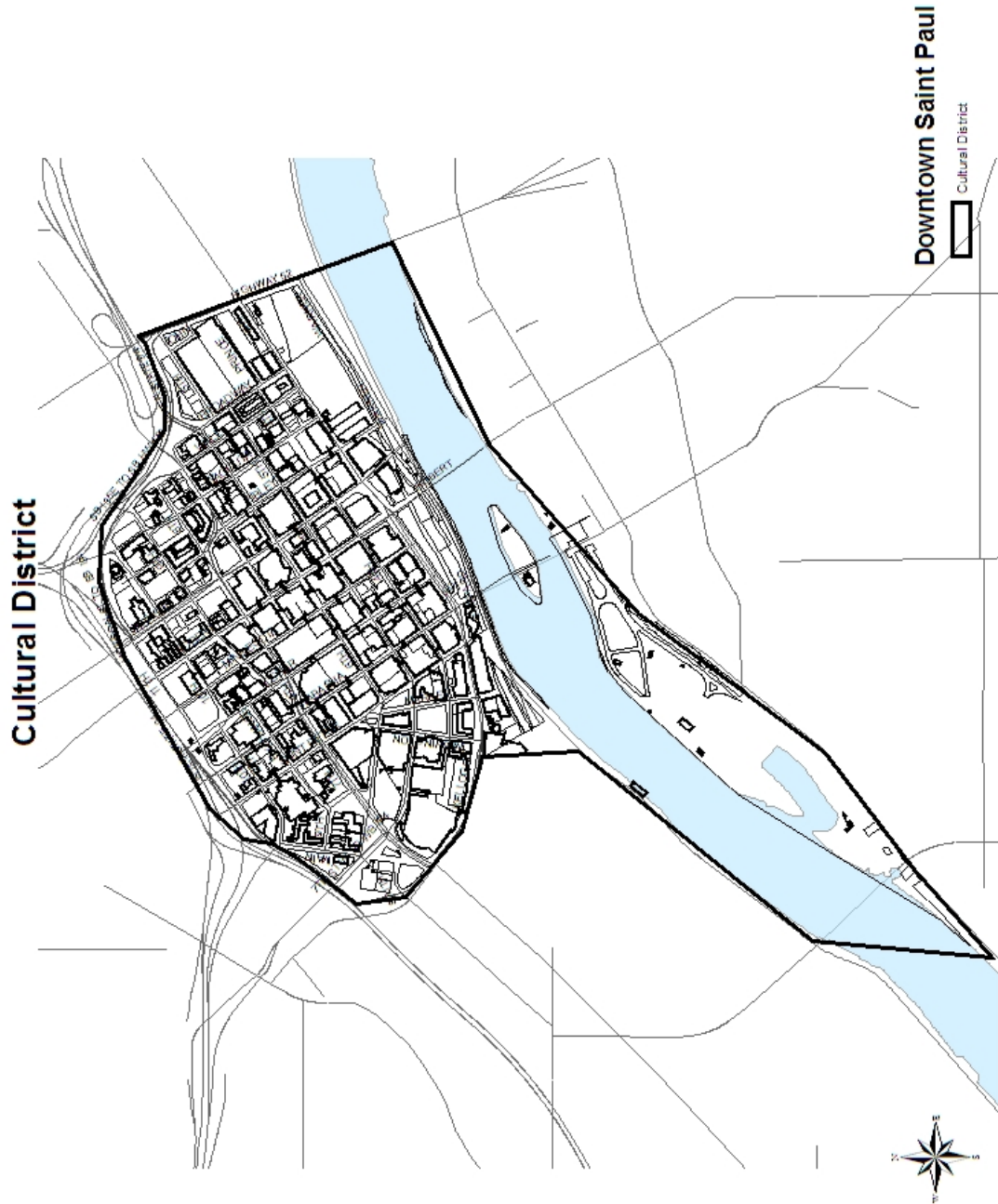
** Up to 30% of the match may be in in-kind services, and volunteer labor and sweat equity with a value of \$15.00 per hour

NOTE: Documentation of matching funds will be required at the end of the project, in order to receive the final 20% payment of the grant funds, such as:

- Copy of grant award letter(s) from other foundations or granting agencies
- Record of ticket sales
- Copy of sponsorship agreement(s)
- Statement signed by Board Chair or Treasurer showing funds restricted to project

5. W-9 Form*:** Submit a *signed* [W-9 Form](#), and provide a contact person and their phone number and email address

*** Required only for new grantees to the City of Saint Paul, or if your organization has a new address. W-9 should be from the Fiscal Sponsor organization, if applicable.



Project Map *(If the project is outside the Cultural District insert a Saint Paul map)*