

FY15 -16 LI Reference Application

Apply at cac.culturegrants.org

Please review the 2015-16 CAC Local Impact Grant Guidelines available at www.arts.ca.gov for complete program information and submission requirements.

Instructions:

Prior to starting an online application, visit the “Manage Account” page from the CAC Culture Grants main navigation bar. Verify that all information provided on the “My Account” and “Organization” tabs are current.

Working with an Application: My Forms > My Data

Once you have selected an application under “Open Applications”, it will subsequently be accessible under “My Data”, along with any other grants you may have previously applied to.

You can navigate through the application pages using the “Save”, “Save & Continue”, “Next” and “Previous” buttons. You will see a “Submit” button at the bottom of the final “Certification and Release” page. Note that CAC Culture Grants does not allow applications to be modified, once submitted.

As a security feature, **users will be logged out after 20 consecutive minutes of inactivity**. Be sure to save your work frequently by selecting the “Save” or “Save and Continue” buttons at the bottom of each form page. This will also enable you to return to your work at a later time via the “My Data” tab.

Be aware that selecting “Previous” or “Next” buttons, or utilizing the back/forward buttons via your web browser will neither retain, nor save your work.

Assistance

For general technical assistance navigating the application form pages, visit the “Help” page, also available from the main navigation bar. Context-sensitive help information is available throughout the application by hovering with your cursor over the icon.

For additional assistance, contact the CAC Project Manager for each specific grant, listed under **Staff Assistance** in the grant Guidelines.

Deadline

Be sure to observe the application deadline (date and time) provided online and in the Guidelines for the specific grant program which you are applying to. Plan and prepare your responses and online submission accordingly. **Exceptions will not be made for any submission attempts after the stated grant deadline.**

APPLICANT INFORMATION

Grant Request Amount :

Legal Organization Name :

Popular Name of Applicant Organization (if different than above):

Mailing Address 1 * :

Mailing Address 2 (optional) :

City * :

State * :

Zip Code * :

County * :

Organization Phone * :

Organization Fax :

Website :

Applicant Contact First Name * :

Applicant Contact Last Name * :

Applicant Contact Title * :

Applicant Contact Phone *:

Phone Extension (if applicable) :

Applicant Contact Email * :

Executive Leadership (Staff)

If different from the Applicant Contact above, provide information for the primary individual serving in a senior executive leadership capacity. In most cases, this will be the Executive Director. If title differs from “Executive Director”, please enter title in the “Executive Leader Title” field below.

Executive Leader First Name:

Executive Leader Last Name:

Executive Leader Title :

Executive Leader Phone :

Phone Extension (if applicable) :

APPLICANT INFORMATION CONT.

Executive Leader Email :

Number of years Organization has been consistently engaged in arts programming within California * :

Federal EIN and DUNS Number :

- All Applicants are required to provide a Federal Employer Identification Number (Federal EIN Number) and Dun & Bradstreet Number (DUNS Number) at the time of application.
- If the Applicant Organization organization will be applying in partnership with a Fiscal Agent, please reflect Fiscal Agent numbers below. You will also be requested to repeat these on the subsequent Fiscal Agent Form.
- Where there is no Fiscal Agent, the Applicant Organization's Federal EIN Number and DUNS Number must be provided below.
- Please refer to the IRS, EIN support pages, and DUNS Number Instructions for additional information.

Federal EIN Number * :

DUNS Number * :

Are you using a Fiscal Agent? * :

For Reference Only

Organization’s Total Fiscal Activity:

Operating budget only, exclude In-Kind and Pass Through Funds.

- For changes of more than 10% between years, include budget notes in the corresponding field below.
- All nonprofits arts organizations must also complete a Cultural Data Profile through DataArts <http://www.culturaldata.org/> (formerly the Cultural Data Project) and submit a Funder Report at the time of application (see Support Material Upload page).
- Please ensure that this budget snapshot matches the budget figures on your DataArts Funder Report for these same years. If these numbers do not match your DataArts Funder Report or budget, please explain in the budget notes below.
- Non-arts nonprofit organizations: Must also submit a separate statement of fiscal health for the most recently completed fiscal year (see Support Material Upload page).

Organizational Budget

Provide Actual, Current and Projected numbers for the years indicated below. For 2015-16, use current budget numbers and project out to the end of your fiscal year. :

	2014-15 or 15 (Actual)	2015-16 or 16 (Current)	2016-17 or 17 (Projected)
A. Income: Earned			
B. Income: Contributed			
C. INCOME TOTAL			
D. Expense: Personnel			
E. Expense: Operating/Production			
F. EXPENSES TOTAL			
G. SURPLUS (DEFICIT)			

Budget Notes:

Budget notes are required for changes plus or minus 10% between years. Large, unexplained variations in income, expenses and surplus (deficit) positions from year to year may reflect negatively on your application.

FY15 -16 LI Applicant Organization Mission/Purpose

Applicant Organization's Mission and Purpose (may be used in CAC publications) * :

Programs and Services

Briefly describe your arts programs and services, the communities you serve, and how this project relates to those efforts :

For Reference Only

FY15 -16 LI Fiscal Agent Form

Complete this section only if the Applicant Organization is **not** tax-exempt, and will be applying to this grant in partnership with a Fiscal Agent.

If your application is funded, the Fiscal Agent will be designated as the legal contractor for this grant from the California Arts Council. By completing this form, you are acknowledging that a Fiscal Agent relationship exists, and that the identified organization has agreed to serve the Applicant Organization in this capacity for the term of the Grant Period.

Legal Name of Fiscal Agent Organization * :

Popular Name of Fiscal Agent Organization (if applicable) :

Fiscal Agent Date of Incorporation :

Fiscal Agent Federal EIN Number * :

Fiscal Agent DUNS Number * :

Mailing Address 1 * :

Mailing Address 2 :

City * :

State * :

Zip Code * :

County * :

Executive Director First Name * :

Executive Director Last Name * :

Executive Director Phone * :

Phone Extension (if applicable) :

Executive Director Email * :

Fax :

Website :

FY15 -16 LI Project Narrative

PROJECT NARRATIVE

Proposal Summary:

Briefly outline your proposal and indicate how grant funds would be used. This description will be used to introduce your proposal to the panel. If funded, it will be used to describe your approved grant.

Please begin your thumbnail with the following * :

With support from the California Arts Council, (insert Applicant Organization Name here) will...

Project Description

Provide a detailed description of your proposed project and how it addresses the goals of the LI program specified in the grant guidelines, specifically equity and access. Be sure to include the following:

- Description of the artistic activities that will occur and how activities address LI program goal(s)
- Desired outcomes and measurements of success
- If proposing to work with a project partner(s), describe duties and responsibilities of partner(s), including resources contributed

Community Description

Please describe the community in which this project will take place. Include the following:

- Describe in detail how this community is underserved
- Applicant organization's relationship with community
- Project's relevance and benefit to target community
- Community support, participation and involvement

Timeline

What is the schedule of activities for this project? Include the following:

- Description of the arc of the project from beginning, through the middle to the end, including a description of the public component.

Documentation and Communication Strategies

- Describe plan to promote the project's value and to document and communicate the project's impact to a broad public.

FY15 -16 LI Project Budget

Grant requests cannot exceed an organization's total income from its last completed fiscal year.

Grant Request Amount *:

Proposal Summary *:

Briefly outline your proposal and indicate how grant funds would be used. This description will be used to introduce your proposal to the panel. If funded, it will be used to describe your approved grant.

Please begin your summary with the following:

With support from the California Arts Council, (insert Applicant Organization Name here) will... * :

Grant Request: Budget Detail Instructions

In the Budget Detail below, provide details for each line item to be funded by this grant. For Personnel, Rate of Pay, please indicate if the amount is per year (yr), month (mo), hour (hr), service (svc) or other. Examples: "\$30,000/yr", "\$300/mo", "\$30/hr", or "\$3,000/svc". Personnel and Operating/Production Expenses for this grant must match your "Grant Request Amount". Use the CAC Request column to show your planned allocation of CAC funds.

Matching Funds

All grant recipients must provide a dollar-for-dollar (1:1) match. Use the Matching Funds column to show your planned allocation of these additional funds. The match ratio may vary per line item, and matching funds may be indicated for line items other than the CAC Request.

Total Matching Funds should equal, *but not exceed* the required matching funds amount; *do not overmatch* your CAC Request.

FY15 -16 LI Budget *cont.*

Grant Request: Budget Detail:

A. Personnel Expenses	Job Title & # of Staff in ()	Rate of Pay (per year, month, hour, or service)	CAC Request	Matching Funds
1. Artistic				
2. Administrative				
3. Technical				
		SUBTOTAL: Personnel Expenses		
		B. Operating/ Production Expenses	CAC Request	Matching Funds
		SUBTOTAL: Operating/ Production Expenses		
		TOTAL EXPENSES		
		GRAND TOTAL (CAC Request plus Matching Funds)		

After completing the Budget Detail table, select “Save” at the bottom of this page to refresh your screen and update the “Total Expense: CAC Request” field below. Verify that this amount matches your Grant Request Amount above.

Total Expenses: CAC Request :

Total Expenses: Matching Funds :

Budget Detail Notes:

If providing figures for Operating/Production Expenses, 4-6., and listed expenses are not self-explanatory, please describe below.

FY15 -16 LI Budget *cont.*

Source of Match

Indicate the source, amount and status (Projected, Pending, or Committed) of your matching funds.

The cash match may be from local government agencies, foundation, corporate, individual contributions, or earned income. Other State agency funds may not be used as a match. In some instances, federal funds may be used as a match. In-kind donated services for which fair market value can be determined may be used, up to a maximum of 50% of the required match. Contact the CAC Project Manager for this grant, to determine eligibility prior to including federal funds or in-kind services as a portion of your match.

The Total from Matching Fund Sources should equal Total Matching Funds (as well as Total CAC Request) from the Budget Detail, provided above.

If applicable, identify “Other Contributed”, “Earned Income”, and “In-Kind” sources below the Source of Match table.

Income Type	Provide Match Source	Match Amount	Status (Projected, Pending, Committed)
Federal Government			
Local Government/ County			
Local Government/ City			
Foundation			
Corporate			
Individuals			
Other Contributed			
Earned Income			
Corporate			
InKind (may not exceed 50% of the Total Match)			
Total from Matching Fund Sources			

Source of Match Notes

If providing figures for “Other Contributed”, “Earned Income”, or “In-Kind”, please identify the Income Type and corresponding Match Source(s) below. If utilizing inkind donated services to support the match requirement, please describe your method for determining the fair market value of these services.

FY15 -16 LI Support Material Upload

Please provide artistic samples and required support materials. Work samples may consist of images, audio, and video (links) and should provide evidence of the quality and relevance of the artistic work proposed in this project. Please include work samples for all artists involved in this grant proposal.

File Types

Images (*Up to 10 images for Artistic Work Samples*)

Option 1: Upload images as individual JPGs. Recommended resolution: 300 dpi. Recommended image size: 800 x 600 pixels. If scanning images, please scan at a resolution of 300 dpi and save/upload as individual JPGs. Size per image file may not exceed 10 MB.

Option 2: Combine images within one PDF. Size per document may not exceed 5 MB.

Audio

Upload recordings in MP3 format only (recordings may be up to 5 mins long). Size per audio file may not exceed 50 MB.

Video (links)

Video files may not be uploaded directly. Provide video selections as online links (URLs) on a single-page PDF or MS Word document. Videos may be hosted on Vimeo, YouTube, or your organization's website. Non-password protected videos are preferred; if protected, be sure to provide password information. Do not submit links to websites which require video content to be downloaded. Preferred length is no more than 5 minutes, per video.

Documents

Upload documents. PDF or MS Word only, no more than 10 pages total. Size per document may not exceed 5 MB.

File Upload Instructions

- 01.** Click the Upload button to open the **Portfolio Media Uploader** pop-up window.
- 02.** Click **Browse** or **Choose File** (depending on your browser) to select a file from your computer.
- 03.** Enter the **Title** (required) and a brief **Description** (optional for Final Report Uploads) in the appropriate fields. Make titles specific; avoid titles such as "Image #1."
- 04.** Click **Submit** to upload the file. After the file is successfully uploaded, the pop-up window will close, and a thumbnail of the file will appear on the Support Material Upload page.
- 05.** Repeat steps 1 – 4 for additional files.

FY15 -16 LI Support Material Upload *cont.*

Support Materials

DataArts Funder Report or Statement of Fiscal Health

- The California Arts Council requires all nonprofit arts organization applicants to complete a Cultural Data Profile through DataArts (formerly the Cultural Data Project) and submit a Funder Report along with their application. Each grant program has its own Funder Report. To complete this part of your submission go to the DataArts website: <http://www.culturaldata.org/>
- Non-arts nonprofit organizations: Must submit a separate statement of fiscal health for the most recently completed fiscal year.

Short Biographies

Provide brief biographies (not resumes) for the following individuals. Include title, experience, and role within the proposed grant. Indicate where positions are new, to be supported by grant funds.

Key Administrative Personnel

Key Artistic Personnel

Any Consultants to be paid or hired with CAC support

Letter of Commitment

(only if proposing to work with organizational partners) Submit letters of commitment from each partner. Letters must be on organization's letterhead and signed by an authorized official.

Other Support Materials

Upload up to two (2) different samples of materials generated within the past two years that best portray your organization and its work. These may include brochures, programs, newsletters, support letters, etc.

Artistic Work Samples

Include samples of artistic work providing relevant evidence of quality of the artists associated with this project. The peer review panel will spend approximately 5 minutes reviewing the work. If at all possible, include samples related to your proposed project.

FY15 -16 LI Certification and Release

This Certification and Release must be signed by an authorized board member or designated organizational representative with the knowledge of the matters contained herein, and holds the legal authority to obligate the organization, with the approval of the organization's board of directors or other governing body.

The undersigned certifies: the represented organization has proof of nonprofit status under sec.501(c)(3) of the Internal Revenue Code, or under sec. 23701d of the California Revenue and Taxation Code, or is a unit of government; that applicant has been consistently engaged in arts programming for a specific number of years prior to time of application; complies with the Civil Rights Act of 1964, as amended; sec 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; observes provisions of the Drug Free Workplace Act of 1988; and California Government Code secs.11135-11139.5 (barring discrimination); complies with the Fair Labor Standards Act, as defined by the Secretary of Labor in part 505 of title 29 of the Code of Federal Regulation; the Americans with Disabilities Act of 1990; and the Fair Employment and Housing Act; has its principal place of business in California; and has completed prior contract evaluations, if applicable; and has approval of applicant's board of directors or other governing body.

That all information contained herein is accurate or represents a reasonable estimate of operations based on data available at the time of submission; and that there are no misstatements or misrepresentations contained herein or in any attachments.

The undersigned hereby releases the California Arts Council (CAC) and the State of California, their employee & agents, from any liability and/or responsibility concerning damage to or loss of materials submitted to the CAC and the State of California, whether or not such damage of loss is caused by the negligence of the CAC, the State of California, their employees & agents. * :

Yes, I Certify

Applicant Signature

The following signature must be by an authorized board member or designated organizational representative.

First Name * :

Last Name * :

Title * :

Date * :

ATTENTION: Exceptions will not be made for any submission attempts after the stated Application deadline (date and time).

If you are experiencing difficulty submitting your application, verify that all required fields have been completed. Outstanding required fields will be listed with their error message at the top of this page.

After the successful submission of this Application, a confirmation email will be sent to the address of record. Navigate to Manage Account > My Account to verify your contact information. Please forward the confirmation email to additional staff, as necessary.