

ARTS COUNCIL OF HILLSBOROUGH COUNTY
FY 2008- 09 CULTURAL DEVELOPMENT GRANT APPLICATION

Application available at www.tampaarts.com
 (Must be typed, no smaller than 10 point type)
Changes and additions are underlined.

APPL. # _____
 (office use only)

This is an application for funding for Levels 1, 2, 3,4 and 5.

COURTESY REVIEW DEADLINE: Friday, July 18, 2008 by 5:00 p.m.

DEADLINE: Friday, August 8, 2008 no later than 5:00 p.m. (NO EXCEPTIONS)

To: Arts Council of Hillsborough County, 1000 North Ashley Drive, Suite 105, Tampa FL 33602, 276-8250.

PROJECT TITLE: _____ AMOUNT REQUESTED: _____

PROJECT START DATE _____ PROJECT END DATE _____

Project dates must be between October 1, 2008 - September 30, 2009

Please check one: Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____ Special Event _____

Dance _____ Theatre _____ Literature _____ Visual Arts _____ Multidisciplinary _____ Music _____

Museum _____ Other (specify) _____ Specific Project _____ General Operating Support _____

Name of Organization _____ Federal ID # _____

Mailing Address _____

City _____ Zip Code _____ Telephone Number _____ Email address _____

Contact Person _____ Web site address _____

Days and hours of operation: _____

Dunn and Bradstreet # _____

For Applicants: Does your organization have tax-exempt status from the IRS? Yes _____ No _____ (attach IRS letter to original application)

Are your Articles of Incorporation on file with the Florida Secretary of State? _____ (attach copy to original application) If not, explain:

CERTIFICATION AND COMPLIANCE STATEMENT

We certify that the information contained in this application, including all attachments and support materials, is true and correct to the best of our knowledge and that we have read the Cultural Development Grants Program Guidelines and will abide by all legal, financial, and reporting requirements.

	Chair/President of Board	Chief Fiscal Officer	Contact Person
Names: (typed)			
Titles:			
Telephone Numbers:			
Dates Signed:			
Signatures:			

GOVERNMENT FUNDING HISTORY

	FY2007	FY2008	FY2009 Requests
State	\$	\$	\$
Federal	\$	\$	\$
City-within Hillsborough	\$	\$	\$
City-outside Hillsborough	\$	\$	\$
County-Hillsborough only	\$	\$	\$
County-outside Hillsborough	\$	\$	\$

ORGANIZATIONAL MISSION STATEMENT (in the space below, please provide the organization's mission statement, as approved by your Board of Directors) Date Approved _____

ORGANIZATIONAL STATISTICS

	FY2006	FY2007
Attendance in Hillsborough County only*		
Total Paid Admissions*		
Total Free Admissions*		
Paid Administrative personnel (full-time)		
(part-time)		
Paid Artistic personnel (full-time)		
(part-time)		
Number of Volunteers		
Estimated number of volunteer hours contributed		
Number serving on Board of Directors		
Number of Board members residing in Hillsborough County		
Number of season ticket holders or memberships		

*DO NOT include festivals and public events where you are only one of many other groups

THE PROPOSAL: (in the space below, describe in detail your request for funding, what and who it will serve, when and where the activity will occur, and why this is significant to your organization and to the community)

PROPOSAL INFORMATION (please respond to the following items)

Please indicate which goal(s) of the Community Cultural Plan your grant request addresses:

Arts Education Community Outreach/Audience Development Artistic Development

Is your project a new project? yes no

Is this project a continuation of an existing project? yes no

Is this project intended to continue in the future? yes no

Is this a General Operating proposal? yes no

PROPOSAL SUMMARY Please give a narrative description of the proposed project/program. Please be specific as to dates, creative personnel involved, impact on the cultural discipline and community, and need for project/program. **One** additional page may be added if necessary.

GOALS AND OBJECTIVES Please list and describe the goals and objectives of the proposed project/program and how it addresses the organization's long range plan. **Maximum one page.**

IMPLEMENTATION Please describe the steps you will follow, using a timeline format, to implement this project. **Maximum one page.**

TOTAL OPERATING BUDGET

Complete each line of the following summarized budget form to give a financial overview of the applicant or program. This information represents the actual results of the most recently completed fiscal year; expected results of the current fiscal year; and projections for the next fiscal year. Do not include the cost of capital items or the depreciation of capital items as an operating expense. Contributions or other income dedicated to support capital expenditures should not be listed here. Do not include in-kind. Provide a budget detail for each of the three fiscal years. Please attach audit to original application. Total cash expenses; total cash income; fund balance and endowment value in completed fiscal year should match audit figures. Differences **must** be explained by attachment behind budget page or application will be disqualified.

Fiscal Year dates: (month/day)_____ to _____ Date last audit completed: _____
 Please round amounts to the dollar - All spaces must have either a dollar amount or a zero.
Please attach Balance Sheet behind page 5 in all copies.

	Completed <u>2006/2007</u>	Current <u>2007/2008</u>	Next <u>2008/2009</u>
A. EXPENSES:			
1. Personnel - Administrative	_____	_____	_____
2. Personnel - Artistic	_____	_____	_____
3. Personnel - Technical/Production	_____	_____	_____
4. Outside Artistic Fees/Services	_____	_____	_____
5. Outside Other Fees/Services	_____	_____	_____
6. Rent or Mortgage (circle one)	_____	_____	_____
7. Travel	_____	_____	_____
8. Marketing	_____	_____	_____
9. Remaining Operating Expenses	_____	_____	_____
10. Total Cash Expenses (lines 1 - 9)	_____	_____	_____
B. INCOME:			
11. Admissions	_____	_____	_____
12. Contracted Services Revenue	_____	_____	_____
13. Other Revenue	_____	_____	_____
14. Corporate Support	_____	_____	_____
15. Foundation Support	_____	_____	_____
16. Other Private Support	_____	_____	_____
17. Government Support - Federal	_____	_____	_____
18. Government Support - State/Regional	_____	_____	_____
19. Government Support - Local	_____	_____	_____
20. Applicant Cash	_____	_____	_____
21. Total Cash Income	_____	_____	_____
22. Operating Fund Balance-beginning	_____	_____	_____
23. Operating Fund Balance- end year	_____	_____	_____
<u>24. Current Value of Endowment</u>	_____	_____	_____

(Rounded)

TOTAL OPERATING BUDGET DETAILS

No more than six pages total suggested; two pages of detail for each fiscal year – completed, current, and projected. Detail should total and correspond to the line-item amounts on the multi-year Total Operating budget form. (Please round amounts to the dollar - do not show cents)

GRANT PROPOSAL BUDGET

Please round amounts to the dollar - do not show cents. All spaces should either have a dollar amount or a zero.

EXPENSES

EXPENDITURES	APPLICANT	ACHC GRANT	TOTAL PROJECT BUDGET
Personnel - Administrative	\$	\$	\$
Personnel - Artistic	\$	\$	\$
Personnel - Technical/Production	\$	\$	\$
Outside Artistic Fees/Services	\$	\$	\$
Outside Other Fees/Services	\$	\$	\$
Space Rental/Mortgage (circle one)	\$	\$	\$
Travel	\$	\$	\$
Marketing	\$	\$	\$
Remaining Operating Expenses	\$	\$	\$
Total Cash Expenses	\$	\$	\$

INCOME

Admissions	\$
Contracted Services Revenue	\$
Other Revenue	\$
Corporate Support	\$
Foundation Support	\$
Other Private Support	\$
Government Support - Federal	\$
Government Support-State/Regional	\$
Government Support - Local (do not include this grant request)	\$
Applicant Cash (savings)	\$
Subtotal Cash Income	\$
ACHC Grant Request	\$
Total Income	\$

GRANT PROPOSAL BUDGET DETAIL - EXPENSES

One page is suggested. Detail should total and correspond to the line-item amounts on the Grant Proposal budget. (Please round amounts to the dollar - do not show cents)

Be sure to specify with an asterisk (*) which line-items will be funded by ACHC dollars. If the ACHC will be funding a portion of a line-item, please give a dollar amount. This is for audit purposes. Please include a column with percentages of each line item to the total.

GRANT PROPOSAL BUDGET DETAIL - REVENUE

One page is suggested. Detail should total and correspond to the line-item amounts on the Grant Proposal budget. (Please round amounts to the dollar - do not show cents) Please include a column with percentages of each line item to the total.

APPLICATION NARRATIVE

All applicants must respond to all of the following questions. **Maximum** allowable pages for responding to Questions 1-15 is 15 one-sided pages; more than one response may appear per page. Do not use less than 10 point type. **DO NOT EXCEED THE MAXIMUM PAGE COUNT – ANY PAGES INCLUDED BEYOND THE 15 ALLOWED WILL BE DISCARDED.**

1. ORGANIZATIONAL HISTORY

Provide a brief history of your organization, including the date your organization was incorporated. List awards, honors or other recognition, if appropriate.

2. KEY ADMINISTRATIVE PERSONNEL

Provide name, position, job description, education and work history. Do not attach resumes.

3. KEY ARTISTIC/PROGRAMMATIC PERSONNEL

Provide name, position, job description, education and work history. Do not attach resumes.

4. LIST ORGANIZATION'S PROGRAMMING FOR MOST RECENTLY COMPLETED SEASON.

Include: dates, events, locations, estimated attendance, admission prices.

5. LIST ORGANIZATION'S PROGRAMMING FOR CURRENT SEASON

Include: dates, events, locations, estimated attendance, admission prices.

6. LIST ORGANIZATION'S PROGRAMMING FOR PROPOSED SEASON

Include: dates, events, locations, estimated attendance, admission prices.

7. PUBLIC IMPACT AND DEMOGRAPHICS

a. How many people will be served by your organization's total activities or specific project?

Include audience estimates; artists/participants estimates

b. Please estimate by percentages the cultural make-up of the audiences served by your organization, such as African-American, Native American, Asian, Hispanic, White, Rural, Other (specify), age groups (explain)

c. What geographic areas will be served by your organization's programming - entire Hillsborough County, primarily Tampa, targeted neighborhoods? Please specify and include if/ how your organization serves unincorporated Hillsborough County.

8. OUTREACH

a. How will you make efforts to provide services to segments of the population which have been underexposed to culture, or for whom these activities have been previously inaccessible?

b. Is your organization attempting to attract new audiences? If so, what methods are you, or will you use? If not, explain why.

9. MATCHING REQUIREMENTS

Discuss the organization's ability to match potential county dollars by describing other funding sources that will support the proposed project. (See Matching Requirements section in the Guidelines for further explanation)

10. MARKETING

What special marketing and/or promotional plans will be used by the organization? If requesting funds for marketing, who will be responsible for carrying out marketing plans --staff, consultants, board, etc.?

11. CREATIVE PERSONNEL

Explain how you will involve local, professional creative personnel, if applicable, and how you compensate local, professional creative personnel, giving pay scales, ranges, etc. and/or how you determine compensation.

12. OUTSIDE PROFESSIONALS

List other professionals you will involve in programs or special projects, i.e. administrative, technical/production, marketing, etc.

13. EVALUATION

How do you plan to evaluate your organization's activities or the effect of your projects?

14. LONG RANGE PLANNING

a. When did your organization first implement a long range plan and when was it last updated?

b. Who develops your long range plan and how is it developed?

c. Include a brief executive summary of your organization's long range plan.

15. OPTIONAL

Applicants may submit additional information not required on the application but relevant to the grant request.