

2018 NATIVE ART COHORT MEMORANDUM OF AGREEMENT – ART ORGANIZATION

This Memorandum of Agreement (MOA) is entered into by and between Potlatch Fund, _____, a grantee of Potlatch Fund (Grantee), and _____, a representative of the Grantee who will participate in the 2018 Native Art Cohort.

Purpose.

The purpose of this MOA is to ensure that all parties are committed to building capacity of the Grantee as a cohort member.

Native Arts trainings focus on key performance indicators of financially successful artists: business plan, marketing plan, and artist portfolio. All of these topics will be taught in a Native-owner context. Our Native Arts training program includes Business Startup, Business Management, Finance Management, and Marketing.

Potlatch Fund Obligations, Roles, and Responsibilities.

Potlatch Fund agrees to:

Responsibility/Activity	Responsible Staff
Identify eligible Grantees for cohort training program and contact Grantees in regard to interest in participating.	Capacity Building Program staff
Provide travel expenses for each of the two Convenings: registration, six meals (three breakfasts and three lunches), roundtrip travel to convening location (airfare/mileage and transportation between airport and convening venue), and four nights lodging.	Capacity Building Program staff
Provide up to 75 hours of direct training as per schedule given in 2018 Cohort Handbook.	Capacity Building Program staff
Provide toll free phone numbers and webinar access for web-based trainings at no cost to participants.	Capacity Building Program staff and/or contracted consultants
Provide 1 composition notebook, 1 pen/pencil for convening participant; all written materials in PDF on a flash drive at conclusion of cohort.	Capacity Building Program staff
Provide 10 hours of individual technical assistance (1 hour/month) by phone as scheduled between Potlatch Fund staff and participant and 1 hour of in person at convening.	Capacity Building Program staff
Provide toll free conference phone number at no cost to participant.	Capacity Building Program staff
Provide access to evaluation forms for the Grantee Organization and the Participant to fill out.	Capacity Building Program staff
Provide a report to the grantee organization and participant in regard to the evaluations analysis.	Capacity Building Program staff

Grantee Organization Obligations, Roles, and Responsibilities.

_____ (Grantee Organization Executive

Director/ Tribal Department Head) agrees to:

Responsibility/Activity	Responsible Staff
Identify one person to represent the Grantee as a member of the cohort training program and provide the name and contact information to Potlatch Fund.	Executive Director or Tribal Department Head
1 st Participant pay Cohort Fee of \$250 up front or in payments as scheduled: \$50: no later than November 29, 2018 \$50: no later than December 29, 2018 \$50: no later than January 31, 2019 \$50: no later than February 28, 2019 \$50: no later than March 30, 2019	Executive Director or Tribal Department Head
Provide travel expenses for each of the two convenings not covered by Potlatch Fund.	Executive Director or Tribal Department Head
Provide cohort costs for each additional personnel to participate in cohort either up front or in monthly payments. Cohort fee: \$625 \$125: no later than November 10, 2018 \$125: no later than December 29, 2018 \$125: no later than January 31, 2019 \$125: no later than February 28, 2019 \$125: no later than March 30, 2019 Travel expenses associated with the each of the two convenings (registration, transportation, lodging, and per diem).	Executive Director or Tribal Department Head
Encourage and support participant to complete at least 75% of direct training hours offered as per schedule.	Executive Director or Tribal Department Head
Encourage and support participant to complete at least 75% of individual technical assistance offered as per schedule.	Executive Director or Tribal Department Head
Complete all evaluation forms applicable to Organization and submit to Potlatch Fund by dates requested.	Executive Director or Tribal Department Head
Identify one person to represent the Grantee as a member of the cohort training program and provide the name and contact information to Potlatch Fund.	

Grantee Representative/Participant Obligations, Roles, and Responsibilities.

_____ (Grantee Representative/Participant)

agrees to:

Responsibility/Activity	Responsible Staff
1 st participant pay Cohort Fee of \$250 up front or as scheduled: \$50: no later than November 10, 2018 \$50: no later than December 29, 2018 \$50: no later than January 31, 2019 \$50: no later than February 28, 2019 \$50: no later than March 30, 2019	Grantee Representative/Participant
2 nd participant or more pay Cohort Fee of \$625 up front or as scheduled: \$125: no later than November 10, 2018 \$125: no later than December 29, 2018 \$125: no later than January 31, 2019 \$125: no later than February 28, 2019 \$125: no later than March 30, 2019	Grantee Representative/Participant
Provide travel expenses for each of the two convenings not covered by Potlatch Fund.	Grantee Representative/Participant
Complete at least 75% of direct training hours (e.g., activities and homework) offered as per schedule.	Grantee Representative/Participant
Schedule and participate in a recurring monthly 1 hour long technical assistance call with Potlatch Fund Staff.	Grantee Representative/Participant
Complete at least 75% of individual technical assistance offered as per agreed upon schedule.	Grantee Representative/Participant
Complete all evaluation forms applicable to Participant and submit to Potlatch Fund by dates requested.	Grantee Representative/Participant

Timeframe.

This MOA will commence on November 17, 2018 and will dissolve at the end of day on August 31, 2018. This MOA is the complete agreement between:

Grantee Organization	Cohort Participant
Potlatch Fund Name: _____ N: _____	
801 2 nd Ave, Suite 304 Address: _____ A: _____	
Seattle, WA 98104 City, State: _____ C, S: _____	

Be amended only by written agreement signed by each of the parties involved.

Potlatch Fund	Grantee Organization:
_____	_____
Tachini Pete Date	Executive Director signature Date
Capacity Building Program Director	_____
	Grantee Representative signature Date

TRAVELER PROFILE FOR POTLATCH FUND 2018 COHORTS

<i>Personal Information</i>	
Name (as printed on driver's license or official identification)	
Birthdate (as printed on driver's license or official identification)	
E-mail address	
Business phone	
Work Cell phone	
Home phone	
Cell phone (contact while you are traveling)	
Location address (for mileage reimbursement)	
Mailing address (if different from location address)	
Home Airport	
<i>TSA prev (if available)</i>	
Known traveler number	
Expiration date	
<i>Frequent Flyer Programs (if applicable)</i>	
Program name	
Account number	
Program name	
Account number	
<i>Airplane Travel Preferences</i>	
Position (e.g., aisle, window, center)	
Location (e.g., forward, rear, wing, exit row, bulkhead, right, left)	
Meal (if available) (e.g., no preference, vegetarian, kosher)	
<i>Hotel Programs (if applicable)</i>	
Hotel name	
Guest number	
Hotel name	
Guest number	
<i>Hotel Room Preferences</i>	
Floor preference (e.g., ground floor)	
Special requests (e.g., refrigerator)	
<i>Dietary restrictions</i>	
Food allergies or avoidances (e.g., peanuts, dairy, gluten)	
Food preferences (e.g. vegetarian, vegan, kosher)	