



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 & Recreations Department's (PARD) 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 [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 ORGANIZATION (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: _____



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II. COLLABORATION PROPOSAL INFORMATION (cont.)

PROGRAM START DATE: _____ PROGRAM END DATE: _____

RECURRING? YES NO

START TIME:	END TIME:	SETUP TIME:	CLEAN-UP TIME:

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 AFRICAN AMERICAN CULTURAL & HERITAGE FACILITY

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?



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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	aarc@austintexas.gov
DOUGHERTY ARTS CENTER and ZILKER HILLSIDE THEATER	dacinfo@austintexas.gov
ESB MEXICAN AMERICAN CULTURAL CENTER	macc@austintexas.gov
GEORGE WASHINGTON CARVER MUSEUM, CULTURAL, AND GENEALOGY CENTER	CarverMuseumTheaterCalendar@austintexas.gov
ELISABET NEY MUSEUM	jade.walker@austintexas.gov
OLD BAKERY & ARTISAN EMPORIUM	herlinda.zamora@austintexas.gov
BRUSH SQUARE MUSEUM (O. HENRY MUSEUM & JOSEPH AND SUSANNA DICKINSON-HANNIG HOUSE MUSEUM)	emily.collins@austintexas.gov
AFRICAN AMERICAN CULTURAL & HERITAGE FACILITY	aachf@austintexas.gov

VII. FOR DEPARTMENTAL USE

POST-PROGRAM ASSESSMENT:

SUBMISSION DATE: _____

ESTIMATED FTE HOURS: _____

ESTIMATED TEMP HOURS: _____

Site Manager Approval: _____ Division Manager Approval: _____