

ARTS COUNCIL OF HILLSBOROUGH COUNTY 2018-19 CULTURAL DEVELOPMENT GRANT APPLICATION

This is a SAMPLE ONLY of the type of information the online application will require. It is accurate at the time this document was created, however, some minor changes may have been made to accommodate the online system.

Section 1 - ORGANIZATION INFORMATION

Organization Name (legal name):

Federal ID#:

Principal Office Address (no P.O. Boxes, include city, state, zip):

Mailing Address (if different):

Phone (with extension):

Website:

CONTACTS

Grant Contact

Select a person from your organization to serve as the primary contact for this grant application. The contact should be able to answer direct questions about the application, provide update information or materials if requested, and complete required reports. The contact may be different from the authorizing official who is typically the executive director or a board member. Provide an email address and phone number that will go directly to the contact (if possible), not one for the general organization.

First & Last Name

Title

Phone Number + Extension

Email Address

Additional Contact>

First & Last Name

Title

Phone Number + Extension

Email Address

Authorized Official

Provide the name and contact information for the person authorized to sign contracts on behalf of the organization. This is usually the Executive Director or a board member.

First & Last Name
Title
Phone Number + Extension
Email Address

Funding Level (refer to the revenue listed on your last IRS Form 990 Part 1, Line 12 or 990EZ Part 1, Line 9):

Select one

- Level 1 – Revenue of less than \$100,000 (Apply for up to \$15,000)
- Level 2 – Revenue of \$100,000 - \$399,999 (Apply for up to \$20,000)
- Level 3 - Revenue of \$400,000 or more (Apply for up to \$30,000)

Amount Requested: \$

When does your fiscal year begin and end?

Discipline Category:

- Dance
- Literary
- Media Arts
- Multidisciplinary
- Museum/ Gallery
- Music
- Theatre
- Visual Art
- Other (specify)

SECTION 2 - ORGANIZATION PROFILE

MISSION

Insert your Mission Statement

SNAPSHOT

Provide the 30-second "elevator speech" that best describes your organization to someone who is not familiar with it, your organization's role in the community and why this person should care.

(Up to 500 total characters, about 100 words)

INTERNAL DEMOGRAPHICS, DIVERSITY

Please indicate the number of individuals within your organization for each category.

	Board	Staff	Volunteers	Creatives
Total Number				
Female				
Male				
Transgender				
Asian/Asian American				
Black/African American				
Hispanic/Latino/Latina				
Native American/American Indian/Alaska Native/Native Hawaiian				
White				
Multi-racial or multi-ethnic (2+ races/ethnicities)				
Other				
Persons with a disability				

POPULATION SERVED AND DIVERSITY

Please estimate the number of individuals in each category.

	Last Completed Fiscal Year	Current Fiscal Year
Total attendance*		
Total attendance in Hillsborough County*		
Total attendance in City of Tampa*		
Paid admissions in Hillsborough County*		
Free admissions in Hillsborough County*		
Number of season ticket holders/memberships		
Children/Youth (0-18 years)		

Adults (19-24 years)		
Adults (25-64 years)		
Older Adults (65+ years)		
Persons with a disability		
Veterans		
American Indian/Alaskan Native		
Asian/Asian American		
Black/African American		
Hispanic/Latino/Latina		
Native Hawaiian/Other Pacific Islander		
White		
Multi-racial or multi-ethnic (2+ races/ethnicities)		
Other		

SECTION 3 - NARRATIVE

1. ARTISTIC AND CULTURAL VIBRANCY

1a. **Programming:** Please describe the artistic and cultural vibrancy of your organization as it relates to your 2018-19 programming. Include what factors influenced your choice of programming, how creatives are utilized in this process and who made the final decision.

(Up to 2000 total characters, about 400 words)

1b. **Evaluation Plan:** Briefly describe your methods and processes for gathering, analyzing, and reporting data to evaluate your programming with the purpose of improving, deciding to continue, or stopping.

(Up to 1000 total characters, about 200 words)

2. PUBLIC IMPACT

Describe the impact of your proposal on your local community. Include a description of your proposal's education and outreach activities. Include the economic impact of your organization as a whole.

(Up to 2000 total characters, about 400 words)

3. ORGANIZATION MANAGEMENT

3a. **Key Administrative/Creative Personnel:** Provide 1) name, 2) position, 3) key responsibilities, 4) training, and 5) experience. Only include employees, independent contractors, or outside professional or technical personnel that contribute to a majority of your organization's activities.

(Up to 1500 total characters, about 300 words)

3b. Marketing, Promotion, Audience Development: Describe the marketing/promotion/publicity plans and audience development/expansion efforts as is relates to the proposal. For example, include information on advertising, social media, collaboration with local organizations, brochures, etc.
(Up to 1000 total characters, about 200 words)

3. Finance: What is your process for ensuring sound fiscal management? For example, how are you overcoming challenges with organizational capacity such as staffing, marketing or financial/fundraising, etc?
(Up to 1000 total characters, about 200 words)

4. GOALS AND OBJECTIVES

Please identify for the following three areas your 1) organizational goals and anticipated outcomes and 2) the ways you plan to measure them during the grant period as they relate to each of the following. Please bear in mind you will be asked to track and share your progress on each of these questions in your Interim Report and your Final Report.

4a. ARTISTIC AND CULTURAL VIBRANCY - Creating quality, mission-driven work that inspires and challenges the community.

Primary Goals and Outcomes *(Up to 500 total characters, about 100 words):*

In what ways will you measure and demonstrate progress? *(Up to 750 total characters, about 150 words)*

4b. PUBLIC BENEFIT – Describe your program’s impact in the community and linkage with your mission.

Primary Goals and Outcomes *(Up to 500 total characters, about 100 words):*

In what ways will you measure and demonstrate progress? *(Up to 750 total characters, about 150 words)*

4c. ORGANIZATIONAL CAPACITY – Managing for today and tomorrow.

Primary Goals and Outcomes *(Up to 500 total characters, about 100 words):*

In what ways will you measure and demonstrate progress? *(Up to 750 total characters, about 150 words)*

5. DIVERSITY

Please describe the specific effort you have made to diversify your staff, board members and volunteers. Diversity refers to race, ethnicity, gender, physical abilities, age. *(Up to 500 total characters, about 100 words)*

6. ACCESSIBILITY/ADA COMPLIANCE

6a. Describe how the facilities and proposal activities are accessible to all audiences and any plans that are in place to improve accessibility. For example, explain use of accessibility symbols in marketing materials, accessibility of facilities and programming and/or target population.

You can find resources on accessibility at <http://dos.myflorida.com/cultural/info-and-opportunities/resources-by-topic/accessibility/>.

(Up to 500 total characters, about 100 words)

6b. Staff Person for Accessibility Compliance*

Does your organization have a staff person that is responsible for compliance with Section 504 of the Rehabilitation Act, Americans with Disabilities Act, and Florida Statutes 553?

The Americans with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities in employment, state and local government services, public accommodations, transportation and telecommunication. The ADA extends the requirements under Section 504 of the Rehabilitation Act of 1973, as amended, to all activities of state and local governments and places of public accommodations operated by private entities, including places of public display.

Yes No

If **yes**, what is the name of the staff person responsible for accessibility compliance?

7. ADVOCACY

How do you partner with the Arts Council of Hillsborough County and other state and national organizations in communicating the value of and the need for funding of arts and culture? *(Up to 1000 total characters, about 200 words)*

SECTION 4 – ORGANIZATION PROGRAMMING

Complete an online form listing season events/programs for 2018-19. Level 2 & 3 applications will be asked to also list 2017-18 season events/programs. This form will ask for the **date, event name, location, estimated attendance and ticket price.**

SECTION 5 – OPERATING BUDGET SUMMARY

Complete an online form for your total operating budget. This table asks for expenditures and revenues for the last completed fiscal year and current fiscal year.

A. EXPENDITURES	Last Completed Fiscal Year	Current Fiscal Year
1. Personnel – Administrative (W2)		
2. Personnel – Artistic (W2)		
3. Personnel - Technical/Production (W2)		
4. Outside Professional Services-Artistic		
5. Outside Professional Services-Other		
6. Rent- Venues		
7. Travel		
8. Marketing		
9. Remaining Operating Expenditures		
10. Total Expenditures (lines 1 - 9)		
B. REVENUE		
11. Admissions		
12. Contracted Services Revenue		
13. Other Revenue		
14. Corporate Support		
15. Foundation Support		
16. Membership Fees		
17. Other Private Support		
18. Government Support - Federal		
19. Government Support - State/Regional		
20. Government Support-City within Hillsborough		
21. Government Support City outside of Hillsborough		
22. Applicant Cash		
23. Total Revenue		
24. Operating Fund Balance - beginning		
25. Operating Fund Balance - end year		
26. Current Value of Endowment (rounded)	\$ -	\$ -

SECTION 6 – PROPOSAL BUDGET AND ALLOCATIONS

Complete the online budget form for proposed project and indicate where grant money will be specifically spent.

A. EXPENDITURES	Total Budgeted Amount	Grant Request
1. Personnel – Administrative (W2)		
Insert Detail Here eg: Director's salary		
Insert Additional Here		
2. Personnel – Artistic (W2)		
Insert Detail Here eg: Music Director		
Insert Detail Here		
3. Personnel - Technical/Production (W2)		
Insert Details Here eg: Stage Manager		
Insert Details Here		
4. Outside Professional Services-Artistic		
Insert Details Here eg: Teaching Artist contractor		
Insert Details Here		
5. Outside Professional Services-Other		
Insert Details Here eg: audio visual company		
Insert Details Here		
6. Rent- Venues		
Insert Detail Here – eg: HCC Theatre x 2 days		
Insert Details Here		
7. Travel		
Insert Details Here – eg: Visiting artist		
Insert Details Here		
8. Marketing		
Insert Details Here eg: Show postcards production		
Insert Details Here		
9. Remaining Operating Expenditures		
Insert Details Here eg: Utilities		
Insert Details Here		

REQUIRED SUPPORT MATERIAL

- Balance Sheet for your organization's last COMPLETED fiscal year.
- Most recently filed IRS Form 990 or IRS Form 990EZ (must be dated within 18 months prior to application)
- Board of Directors list with affiliations
- Organizational Chart
- Work Sample

OPTIONAL SUPPORT MATERIAL

You may provide up to five optional support material files such as newsletters, brochures, letters of support, or letters of commitment from collaborators and/or participating artists. These may be uploaded files or clickable URLs that link to online audio/video or other material. There should be no more than five total in any combination of those items.

If you have several items of the same type, eg.: multiple letters of support, you may combine them into one pdf document which will count as one support material file. Combine **only** like materials within one pdf. Do not mix different types of support materials within one pdf. (eg: Do not combine letters of support and letters of commitment within one file.)

Title: A few brief but descriptive words. Example: "Support Letter from John Doe".

Description: (optional) Additional details about the support materials that may be helpful to staff or panelists. Identify any works or artists featured in the materials. For larger documents, please indicate page number for DCA credit statement and/or logo.

File Name: The file selected from your computer. The following formats are acceptable: TBD

AUDIO/VIDEO: Very large audio or video files should be provided by a URL to an online hosting service such as YouTube, Vimeo or your own website. Indicate the URL link in the list below. Make sure it is a clickable URL so that the panelist may easily find it.