



Mass Cultural Council - Cultural Facilities Fund -
Feasibility & Technical Assistance 2020

Miranda Cook Inc.

Application #CFF-F-0005

Primary Contact: Ms. Miranda Cook
Phone: (617) 858-2733
Email: miranda.cook@state.ma.us
Document Generated: Friday, December 20th 2019, 12:05 pm

Applicant Profile

Applicant Type	Organization
Legal Name	Miranda Cook Inc.
Date of 501(c)3 incorporation	11/03/2016
Address	10 St James Avenue Boston, Massachusetts 02116-3118 UNITED STATES
Telephone	(617) 858-2733
Primary Contact	Ms. Miranda Cook Miranda Cook Phone: (617) 858-2733 Email: miranda.cook@state.ma.us
Applicant Status	Organization - Non-Profit
Applicant Institution	Historical Society
Applicant Discipline	Humanities
FEIN / TAX ID	12-3456789
DUNS Number	000000000
Web Address	



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Project Overview

Executive Director Name

Miranda

Title

Test

Email

miranda.cook@art.state.ma.us

Telephone

test

How many years has this Executive Director (or equivalent) been serving?

test

Organization's Web Site:

test

Organization type:

501c3 Cultural Organization

Name of Subject Facility

test

Address of Subject Facility

test

City of Subject Facility

test

State of Subject Facility

ma

Zip of Subject Facility

02116

If you selected 'Municipality' above, indicate the square footage of your facility:

And, if you selected 'Municipality' indicate the percentage of the building that is dedicated to arts



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and cultural purposes:

And, if you selected "Municipality", please indicate the age of your building:

Has your organization ever applied to the Cultural Facilities Fund?

No

Has your organization previously received a Cultural Facilities Fund grant?

No

If 'yes', has your organization fully drawn down the grant funds, or declined the grant in whole or in part?

No

Grant request:

20,000

Total planning cost:

40,000

In a couple of sentences, provide a summary of your project. This language may be edited for use in contracts and to notify the Legislature.

TEST



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Organization Information

Total budget/expenses for your organization's most recently completed fiscal year:

Number of full-time equivalents (FTEs) employed at your organization:

(Colleges, Universities, and Municipalities - only report FTE's associated with your cultural facility operations.)

What are the start and end dates of your most recent strategic plan?

Provide a brief summary of programs, services, and audiences served. (Colleges, Universities, and Municipalities - summarize only programs associated with the cultural facility):

(Colleges, Universities, and Municipalities - summarize only programs associated with the cultural facility. Up to 2,000 characters.)

List any planning, capital, or preservation grants received from the Commonwealth of Massachusetts within the past 10 years related to capital planning or capital projects:



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Facility Information

Type of facility:

If "other", explain:

Is the building currently listed on the National Register of Historic Places?

What is the square footage of the facility or site that is the subject of this proposal?

Do you have maintenance staff on payroll? (Y/N)

If not, who is charged with facility maintenance?

Type of ownership of the facility:

If "other", explain:

If you are carrying debt, what is the term of debt financing?

What is the current outstanding principal balance of the debt?

Who is listed as the owner on the title?

If you lease the facility

What is the term (start and end dates) of your current lease?

What are the owner's responsibilities for building maintenance and repair as stated in the lease?

What are your responsibilities for building maintenance and repair as stated in the lease?



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Project Information

Briefly provide a summary of the facility planning project

Provide a description of the existing facility/facilities (if applicable):

Please indicate whether the project includes any of the following:



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Statutory Criteria - Community Impact

Describe the community need for this project:

Describe the tourism impact of your organization. Tourism is defined as a person traveling 50 miles or more one way to a destination or who stays overnight.

Describe the financial need for this grant:

Describe local support for the project and provide whatever specific evidence you can:



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Project Planning

Describe how you determine the capital maintenance needs and priorities of your properties.

Describe why this planning effort is the next logical step in the overall facilities planning process for your organization.

In cases of acquisition, expansion, or new construction, describe how the planning addresses the needs of the facility as well as the impacts to the organization's business model after construction is complete.

If you have already been the recipient of a Cultural Facilities Fund Feasibility and Technical Assistance grant, please describe how the planning has informed this request.



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Implementation

Are you about to begin or have you already begun working with feasibility and planning consultants?

If you answered yes to the above question, identify who you are working with and describe their qualifications:

Please summarize the scope of work for the planning consultants: (Be sure to also attach the scope of work as part of your required supplementary materials.)