

# COVID-19 LIVE MUSIC and ENTERTAINMENT VENUE APPLICATION



The COVID-19 Live Music and Entertainment Venue Grant Program (“Program”) is administered by the Wisconsin Department of Administration (DOA) and supported by up to \$15 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act Federal funding. The Program provides grants to support eligible live entertainment venues organizations impacted by the COVID-19 pandemic. Additional details are available on the [program website](#). Eligible organizations may submit completed application materials via email to: DOACOVIDEntertainmentVenueGrants@wisconsin.gov.

## APPLICATION CHECKLIST

	Document	Note	Acceptable File Formats
<input type="checkbox"/>	Application Form	Required. Available <a href="#">here</a> .	Portable Document Format (PDF)
<input type="checkbox"/>	Appendix A - Budget	Required. Available <a href="#">here</a> .	Microsoft Excel
<input type="checkbox"/>	Appendix C - IRS Form W-9	Required. Available <a href="#">here</a> .	Microsoft Word, PDF, JPEG
<input type="checkbox"/>	Appendix B - DOA-3027	Optional. Available <a href="#">here</a> .	Microsoft Word, PDF, JPEG
<input type="checkbox"/>	Supporting Documentation	Optional. 10 page maximum	Microsoft Word, PDF, JPEG

## SECTION 1. APPLICANT INFORMATION

Organization Name: \_\_\_\_\_

DFI Entity ID: \_\_\_\_\_ EIN: \_\_\_\_\_

Organization Principal Office Address: \_\_\_\_\_

Payment method preference (check one):  Check  ACH *(additional documentation may be required)*

Remit to Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Website, if any (URL): \_\_\_\_\_

Applicant Operating Area: \_\_\_\_\_

*(Wisconsin region(s), counties, municipalities, etc.):*

Grant Amount Requested (from Appendix A, Budget): \$ \_\_\_\_\_

Applicant's 2019 Ticket or Event Sales: \$ \_\_\_\_\_

**SECTION 1. APPLICANT INFORMATION** *(continued)*

Description of mission and operations producing or presenting live music, other entertainment or convention-type meetings. *(200 word maximum):*

**SECTION 2. NARRATIVE**

**2.1 Financial Need.** Explain how the COVID-19 pandemic and public health emergency have impacted the live entertainment venues operations and services, and how these impacts are directly tied to financial need. *(300 word maximum)*

**2.2 Live entertainment events or convention services as a component of activities.** Explain the degree to which production or presentation of live music, other entertainment events or convention-type meetings are a component of the organization’s mission or goals. *(300 word maximum)*

**2.3 Area and/or residents served.** Describe the applicant’s presence in Wisconsin, area of operations, and communities and customers served. *(300 word maximum)*

### **SECTION 3. BUDGET**

In Appendix A-Budget identify eligible lost revenues and eligible expenses for which grant funding is requested. Similar expenses or lost revenues may be grouped. For example, multiple Personal Protective Equipment (PPE) orders from the same vendor over several weeks may be combined on a single line.

The Program will accept anticipated dates, anticipated vendors/sources and anticipated amounts for future expenses or lost revenues that have not yet been incurred but will be incurred prior to the end of the eligible period (December 30, 2020).

For lost revenue claims, the applicant may request funds for the difference between organization revenues during the 2020 period for which payment is requested and revenues during the same period in 2019. For example, if revenue was \$25,000 in June of 2020 and \$35,000 in June 2019, grant funds may be requested for the difference (\$10,000), assuming the difference is attributable to COVID-19 disruptions. The applicant should include supporting documentation.

#### **CARES ACT ALLOWABLE EXPENSES**

DOA will review Section 3. Budget and supporting documentation and will make awards for budget items that are reasonably consistent with CARES Act requirements and Program provisions. DOA's award of such funds, however, is not dispositive as to whether any particular cost meets the criteria set forth in the CARES Act. Per the COVID-19 Cultural Organization Grant Program ("Program") Grant Announcement and forthcoming language in resulting Grant Agreements, organizations retain responsibility for demonstrating eligibility of expenses, and are required to hold DOA harmless for any audit disallowance related to the eligibility of expenses, including repayment of ineligible amounts. Organizations should consult with their own legal counsel to discuss whether any particular cost meets the eligibility criteria set forth in the CARES Act.

**SECTION 4. ATTESTATIONS AND REQUIRED SIGNATURE**

**Attestations**

In accordance with applicable provisions of the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and Grant Announcement provisions, the applicant must certify the following:

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	1. The applicant is an organization whose primary mission is production or presentation of live music, other entertainment or large conventions or meetings.
		2. The applicant is a sole proprietorship, partnership, corporation, limited liability company or joint venture that does business in Wisconsin. If business is owned by an individual(s), owner is a resident of the State of Wisconsin.
<input type="checkbox"/>	<input type="checkbox"/>	3. If the applicant is registered with the Wisconsin Department of Financial Institutions, it has one of the following statuses as of the Grant Announcement closing date: “restored to good standing”, “incorporated/qualified/ registered”, “organized”, or “registered”.
<input type="checkbox"/>	<input type="checkbox"/>	4. The applicant conducts operations within Wisconsin and its eligible venue(s) is a permanent location operating within the state.
		5. The applicant does not have any current tax delinquency with the Wisconsin Department of Revenue at the time of application.
<input type="checkbox"/>	<input type="checkbox"/>	6. The applicant has been in operation since at least September 1, 2019.
<input type="checkbox"/>	<input type="checkbox"/>	7. Submitted costs are necessary expenditures incurred or revenues lost due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19),
<input type="checkbox"/>	<input type="checkbox"/>	8. All expenses and lost revenues have been or will be incurred by the applicant organization between March 1, 2020 and December 30, 2020.
<input type="checkbox"/>	<input type="checkbox"/>	9. All expenses and lost revenues have been or will be incurred in Wisconsin or were incurred in direct support of the organization’s mission in Wisconsin.
<input type="checkbox"/>	<input type="checkbox"/>	10. All expenses and lost revenues that have been or will be incurred were not reimbursed and are not under consideration for reimbursement of another program.
<input type="checkbox"/>	<input type="checkbox"/>	11. The applicant will maintain for at least five years records sufficient to demonstrate that the expenses were compliant with applicable CARES Act provisions.
<input type="checkbox"/>	<input type="checkbox"/>	12. The applicant has exercised reasonable care and made all reasonable efforts to obtain and submit accurate information.
<input type="checkbox"/>	<input type="checkbox"/>	13. The applicant generates 33% or more of its revenue through direct ticket sales or direct event charges for the production or presentation of live music, other entertainment or large conventions and meetings.
		14. The applicant does not present adult or pornographic entertainment.

**Applicant Authorized Representative**

The signatory below certifies that, to the best of his/her knowledge and belief, the information contained in the COVID-19 Cultural Organization Grant Program Application, including all attestations and attachments, is true, accurate and complete. The undersigned has authority to make the above attestations and the intent and legal authorization to agree to them on the organization's behalf.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Note: If more than one authorized representative is required to sign the application, copy this page and submit a signed certification from each representative.*