(To be completed by City Staff)	Account Code:	CIF #:
STAR Tracking: 22-	Round: One	Cultural District:



Attachment A



City of Saint Paul, Minnesota 2022 Round 1 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 Proje	ect 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		\$	
STAR Funds Awarded Required One-to-One I	Match	\$ +\$	

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

	Imary: In the space provided, please summarize your pro	oject and state
public programmir	Project Timeline: In the appropriate spaces below, lising dates (if applicable), and the overall project timeline. aibit/Performance/Program Dates (If applicable):	t both the specific
Time Period	Activities to be Completed	Person Responsible
(Month / Year)		
From:		
То:		
From:		
То:		
From:		
То:		

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.

<u>NOTE:</u> 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 must include both of the following:

- 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 8/1/22-7/31/23)
 - 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 <u>direct</u>	<u>ly</u> related f	to your
	STAR activity.					

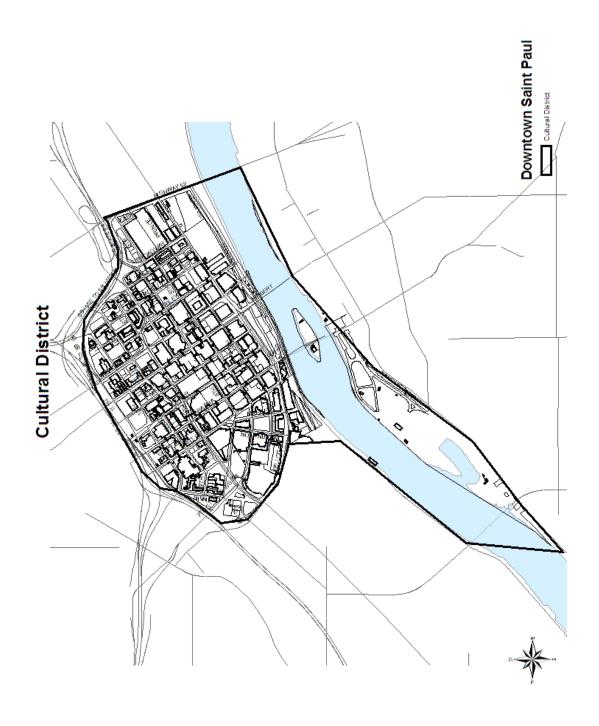
Description	Amount
Total	

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

<u>NOTE:</u> Documentation showing receipt of income/revenue toward the project, totaling at least the one-to-one 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** <u>W-9 Form</u>, 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 showing the location of the project)