

## 2018 NATIVE ART COHORT MEMORANDUM OF AGREEMENT – INDIVIDUAL ARTIST

This Memorandum of Agreement (MOA) is entered into by and between Potlatch Fund, \_\_\_\_\_, a grantee of Potlatch Fund (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 Participant Obligations, Roles, and Responsibilities.

\_\_\_\_\_ (Grantee Representative/Participant)

agrees to:

<b>Responsibility/Activity</b>	<b>Responsible Staff</b>
Grantee participant pay Cohort Fee of \$250 up front or 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	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, 2019.

This MOA is the complete agreement between:

<b>Grantee Organization</b>		<b>Cohort Participant</b>	
<b>Potlatch Fund</b>	Name: _____	N:	_____
801 2 <sup>nd</sup> 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 Participant:**

\_\_\_\_\_  
 Tachini Pete Date  
 Capacity Building Program Director

\_\_\_\_\_  
 Grantee participant signature Date

## TRAVELER PROFILE FOR POTLATCH FUND 2018 COHORTS

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