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| **# 18 -\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**LOUISIANA DECENTRALIZED ARTS FUNDING PROGRAM**

**As administered by**

**Shreveport Regional Arts Council**

**801 Crockett Street**

**Shreveport, LA 71101**

**(318) 673-6500 (318) 673-6515 Fax**

**ORGANIZATIONAL SUPPORT**

**FY18 GRANT APPLICATION**

**APPLICATION DEADLINE:** Hand-delivered by **4:00 pm Thursday, June 1, 2017**. This is a hard deadline and any applications received **AFTER 4 PM, Thursday, June 1, 2017. WILL NOT BE ACCEPTED!** Submit your application to the granting agency above. Applications received after the deadlines are ineligible regardless of the postmark date. Applications **MUST** be typed on an official application form. Handwritten applications are ineligible. Metered mail date stamp as a postmark will not be accepted. Applications may not be submitted via fax. Applicants are encouraged to contact the Community Development Director for Region 7 for assistance **PRIOR** to the application deadline by calling (318) 673-6500. Please read the Guidelines and instructions carefully before completing this application form. This application form is available online at the SRAC website [www.shrevearts.org](http://www.shrevearts.org)

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| **1. Amount Requested** (from line 42 - FY 2018) |  |
| **2. Total Organization Expenses** (from line 61 - FY 2017) |  |

**THE APPLICANT**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Organization Name** | |  | | | | | |
| **Address** |  | | | | | | |
| **City** |  | | **State** | **LOUISIANA** | | **Zip** |  |
| **Parish** |  | | **Phone** |  | | **FAX** |  |
| **Email** | **Website** | | | | | | |
| **4. Federal Employer ID# of Applicant** (**REQUIRED**) | | | | |  | | |

**D & B D-U-N-S Number (REQUIRED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[**http://fedgov.dnb.com/webform/**](http://fedgov.dnb.com/webform/)

**5. Legislative and congressional district numbers of the applicant.** District numbers are available from your local registrar of voters, clerk of court, or on-line at www.legis.state.la.us/district/zipcode.asp.

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| **House District #** | |  | **Louisiana Senate District #** | | | | |  | **US Congressional District #** | | |  |
| **6. Contact Person and Title** | | |  | | | | | | | | | |
| ***If different than above:*** | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | |
| **City** |  | | | **State** | | **LOUISIANA** | | | | **Zip** |  | |
| **Phone (day)** |  | | | | **FAX** | |  | | | | | |
| **Email** |  | | | | | | | | | | | |

**7. What is your mission statement as adopted by your board of directors?**

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**Projected Numbers for FY18**

**# OF INDIVIDUALS TO BENEFIT:**

Indicate the number of individuals that will be directly affected by your organizations programming.

**# YOUTH TO BENEFIT.**

State the number of people under the age of 18 that are involved with or impacted by your programming or your outreach activities.

**# of TEACHERS TO BENEFIT:**

Indicate the number of teachers that will be directly affected by your organizations programming.

**# of SCHOOLS (PRE-K-12) TO BENEFIT:**

Indicate the number of schools that will be directly affected by your organizations programming.

**# OF ARTISTS EMPLOYED:**

Please use the number of artists employed by your programs, educational residencies, and services.

**# of ARTISTS TO PARTICIPATE: :**

Indicate the number of artists that will be directly affected by the proposal.

**# of FULL-TIME STAFF EMPLOYED:**

Number of paid full-time staff employed by your organization

**# of PART-TIME STAFF EMPLOYED:**

Number of part-time staff employed by your organization.

**# of CONTRACTED STAFF:**

Number of paid individuals who are contracted to perform services for your organization.

**# of VOLUNTEERS:**

Number of individuals who volunteer time on behalf of your organization including board members.

**17. Artistic Discipline of your organization.** **CHECK ONE**.

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| --- | --- | --- |
| * Dance * Design * Folklife | * Literature * Media * Music | * Theater * Visual Arts * Multidiscipline |

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| **18. Primary Target Audience. CHECK ONE:** | | | | |
| * General   Audience | * Ages 3-18/   Students PK-12 | * College   Students | * Special   Population: |  | |

**19. List your organization’s actual cash income and expenses for the last two completed fiscal years and projections for**

**FY 2015 and FY 2016.**

**YEAR INCOME EXPENSES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FY 2015** | |  | |  | |  | |
| **FY 2016** | |  | |  | |  | |
| **FY 2017** | |  | |  | |  | |
| **FY 2018** | |  | |  | |  | |
|  | |  | |  | |  | |
| **20. If the figures vary from year to year or if there is an accumulated surplus or deficit, please discuss the reason(s) for the variation and use of surplus and plans to reduce deficit:** | | | | | | | | | |
|  | | | | | | | | | |
| **21. In-kind SUPPORT (Last Completed Fiscal Year)**  List the budget category or source of the donation/contribution, type of donation/contribution and value of in-kind donations or volunteer support in the space below. You many continue on an additional sheet of paper if necessary. | | | | | | | | | | | |
| **Source (List Budget Category or**  **Company Name)** | | |  | | **Contribution (Item or Hours)** | |  | | | **Cash Equivalent** | |
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| **TOTAL IN-KIND SUPPORT:** | | | | | | |  | | |  | |
| **Directions for questions BELOW:** List the numbers served for your organization’s last completed fiscal year: | | | | | | | | | |
| **22. Number of public performances and/or exhibitions:** | | | | | | | |  | |
| **23. Number of workshops, forums, educational and training programs offered:** | | | | | | | |  | |
| **24. Number of artists benefited from your organization’s programs/services:** | | | | | | | |  | |
| **25. Number of professional artists paid for providing programs/services:** | | | | | | | |  | |
| **26. Amount paid in artist fees in FY 2016 (last completed fiscal year):** | | | | | | | |  | |
| **27. Number of volunteers involved with your organization:** | | | | | | | |  | |
| **28. Number of individuals who benefited from your programs and services:** | | | | | | | |  | |

**The NARRATIVE**

*Directions for Completing the Organizational Support Narrative:* ***Narrative is limited to no more than 3 pages***

***Doubled Space.***

1. Use no more than (3) pages, Doubled Space, to provide a concise description of the proposed activities or services to be supported by this grant, according to the evaluation criteria.
2. Be specific – your grant request will be evaluated on the clarity of information presented in the proposal.
3. Do not use smaller than a 12-point type, Doubled Space, Times New Roman.
4. **Do not submit attachments with glue, staples, or tape.**
5. Organize the narrative in order of evaluation criteria.

**Evaluation Criteria**

**Quality: 50%**

Your proposal will be evaluated on the basis of: (a) artistic merit of the organization’s programs, (b) value of the organization’s programs and services to the community, and (c) contribution to the understanding or appreciation of the art form(s).

*Answer the following questions in your narrative:*

o Describe the value, purpose and goals of your organization’s programs and services and how they further the organization’s mission.

o On a separate sheet, briefly describe programming activities for the current year and projections for next year with inclusive dates or length of program. Include description of productions, exhibits, festivals, and any educational programs.

**Need and Impact: 30%**

Your application will be evaluated on the basis of: (a) need for the organization’s programs or services; (b) involvement of diverse (social, geographic, economic) populations reflective of the community, including those with limited access to the arts; (c) use of grant funds to further the mission of the organization; and (d) efforts for increased access, participation, and exposure to the arts.

*Answer the following questions in your narrative:*

o Describe the community served by your organization’s programs and services.

1. How is the community involved with the development of programs and services?

o How do your services impact the community?

o Address efforts to increase access, participation, knowledge and/or exposure to the arts.

**Administration and Budget: 20%**

Your application will be evaluated on the basis of: (a) sound fiscal history as shown in financial statements, (b) diverse funding sources and community support, (c) quality of organizational planning, and (d) compliance with past grant contracts, if applicable.

*Answer the following questions in your narrative:*

o Describe your planning process. How do you plan and evaluate organizational efforts, needs, and programs? How often?

o Provide a brief description of qualifications and experience of management staff, either paid or volunteer, full-and part-time.

**ORGANIZATION BUDGET DIRECTIONS AND DEFINITIONS**

***Directions for completing the Organization Budget:***

1. Round all dollar amounts to the nearest $1.
2. Include the dates of the organization’s fiscal year.
3. Include actual cash figures for the last completed fiscal year (FY 2016), projected figures for this current year (FY 2017) and projected figures for the upcoming fiscal year (FY 2018).
4. List the source of revenue where indicated.
5. All columns and rows should total correctly.
6. Line 42 Decentralized Grant Request must equal the Cover Page – Question 1.
7. You may also attach more detailed budget information, although it does not substitute for the information on the Organization Budget. This information will be forwarded to the panel with the application budget.
8. ***Revenue: Admissions, Memberships, Subscriptions*** refer to income earned as a result of the organization’s programs and services to which you charge a fee, such as individual ticket sales, price charged for involvement, etc.
9. ***Contracted Services Revenue*** refers to income earned from services your agency offers on a contract for services basis, such as touring, school performance, etc.
10. ***Other Applicant Cash*** refers to agency cash on hand that has been earned by your organization either through endowments, investments, etc.
11. ***Corporate Support***refers to cash contributed by local, national or international businesses in support of the organization’s programs and services.
12. ***Foundation Support*** refers to support provided by local or national foundations.
13. ***Other Private Support*** refers to any solicitation for donations or contributions from individuals in support of the organization’s programs and services.
14. ***Federal Support*** refers to government support contributed by departments of the United States government.
15. ***State, not Louisiana Division of the Arts*** refers to government support contributed by departments and divisions of State of Louisiana government, not including the Louisiana Division of the Arts.
16. ***State, Louisiana Division of the Arts*** refers to government support contributed by the Louisiana Division of the Arts, Office of Cultural Development, Department of Culture, Recreation and Tourism, Office of the Lt. Governor, State of Louisiana. This includes funds from the Decentralized Arts Funding Program Project Assistance and Technical Assistance categories.
17. ***Parish*** refers to Parish support
18. ***Local/Regional*** refers to government support contributed by the local or regional government agencies.
19. ***Local Arts Agency Support*** refers to any grants awarded by the local arts council/agency in the organization’s city or town.
20. ***Community Arts Fund Support*** refers to any grants awarded by an arts fund, like the United Way, but one that targets arts organizations and arts programming.
21. ***Sub-total*** represents all cash earned and contributed as a result of the programs, services and operations of the organization.
22. ***Decentralized Grant and Request*** refers to the amount received from the Decentralized Arts Funding Program for FY 2016, FY 2017, and what is being requested for FY 2018. FY 2018 requests calculated at up to 25% of the last completed fiscal year’s revenue, LIMITED TO $7500.00. Include on Organizational Support awards and request only on this line.
23. ***Total Cash Revenue*** represents all cash income that will be in support of the organization’s operations, programs and services. **This number should match Total Expenses only.**

***Expenses:***

1. ***Salaries/Wages/Benefits – Administration*** refers to salaries and benefits paid to permanent employees of the organization, either full- or part-time in executive level and administrative positions. Benefits include paid leave, retirement, health care, etc.
2. ***Salaries/Wages/Benefits - Artistic*** refers to the salaries and benefits paid to artistic employees of the organization, either full-or part-time.
3. ***Payroll taxes*** refer to the amount paid in federal and state employment taxes.
4. ***Professional Services - Artistic*** refers to costs paid for artistic and artistic programming services of groups or artists not considered employees of an applicant (e.g., artists, folklorist, curator, technical director, etc.) whose services are contracted.
5. ***Professional Fees and Services*** refers to costs paid for professional services by firms or people not considered employees of an applicant (e.g., consultants, attorneys, accounting, security, etc.). Professional fees also include any dues or subscriptions paid to professional organizations, such as American Symphony League, American Association of Performing Arts Presenters, etc.
6. ***Production*** refers to costs paid to produce artistic programming such as scripts, music, exhibit rentals, insurance, licenses, program books, etc.
7. ***Occupancy/Utilities*** refers to costs paid for office, facility, exhibit or performance venue rental or mortgage. Indicate whether you rent or own the facility. Include costs for utilities in this line.
8. ***Equipment Rental and Maintenance*** refers to costs paid for renting and maintenance of equipment and other heavy equipment utilized in your programs, services or operations.
9. ***Technology and Communications***refer to costs paid for telephone, website, technical support, hardware/software, etc.
10. ***Insurance*** refers to the cost of liability insurance.
11. ***Supplies*** refer to costs paid for producing your organization’s programs, services, or operations, such as pens, pencils, paper, staples, etc.
12. ***Postage/Shipping*** refers to costs paid for mailing and shipping.
13. ***Print/Publications/Marketing*** refers to the cost to print booklets, newsletters, paid advertisements either in magazines, newspapers, street banners, etc. and press releases.
14. ***Development*** refers to the cost of fundraising and special events.
15. ***Travel and Mileage*** refers to costs paid for travel of outside professional services, per diems, and travel for services outside the area.
16. ***Conferences, Conventions and Meetings*** refers to the costs paid for attending workshops, conventions for professional development as well as organization meetings, such as board of directors meetings.
17. ***Other***refers to expenses not listed under any other expense category. If larger than $500, submit a budget breakdown.
18. ***Total Expenses*** refers to all costs paid for by your organization. **This number should match Total Revenue for FY 2016 only.**
19. ***Surplus*** refers to any excess cash revenue after expenses. Also referred to as Net Income.
20. ***Deficit*** refers to excess costs after revenue. Also referred to as Net Loss. ***Accumulated*** refers to the addition of surpluses or deficits (Net Income or Net Loss) from one year to the next.

**FISCAL YEAR ORGANIZATION BUDGET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fiscal Year to** (m/d/yy) **Is this Cash Basis or Accrual Basis of accounting?** | | | | | | | | | | | | | | | |
| **REVENUE** | | | | | | | | | **FY 2016**  **(Last Year)** | | | **FY 2017**  **(This Year)** | | **FY 2018**  **(Next Year)** | |
| 28. Admissions, Memberships, Subscriptions | | | | | | | | |  | | |  |  |  |  | |
| 29. Contracted Services Revenue | | | | | | | | |  | | |  |  |  |  | |
| 30. Other Applicant Cash: List Source | | | | | | | | |  | | |  |  |  |  | |
|  | | | | |  |  | | |  | | | | | | |
| 31. Corporate Support | | | | | | | | |  | |  | |  |  |  | |
| 32. Foundation Support | | | | | | | | |  | |  | |  |  |  | |
| 33. Other Private Support | | | | | | | | |  | |  | |  |  |  | |
| 34. Federal Support: List source | | | | | | | | |  | |  | |  |  |  |
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| 35. State, **not** Louisiana Division of the Arts: | | | | | | | |  | | |  | |  |  |  |
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| 36. State, Louisiana Division of the Arts: | | | | | | | |  | | |  | |  |  |  |
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| 37. Parish Support: | | | | | | | |  | | |  | |  |  |  |
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| 38. Local Arts Agency/ Regrant Support | | | | | | | |  | |  | | |  |  |  |
| 39. Other DAF Support: List Categories | | | | | | | |  | |  | | |  |  |  |
|  | | | | | | | |  | |  | | |  |  |  |
| 40. Community Arts Fund Support | | | | | | | |  | |  | | |  |  |  |
| **41. SUBTOTAL** (add lines 28-40) | | | | | | | |  | |  | | |  |  |  |
| **42. Decentralized Grant and Request** | | | | | | | |  | |  | | |  |  |  |
| **43. TOTAL CASH REVENUE** (add 41-42) | | | | | | | |  | |  | | |  |  |  |
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| 44. Salaries/Wages/Benefits - Administration | | | | | | | | |  | | |  |
| 45. Salaries/Wages/Benefits – Artistic | | | | | | | | |  |  | | |  |  |  |
| 46. Payroll Taxes | | | | | | | | |  |  | | |  |  |  |
| 47. Professional Services – Artistic | | | | | | | | |  |  | | |  |  |  |
| 48. Professional Fees and Services | | | | | | | | |  |  | | |  |  |  |
| 49. Production | | | | | | | | |  |  | | |  |  |  |
| 50. Occupancy/Utilities Rent Own | | | | | | | | |  |  | | |  |  |  |
| 51. Equipment Rental and Maintenance | | | | | | | | |  |  | | |  |  |  |
| 52. Technology & Communications | | | | | | | | |  |  | | |  |  |  |
| 53. Insurance | | | | | | | | |  |  | | |  |  |  |
| 54. Supplies | | | | | | | | |  |  | | |  |  |  |
| 55. Postage/Shipping | | | | | | | | |  |  | | |  |  |  |
| 56. Print/Publications/Marketing | | | | | | | | |  |  | | |  |  |  |
| 57. Development | | | | | | | | |  |  | | |  |  |  |
| 58. Travel and Mileage | | | | | | | | |  |  | | |  |  |  |
| 59. Conferences, Conventions, and Meetings | | | | | | | | |  |  | | |  |  |  |
| 60. Other Expenses\* | | | | | | | | |  |  | | |  |  |  |
|  | | | | | | | | |  |  | | |  |  |  |
| **61. TOTAL EXPENSES** (add lines 44 to 60) | | | | | | | | |  |  | | |  |  |  |
| **62. SURPLUS/DEFICIT** (subtract 43, 61) | | | | | | | | |  |  | | |  |  |  |
| 63. Accumulated Surplus/Deficit, if any | | | | | | | | |  |  | | |  |  |  |

*\* If more than $500, submit a detailed budget breakdown.*

**ATTACHMENTS**

* Attach an IRS letter determining non-profit tax exemption under 501(c)(3) of the Federal Tax Code, Required for all applicants.
* Proof of parish domicile if not already on file with the Shreveport Regional Arts Council, Certificate of Incorporation from the Louisiana Secretary of State, Commercial Division indicating the city in which the registered office of the applicant is located. Must be the most recent address as indicated on the Annual Report filed with the Secretary of State.
* Attach a board of director’s listing that includes name and addresses indicating officers, ethnic make-up and professional affiliation.
* Year-end financial statement or Audit for the most recently completed fiscal year or the most current IRS Form 990.
* List of programming for the current and projected year. Please include locations, address, city and state.
* Attach your most recent strategic, annual, or long-range plan.
* OPTIONAL BUT RECOMMENDED: one of supplemental materials to document recent projects, artist samples, extended resumes, brochures/ marketing materials, and letters of recommendation and support. **NO BINDERS ACCEPTED**. **While Supplemental materials are not a requirement, it could be a significant factor when the community review panel evaluates your application.** Include all supplemental materials with this application. Supplemental materials will be made available to the community review panel the day of review, and not before. Support material will not be accepted the day of the panel meeting.

**CHECK LIST**

* Application form with complete narrative, organizational budget, and all required attachments.
* Hand-delivered by **4:00 p.m. Thursday, June 1, 2017**!
* Amount requested does not exceed parish funds available or maximum allowable request in the region.
* Appropriate signatures signed in **BLUE INK** below (original signatures, not photocopies).
* Do not staple, bind, or tape the application, the required attachments, or the supplemental materials together.
* A copy of the completed application form is kept for your records.

**ASSURANCES**

The applicant hereby gives assurances to the Louisiana Division of the Arts, the Louisiana State Arts Council, and the Shreveport Regional Arts Council that: the applicant has read and understands all information contained in the FY 2018 Decentralized Arts Funding Program Guidelines; the activities and services proposed in this application will be administered by the applicant organization; and any grant funds received for this application will be used exclusively for payment of allowable expenditures incurred for proposed services, and such grant funds will be administered by the applicant. The applicant will comply with all rules, regulations, laws, terms, and conditions described in the FY 2018 Decentralized Arts Funding Program Guidelines. The undersigned have been duly authorized by the governing authority of the applying organization to submit this application to the Shreveport Regional Arts Council, as authorized by the Louisiana Division of the Arts and the Louisiana State Arts Council. We hereby certify that all figures, statements, and representations made in this application, including any attachments, are true and correct to the best of our knowledge.

Signatures are required and indicate that the signers have read the above “ASSURANCES” and agree to the grant conditions. “Authorizing Official” should be the president of the board or other individual with the authority to enter into a legal contract on behalf of the agency (in the event of an application from a school or school system, a duly authorized representative on behalf of the parish school board or private/parochial school board). “Chief Fiscal Officer” should be the individual immediately responsible for the disbursement of funds for the project. “Project Director” is the individual who will be directly responsible for the implementation of the activities of the above-described project. The application with the signatures constitutes a legal document. The signatures **MUST** be original (not photocopies) signed in **BLUE INK** and all three spaces must be completely filled in.

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| 64. **Authorizing Official** (usually the president or chairman) | | | | |
| Signature\* |  | | Date |  |
| Typed Name | |  | Title |  |
| Phone (day) | |  | Phone (other) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 65. **Chief Fiscal Officer** (may be same as Authorizing Official, usually the Treasurer) | | | | |
| Signature\* |  | | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Typed Name | |  | Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone (day) | |  | Phone (other) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 66. **Director** (Managing or Executive) | | | | |
| Signature\* |  | | Date |  |
| Typed Name | |  | Title |  |
| Phone (day) | |  | Phone (other) |  |
| Email | |  |  |  |