

## COLLABORATION APPLICATION

The City of Austin Museums & Cultural Programs (MCP) initiates its programs in response to a community need. Non-profits, community groups and individuals may suggest a collaborative program that is relevant to MCP and Austin Parks & Recreation's Department's (PARC) mission, values and audience. Collaborations are city-sponsored programs hosted by the MCP site and presented in tandem with the collaborator. All collaborations are to be **offered to the public free of charge** and collaborators "volunteer" their service at no cost to the department. In turn, the City of Austin and the Parks Department facility provides the resources for production, marketing, and implementation of the program. If the suggested program meets the requirements and can be supported by its budget and capacity, the specific MCP site may engage in a collaboration. Collaborations require a customized agreement outlining the terms of participation. Liability insurance and background checks may be required.

Individuals or organizations may submit the collaboration request to their preferred MCP site for consideration. Once your request is received, staff will review the form and will be in contact as soon as possible. Applications should be submitted 3 months in advance of the proposed program. The division utilizes a holistic review process to determine goodness of fit. This process may take up to 6-weeks. Please refer to the attached [MCP Collaboration Guidelines](#) for more information.

Please note: The City of Austin MCP division considered all applications, but only accepts a limited number of collaborations each year.

### I. CONTACT INFORMATION

#### A. GENERAL INFORMATION

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

NATURE OF ORGANIZATION \*\* CHECK ALL THAT APPLY \*\*

CULTURAL     NON-PROFIT ORGNIZATION (501 (C)3)     COMMUNITY GROUP     OTHER: \_\_\_\_\_

#### B. NEW/RETURNING COLLABORATOR

NEW     RETURNING

PAST COLLABORATIONS: \_\_\_\_\_

### II. COLLABORATION PROPOSAL INFORMATION

PROGRAM TITLE: \_\_\_\_\_

TYPE OF PROGRAM \*\* CHECK ALL THAT APPLY \*\*

CLASS/WORKSHOP     LECTURE/SPEAKER     FILM SCREENING     CULTURAL PERFORMANCE  
 EXHIBITION     CONFERENCE     OTHER: \_\_\_\_\_

## COLLABORATION APPLICATION

### II. COLLABORATION PROPOSAL INFORMATION (cont.)

PROGRAM START DATE: \_\_\_\_\_ PROGRAM END DATE: \_\_\_\_\_

RECURRING? YES  NO

START TIME:	END TIME:	SETUP TIME:	CLEAN-UP TIME:
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DAY OF THE WEEK:

MONDAY       TUESDAY       WEDNESDAY       THURSDAY  
 FRIDAY       SATURDAY       SUNDAY

PROGRAM DESCRIPTION:

ADMISSION TYPE:       DROP-IN       REGISTRATION

LOCATION:

ASIAN AMERICAN RESOURCE CENTER       DOUGHERTY ARTS CENTER       ZILKER HILLSIDE THEATER  
 ESB-MEXICAN AMERICAN CULTURAL CENTER       ELISABET NEY MUSEUM       O. HENRY MUSEUM  
 OLD BAKERY & ARTISAN EMPORIUM       JOSEPH & SUSANNA DICKINSON-HANNIG HOUSE MUSEUM  
 GEORGE WASHINGTON CARVER MUSEUM, CULTURAL, & GENEALOGY CENTER

INTENDED LANGUAGES: \_\_\_\_\_

### III. PARTICIPANT/AUDIENCE PROFILE

DESCRIBE YOUR TARGET AUDIENCE: \_\_\_\_\_

WHAT OUTREACH METHODS WILL BE USED TO RECRUIT PARTICIPANTS? \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_ AUDIENCE AGE:       YOUTH       ADULT       SENIOR (50+)       ALL

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### IV. GOALS OF COLLABORATION AND MCP MISSION RELEVANCE

\*\* PLEASE REFER TO THE GUIDELINES TO PROVIDE IMPORTANT DETAILS AND SPECIFICS IN THIS SECTION. \*\*

HOW DOES THE PROPOSED PROGRAM SUPPORT THE MISSION, VISION, AND VALUES OF THE SITE SELECTED?

WHY DO YOU WANT TO COLLABORATE WITH THE SITE SELECTED?

ESTIMATED PROGRAM COST: \_\_\_\_\_

COLLABORATIONS WITH THE CITY OF AUSTIN MUSEUM & CULTURAL PROGRAMS DIVISION MUST BE FREE AND OPEN TO THE PUBLIC. DO YOU ACCEPT AND AGREE TO THIS REQUIREMENT?  YES  NO

### V. ADMINISTRATIVE RESPONSIBILITIES

WHAT WILL YOUR ORGANIZATION PROVIDE IN ORDER TO SUPPORT THE PROGRAM?

(i.e. provide detailed list of financial, administrative, and programmatic support)

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WHAT SPECIFIC RESOURCES ARE NECESSARY FROM THE CITY OF AUSTIN (SELECTED SITE) IN ORDER TO SUPPORT THE PROGRAM? (check all that apply)

- EVENT SPACE     
  EVENT STAFF     
  MARKETING SUPPORT     
  EVENT PLANNING  
 REGISTRATION SUPPORT     
  TRANSLATION/INTERPRETATION  
 OTHER: \_\_\_\_\_

Thank you for your interest in collaborating with the City of Austin Museums and Cultural Programs. For any additional questions or concerns, please contact the center via e-mail using the contact list below.

### VI. SUBMISSION

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SUBMIT THIS APPLICATION VIA EMAIL TO THE SELECTED SITE.**

SITE:	CONTACT:
ASIAN AMERICAN RESOURCE CENTER	<a href="mailto:aarc@austintexas.gov">aarc@austintexas.gov</a>
DOUGHERTY ARTS CENTER and ZILKER HILLSIDE THEATER	<a href="mailto:dacinfo@austintexas.gov">dacinfo@austintexas.gov</a>
ESB MEXICAN AMERICAN CULTURAL CENTER	<a href="mailto:estrella.deleon@austintexas.gov">estrella.deleon@austintexas.gov</a>
GEORGE WASHINGTON CARVER MUSEUM, CULTURAL, AND GENEALOGY CENTER	<a href="mailto:deelah.muhyee@austintexas.gov">deelah.muhyee@austintexas.gov</a>
ELISABET NEY MUSEUM	<a href="mailto:jade.walker@austintexas.gov">jade.walker@austintexas.gov</a>
OLD BAKERY & ARTISAN EMPORIUM	<a href="mailto:herlinda.zamora@austintexas.gov">herlinda.zamora@austintexas.gov</a>
BRUSH SQUARE MUSEUM (O. HENRY MUSEUM & JOSEPH AND SUSANNA DICKINSON-HANNIG HOUSE MUSEUM)	<a href="mailto:emily.oconnor@austintexas.gov">emily.oconnor@austintexas.gov</a>

### VII. FOR DEPARTMENTAL USE

SUBMISSION DATE: \_\_\_\_\_

ESTIMATED FTE HOURS: \_\_\_\_\_

ESTIMATED TEMP HOURS: \_\_\_\_\_

POST-PROGRAM ASSESSMENT:

Site Manager Approval: \_\_\_\_\_

Division Manager Approval: \_\_\_\_\_

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

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