Regional Arts Partner (RAP)
Grant Application and Forms

Submission Deadline: 5:00 pm, Wednesday, September 30, 2026

Buchanan Center for the Arts acknowledges support
from the Illinois Arts Council Agency.

Buchanan Center for the Arts
64 Public Square, Monmouth, Illinois 61462
Phone: (309) 734-3033
atenold@bcaarts.org

OVERVIEW

The Regional Arts Partner (RAP) Grant program, previously known as Community Arts Access, is a re-granting program designed to give the community more access to the arts, especially among under-served populations. RAP is a partnership between the Illinois Arts Council (IAC) and the Buchanan Center for the Arts (BCA). The IAC recognizes that funding requests from regionally specific artists and arts organizations are often more appropriately identified and supported at the local level. BCA has created a mechanism to award grants to local artists and arts organizations using funds generously provided by the IAC.

The goals of this program are to

- Provide grants to individual artists and non-profit arts organizations in our service area.
- Increase the number of arts opportunities, including arts-in-education programs in the schools.
- Foster the cultural development of underserved populations in our service area.
- Support arts projects which have a public presentation or community service component.
- Align with mission and goals of granting agencies (e.g., Illinois Arts Council Regional Art Partners).

This packet contains

- RAP application guidelines
- RAP application form and budget
- RAP grant agreement template
- RAP final report form
- RAP review pane conflict of interest policy
- RAP review panel terms of service

Applications are due by 5:00 pm, Wednesday, September 30, 2026.

RAP APPLICATION GUIDELINES

BUCHANAN CENTER FOR THE ARTS

The mission of the **Buchanan Center for the Arts** is to enrich lives and promote enjoyment of the arts by offering opportunities for creative and diverse artistic experiences. The Buchanan Center for the Arts (BCA) was established in 1989 to provide opportunities to explore, experience, and learn about the arts in our service area.

- The goals of the BCA regranting program are to
    - Provide grants to individual artists and non-profit arts organizations in our service area.
    - Increase the number of arts opportunities, including arts-in-education programs in the schools.
    - Foster the cultural development of underserved populations in our service area.
    - Support arts projects which have a public presentation or community service component.
    - Align with mission and goals of granting agencies (e.g., Illinois Arts Council Regional Art Partners).

GRANT ELIGIBILITY

Grant applications may be submitted by individuals or organizations that meet one of these criteria:

- Individual artists at least 21 years of age and a resident of our service area.
- Non-profit 501(c)3 organizations in our service area..

Projects must be completed between September 1, 2026, and July 30, 2027.

No cost-matching is required; however, the project should show feasibility by including enough funds available to complete the project or showing a plan to accrue remaining funds. Applying for the RAP grant does not guarantee funding. Grants are allocated at the discretion of BCA.

WHAT THE RAP GRANT WILL NOT FUND

- Multiple applications. (Only one application per artist or organization will be accepted.)
- Applications that are incomplete or received after the submission deadline.
- Subsidy of an individual’s academic study.
- Out-of-state touring.
- Purchase of alcoholic beverages.
- Paying the balance of an organization’s previous year’s operating deficit.

- Fundraisers, benefits, receptions, or other functions where the arts and artists are not the primary focus.
- Political activities such as contributions, lobbying or fundraisers.
- Projects with no public presentation or community service component.
- Day-to-day operations or capital improvements, construction or the purchase of permanent equipment above $500.00.
- Projects by universities and colleges that are not open to the public.
- Projects outside of our service area.

APPLICATION ASSISTANCE

Application assistance will be provided at the BCA offices at application workshops and during scheduled office hours – see Timetable for details.

Questions about the grant application may be submitted to the BCA Executive Director via email at atenold@bcaarts.ort with “RAP Grant” in the subject line.

REVIEW CRITERIA

- ARTISTIC MERIT
  - How does the project address local community cultural needs and further the arts in our service area?
  - Organizations only: How will the project further the organization's mission?
- COMMUNITY IMPACT
  - How does the project address current or future community needs?
  - How does the project include diverse community representation and participation?
  - Is the project accessible to the community, regardless of race, gender, age, education, sexual orientation, or disability?
  - How will the public be involved in and benefit from this project?
- ORGANIZATIONAL CAPACITY
  - Does the project show clear and specific goals/objectives through a well-conceived and realistic plan of implementation?
  - Is the project budget well-defined, realistic, and show support from diverse sources?

NONDISCRIMINATION POLICY

BCA is committed to diversity, equity, inclusion, accessibility, and fostering mutual respect for the diverse beliefs and values of all individuals and groups. Projects may focus on reaching a particular group or demographic, such as gender, disability, economic status, race, color, or national origin; however, they may not be exclusionary.

APPLICATION FORM

Submission Deadline: 5:00 pm, Wednesday, September 30, 2026

DELIVERY INSTRUCTIONS
Please submit one electronic copy only of the completed grant application with attachments to atenold@bcaarts.org. Applicants must supply an Illinois street address.

Project Title: Hekndgdrgf _____

Applicant Artist or Organization: _____

Has the artist or organization applied to the IACA or another regranting agency for funds for this project? ☐ Yes ☐ No

If, yes, name of agency and amount:

Anticipated project dates: Start: _____End: _____

Name and title of project director or contact person: _____

Street Address: _____

City: _____ , Illinois Zip: _____

Telephone: (check primary contact number)

☐ Office _____

☐ Mobile: _____

Email: _____

Website (URL): _____

If non-profit organization: EIN _____ Incorporation date: _____

If individual artist: Driver License # _____ Attach copy of Driver's License

Identify the county legislative districts of the applicant individual or organization:

Illinois State Senate district:

☐ 36th district, represented by Michael W. Halpin or

☐ 47th district, represented by Neil Anderson.

Illinois State House district:

☐71st district, represented by Travis Weaver or

☐94th district, represented by Norine K. Hammond.

PROJECT PARTICIPANTS

Please provide estimates of number of project participants:

Number of participating artists: _____

Number of artists being paid: _____

Number of youth involved: _____

Number of volunteers: _____

Total number of individuals to benefit from the project: _____

AUDIENCE DEMOGRAPHICS

Please estimate demographics in the table below to the best of your ability regarding the individuals that your program serves. This information will be used for state reporting purposes only. It is not used for awarding funds. NOTE: Your total may equal more than 100%. We understand these numbers may be different than what is reported in the final report.

Rural %	African American %
Seniors %	Asian %
Other (Specify) %	Hispanic %
At-Risk Youth %	Native American %
Persons with Physical or Intellectual Disabilities %	General/Undefined %

RAP APPLICATION NARRATIVE

2026-2027 Regional Arts Partner Grant

On a separate page, please answer the following questions to the best of your ability using this outline.

1. Background
    a. If individual artist - Describe your history as an artist and how you are qualified to accomplish the proposed project.
    b. If organization - State organizational mission and how the organization is qualified to accomplish the proposed project. Cite past performances, exhibitions, publications, venues, dates, etc.
2. Aims: Provide a brief artistic statement or describe the goals of the project.
3. What need or problem will the project address and how was the need determined?
4. Describe the project for which funds are requested. (For example, who will do what, how, when).
5. Describe the intended audiences, neighborhoods, or communities to be served?
6. How will you promote the project?
7. How will the project impact your artistic or organizational development?
8. If funded previously by the RAP (previously called the Community Arts (CommArts) Access Grant) discuss how funds were used and how the funded project enhanced your artistic or organizational development.

BUDGET TEMPLATE

<Type Applicant Name Here>			
Type applicant name above. Using 11 pt font on no more than one page, fill in amounts for the provided line items.			
Identify the source of Income. Cells with "x" do not require a source.			
Identify the types of operating Expenses. Cells with "x" do not require identification.			
Please supply an estimated dollar value of donated ("in kind") goods or services.			
		Cash	**In-Kind**
Income	**Source**		
Grant Request	x		
Admissions / Ticket Sales	x		
Other Revenue			
Corporate Support			
Other Private Support			
Government Support [indicate whether Federal, State, or Local]			
Anticipated Applicant Funds			
Total Income		$0.00	$0.00
		Cash	**In-Kind**
Expenses	**Identify**		
Personnel / Staff	x		
Outside Fees and Services	x		
Space Rental			
Travel	x		
Marketing	x		
Materials and Supplies			
Insurance and Royalties			
Equipment Rental			
Other			
Total Expenses		$0.00	$0.00

BUDGET JUSTIFICATION

Please provide explanations for budget lines.

CERTIFICATION AND RELEASE

The undersigned certifies that he/she is an authorized signatory of the Applicant; has knowledge of the information presented herein; has read the guidelines of the Buchanan Center for the Arts Regional Arts Partner Grant incorporated herein by reference, and that this Applicant releases the Buchanan Center for the Arts, their employees, and agents, with respect to damages to property or materials submitted in connection herewith.

INDIVIDUAL ARTIST

_____ _____

Print name Signature

Date: _____

ORGANIZATION

_____ _____

Print name of project director Signature

_____ _____

Print name of organization president Signature

Date: _____