FY 16-17 State-Local Partnership (SLP) Grant Application | Apply at cac.culturegrants.org

FY16-17 SLP Applicant Information

Please review the 2016-17 CAC SLP Grant Guidelines available at www.arts.ca.gov for complete program information and submission requirements.

Deadline:
August 1, 2016, 5:00 PM
Exceptions will not be made for any submission attempts after the stated grant deadline.

Instructions:
Prior to starting an application, select the name of the CAC Culture Grants account holder from the top right of the main navigation bar. Verify that all information provided on both the **My Account** and **My Organization** tabs are current. Once an application has been selected under **Open Applications**, it will be accessible under **My Data**, along with any other grants the Applicant Organization has previously applied to.

Entries and modifications will be automatically saved. After saving, **Previous** or **Next** navigation buttons will be available. Navigating between pages from the Application forms table or utilizing the back/forward/refresh buttons via your web browser *will not retain your work.*

Please note: Maximum character counts are indicated in **bold** for all Narrative questions. Due to a technical limitation, restrictions have been removed within these data entry fields. Please adhere to the stated limit, however, *disregard the character count number* near the bottom left of each narrative response.

Applicant Information

Grant Request Amount

Request up to $30,000 for SLP General Operating support. Grant requests cannot exceed an organization's total income from its last completed fiscal year. Amount must be matched 1:1. Request should not include amount of CAC support for SLP organizations also serving as Poetry Out Loud (POL) Partner Agencies.

Is your organization planning to serve as the POL, Partner Agency within your county for the 2016-17 season? Selecting "Yes" will activate the FY16-17 Poetry Out Loud Application form for your completion.

Organization Information

Legal Name of Applicant Organization*

Popular Name of Applicant Organization (optional):

Mailing Address 1*:

Mailing Address 2 (optional):

City*:

State*:

Zip Code*:

County*:

Indicate the appropriate agency type*

☐   Nonprofit arts organization

☐   Unit of government

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):

Executive Leader Email:

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

Date of Incorporation:

Federal EIN and DUNS Numbers

- 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 will be applying in partnership with a Fiscal Sponsor, please reflect Fiscal Sponsor numbers below. You will also be requested to repeat these on the subsequent Fiscal Sponsor Form.
- Where there is no Fiscal Sponsor, 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 Sponsor? *:

Fiscal Sponsor Form available to Applicants indicating "Yes"

Organizational Budget

DataArts Cultural Data Profile:

All applicants to this program are required to complete a **DataArts** Cultural Data Profile (CDP) profile and submit a Funder Report along with their application. Each grant program has its own Funder Report. To complete this part of your submission visit DataArts at www.culturaldata.org.

Organization's Total Fiscal Activity:

- Provide Actual, Current and Projected numbers for the years indicated below. For the Current year, use existing budget numbers and project out to the end of your fiscal year.
- Only provide figures for your Operating budget; exclude Pass-Through Funds
- If there are changes of more than 10% between years, please explain in the budget notes below.
- Ensure that the 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, explain in the budget notes.
- Submit your completed DataArts Funder Report at the time of application via the Support Materials page.

Organizational Budget

	2014-15 or 15	2015-16 or 16	2016-17 or 17
A. Income: Earned	$0	$0	$0
B. Income:	$0	$0	$0
C. INCOME TOTAL	$ 0.00	$ 0.00	$ 0.00
D. Expense: Personnel	$0	$0	$0
E. Expense:	$0	$0	$0
F. EXPENSES TOTAL	$ 0.00	$ 0.00	$ 0.00
G. SURPLUS (DEFICIT)	$ 0.00	$ 0.00	$ 0.00

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.

FY16-17 SLP Fiscal Sponsor Form

Available for applicants designating a fiscal agent

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

If your application is funded, the Fiscal Sponsor 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 Sponsor 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 Sponsor Organization*:

Popular Name of Fiscal Sponsor Organization (optional):

Fiscal Sponsor Date of Incorporation:

Fiscal Sponsor Federal EIN Number*:

Fiscal Sponsor DUNS Number*:

Mailing Address 1*:

Mailing Address 2 (optional):

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:

FY16-17 SLP Organization Profile

Applicant Organization's Mission, History and Purpose (may be used in CAC publications)
Maximum 2,000 characters.
- State the mission of your organization;
- Provide a brief history of your organization, its development and context for current activities.

Programs and Services
Maximum 2,500 characters.
- Describe the strength and quality of your programs and services including Grant and Artists in Education Programs;
- Briefly list your accomplishments and challenges over the past year, and any future plans.

Constituency Served
Maximum 2,000 characters.
- For the county or counties served, briefly describe the geographic and demographic characteristics; the economic base; cultural diversity; and the artistic community.

Grant Request Summary
Maximum 500 characters.
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...

Local Arts Networking
Maximum 2,000 characters.
- How do you serve as a resource in your county or counties?
- Describe your organization's relationship to local government and how it influences arts and cultural policies.

Access, Equity, and Community Engagement
Maximum 2,000 characters.
- How do you reach your constituents, and how do your constituents provide input and support for your organization?
- How do you promote and foster artistic and cultural diversity through your programs; and make them accessible to all?

Leadership and Management
Maximum 2,000 characters.
- Describe your organizational structure;
- Describe your efforts to reflect the diversity of your community throughout your organization;
- Describe how CAC funds will support your organizational capacity.

Please list the titles of your top three compensated employees, and their annual salaries.

No.	Title	Annual Salary
1.	Executive Director	$ 90,000
2.	Deputy Director	$ 85,000
3.	Program Director	$ 70,000

FY16-17 SLP Quantitative Questions

Figures entered below should encompass only those anticipated activities and individuals to be directly affected by or involved in programs and services if funded by this CAC grant, and occurring within the grant period.

Leave blank any items that are not applicable or for which you do not have supportable estimates.

<u>**Anticipated Programs and Services**</u>

1. # of artworks

- Can include student works, adaptations, re-creations, or re-stagings of existing works

2. # of free events

3. # of concerts/performances/readings

4. # of lectures/demonstrations/workshops/symposiums

5. # of classes or sessions

- Classes or sessions in which students will develop artistic and creative skills

6. # of exhibitions curated/presented

- Include visual arts, media arts, films, film festival, and design. Count each curated film festival as a single exhibition

7. # of artists' residencies

- Artists' activities in schools or other community settings over an extended period of time.

8. # of nonprofit organizational partners

- Organizations that combine resources and will work together

9. # of for-profit business partners

- Businesses that combine resources and will work together. Do NOT include funders unless they will actively participate.

10. # of governmental agency partners

- Agencies that combine resources and will work together. Do NOT include funders unless they will actively participate.

11. # of apprenticeships/internships

12. # of hours broadcast on radio, television, cable, web or other digital networks

- For series, include hours for all broadcasts. Include broadcasts that will occur after the end date of the project only if they will be a direct result of the funding of this award. Do NOT include public service announcements, advertising, or other promotional activities, or Web-casts.

13. # of other events

- If providing figures for the question above, please specify "other" anticipated events: *Maximum 250 characters.*

Individuals Involved
Enter the total number of individuals who will be involved with the funded activity/activities. This includes the categories of Artists participating and Children/Youth Benefitting as well as actual audience numbers and other non-artist project participants.

1. # of artists directly involved

- Artists involved in providing artistic services

2. # of youth benefiting

- Enter the total number of children and youth benefiting directly from the anticipated activity/activities.

3. # of total individuals benefiting

- Enter the total number of individuals who will directly be involved with the anticipated activity/activities. This includes the categories of Artists Participating and Children/Youth Benefitting, as well as, actual audience numbers and other non-artist project participants.

Grant Request Amount
Request up to $30,000 for SLP General Operating support. Grant requests cannot exceed an organization's total income from its last completed fiscal year. Amount must be matched 1:1. Request should not include amount of CAC support for SLP organizations also serving as Poetry Out Loud Partner Agencies.

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.

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			$ 0	$ 0
			$ 0	$ 0
			$ 0	$ 0
2. Administrative			$ 0	$ 0
			$ 0	$ 0
			$ 0	$ 0
3. Technical			$ 0	$ 0
			$ 0	$ 0
			$ 0	$ 0
		SUBTOTAL: Personnel Expenses	$ 0	$ 0
		B. Operating/ Production Expenses	CAC Request	Matching Funds
		4. Facility Rental	$ 0	$ 0
		5. Equipment Rental	$ 0	$ 0
		6. Travel (in-state)	$ 0	$ 0
		7. Regranting	$ 0	$ 0
		8. Office Supplies	$ 0	$ 0
		9. Postage	$ 0	$ 0
		10. Printing	$ 0	$ 0
		11. Utilities	$ 0	$ 0
		12. Insurance	$ 0	$ 0
		13. Fundraising	(CAC funds may not be used)	$ 0
		14. Other	(describe below)	$ 0
		SUBTOTAL: Operating/ Production Expenses	$ 0	$ 0
		TOTAL EXPENSES	$ 0	$ 0
		GRAND TOTAL (CAC Request plus Matching Funds)	$ 0	

Budget Detail Notes

If providing figures for Operating/Production Expenses, "Other", please describe below.
Maximum 1,000 characters.

Source of Match

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

The cash match may be from federal or local government agencies, foundation, corporate, individual contributions, or earned income. Other State agency funds may not be used as a match. In some instances, 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 in-kind 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		$ 0	
Local Government/ County		$ 0	
Local Government/ City		$ 0	
Foundation		$ 0	
Corporate		$ 0	
Individuals		$ 0	
Other Contributed	(describe below)	$ 0	
Earned Income	(describe below)	$ 0	
In-Kind (may not exceed 50% of the Total Match)	(describe below)	$ 0	
Total from Matching Fund Sources		$ 0	

Source of Match Notes

If providing figures for "Other Contributed", "Earned Income", or "In-Kind", please identify the corresponding Match Source(s) below. If utilizing in-kind donated services to support the match requirement, please describe your method for determining the fair market value of these services. *Maximum 1,000 characters.*

FY16-17 SLP Support Materials

Support Materials Form Overview
Review each section below, prior to uploading support materials:

1. Required Support Materials
2. Optional Support Materials
3. Accepted File Types
4. File Upload Instructions
5. Uploaded Materials area and tools
6. Upload Quota display

Required Support Materials
Select the checkbox below each required item to confirm successful uploads.

Local Government Resolutions*
Applicants must obtain a Resolution from their local government (County Board of Supervisors or City Council) that designates the applicant organization as a partner in the State-Local Partnership program, and authorizes it to execute the grant, if awarded. Attach your current Resolution with the application. If it does not include the SLP Grant Period (October 1, 2016 through September 30, 2017), a new resolution will need to be submitted prior to October 1, 2016 to be eligible for funding.

Date Resolution Signed:

Range of Effective Dates:

DataArts Funder Report*
Attach a copy of your DataArts CDP Funder Report for this specific CAC grant program.

Key Staff Biographies
Provide brief biographies (not resumes) for the following individuals. Include title, experience, and role within the proposed grant: Key Administrative Personnel; Artistic Personnel; any Consultants to be paid or hired with CAC support. Indicate where positions are new, to be supported by grant funds.

Governing Body
Provide a current list of Board of Directors, Commissioners, Committee, or other appropriate members of your governing body. For each individual, provide their 1) name; 2) expertise; 3) role on governing body; 4) professional affiliations; 5) city of residence; and 6) county of residence.

Annual Strategic Plan, Executive Summary*
If a current Strategic Plan is not in place, please explain your existing policies and/or procedures, and timeline for developing one.

Alternate Strategic Planning Description
Maximum 1,000 characters.

Letter(s) of Support*
Letters of Support from key stakeholders, partners, or collaborators. Letters should substantiate the quality of the organization, its programs and services, and affirm the organization's impact on its constituents. Submit a minimum of one (1), maximum of (3).

Optional Support Materials
Submitting the following materials will allow you to further clarify or illuminate your organization's activities, programs, and services. The peer review panel will spend no more than 5 minutes reviewing the work.

General Support Materials
Upload up to three (3) different samples of materials generated within the past two years that best portray the work of your organization. These may include items such as brochures, posters, flyers, programs, newsletters, and news articles.

Artistic Work Samples
- Audio/Video of dance, theater, music, media, multidisciplinary, interdisciplinary or performance art. You may include up to 2 videos or audio samples totaling no more than 5 minutes. Video files are provided through links per File Upload Instructions below.
- Images of visual art or other work. You may submit up to 10 images of professional work from one or multiple artists representative of your organization's activities.

Samples should be of materials generated within the past two years that best portray your organization's artistic work and/or relevance to your constituents.

Accepted File Types

Images
- 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 PDF or MS Word documents only. Do not submit more than 10 total document files. Size per document may not exceed 5 MB.

File Upload Instructions

Step 1 - Select a File
There are two recommended upload options within the Uploaded Materials section below.

- Click the **Select Files** button to open a window, where you can select **Open**, **Browse** or **Choose File** (depending on your browser) to select a file from your computer.
- **Drag and drop** files from an existing File Explorer (Windows) or Finder (Mac) window into the indicated target area

Step 2 - Enter Title and Description
After selecting your file, In the uploader pop-up window, provide a **Title** (required) and a brief **Description** (optional, but recommended) in the appropriate fields. Make titles specific; avoiding file names such as "Image #1."

Step 3 - Submit
Click **Save Changes** 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 Materials upload area.

Repeat steps 1 through 3 for additional files.

🖼 Uploaded Materials

📁 FY16-17 SLPP Application-FY16-17 (0 MB)

```
📄 Drag & drop your files here or press    [ + Select files... ]  [ 🔗 Copy File from Another Application ]
```
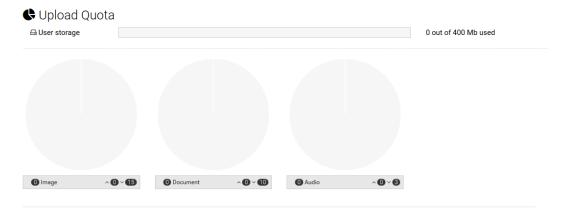
No uploaded materials found.

◔ Upload Quota

🖴 User storage   [   ]   0 out of 400 Mb used

❶ Image ︿ **⓪** ﹀ **⓯**	**❶** Document ︿ **⓪** ﹀ **⓾**	**❶** Audio ︿ **⓪** ﹀ **❸**

Save your work frequently by selecting the **Save** button below. *Selecting* **Previous** *or* **Next** *buttons, or utilizing the back/forward buttons via your web browser will neither retain, nor save your work.*

FY16-17 SLP POL Application

How has your organization administered Poetry Out Loud in your county in past years? Please describe specific activities.
Maximum 2,000 characters.

What activities do you plan to execute this coming year?
Maximum 2,000 characters.

An additional $800 will be included in this year's grant to retain Poetry Teaching Artists and/or to provide POL training for classroom teachers.

How do you plan to use the Coaching and Teacher Training funds?*

- ☐ Poetry Teaching Artist Fees
- ☐ Classroom Teacher Training
- ☐ Both

Would you like support from the CAC in identifying Poetry Teaching Artists and/or professional development opportunities?

- ☐ Yes
- ☐ No
- ☐ Unsure

Poetry Teaching Artist Fees Worksheet
If you plan to hire Poetry Teaching Artists, please fill out the following table.
(Complete a line for each Poetry Teaching Artist/Rate)

Name of Poetry Teaching Artist or "TBD"	Total Contracted Hours	Hourly Rate ⓘ	Poetry Teaching Artist Expense Total
1.	$ 0	$ 0	$ 0
2.	$ 0	$ 0	$ 0
3.	$ 0	$ 0	$ 0
4.	$ 0	$ 0	$ 0
5.	$ 0	$ 0	$ 0
6.	$ 0	$ 0	$ 0
7.	$ 0	$ 0	$ 0
8.	$ 0	$ 0	$ 0
9.	$ 0	$ 0	$ 0
10.	$ 0	$ 0	$ 0
		Total	$ 0

If you plan to engage in professional development for classroom teachers, please describe intended activities below (e.g. workshop participation, hiring a consultant to meet with a teacher cohort, etc.).
Maximum 1,000 characters.

What is the anticipated date for your County Finals competition? This must occur no later than February 15, 2017.*

Participating Schools
Please provide the following information regarding anticipated participating up to 20 schools for 2016-17.
A minimum of two confirmed participating schools is required. You will have the opportunity to amend this information as necessary prior to December 1, 2016

Participating Schools *1-10*
Please provide the following information regarding anticipated participating schools for 2016-17.

A minimum of two confirmed participating schools is required. You will have the opportunity to amend this information as necessary prior to December 1, 2016.

Name of School District	Name of School	Prior POL Participation? (Y/N)	Name of Key School Contact, Title	Contact Phone	Contact E-mail
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

FY15-16 SLP 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 the organization'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 employees & 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.

Signature
By providing your information below and submitting this CAC Application, you are certifying that you meet all requirements as a signatory, and that you understand, confirm, and/or agree to all terms of the Certification and Release for this grant.

First Name
Last Name
Title
Date

ATTENTION: Applications to the 2016-17 CAC State-Local Partnership grant program must be submitted online through CAC Culture Grants no later than <u>August 1, 2016, 5:00 PM</u>.
Exceptions will not be made for any submission attempts after the stated Application deadline (date and time).

Submitting your Application:
When you are ready to submit your Application (having verified the completion of all required fields and information, and the upload of all required support materials), select the green **Save and Validate** button below.. Alternately, you may select **Validate and Submit** from the Application forms navigation table.

Incomplete required fields will be listed on a validation page with corresponding error messages. Click on the name of the required field to be taken to the specific location within your Application. Address all listed fields and select the green **Submit** button to finalize the Application process.

After the successful submission of this Application, a confirmation email will be sent to the email address of the CAC Culture Grants account holder. Verify this email address on the user profile, **My Account** tab. Please refer to the instructions within the confirmation email and forward to additional staff, as necessary.