



TUCSON PIMA  
**A R T S**  
 COUNCIL

## 2009/2010 PROJECT GRANT APPLICATION FESTIVALS

Postmark Deadline March 26, 2009

*The Tucson Pima Arts Council is no longer distributing printed guidelines and application forms. All Project Grants applications are available ONLY on our Web site at:*

*[www.TucsonPimaArtsCouncil.org](http://www.TucsonPimaArtsCouncil.org)*

### APPLICATION INFORMATION

<b>Name of Organization:</b>	
Title of Project:	
Provide a one-sentence summary of this project/program, including targeted audience.	
Date(s) of festival:	
Location of festival:	
<b>Amount Requested (not to exceed \$6000):</b>	
Mailing address:	
City:	Zip:
Location if different:	
Telephone (day):	( )
Telephone (evening):	( )
FAX:	( )
<b>E-mail:</b>	
Contact person:	
Title:	
Telephone number of organization:	
Website of Organization:	

**Please update your contact information, especially the email address, as needed throughout the course of the year.**

The following areas will be used to evaluate all grant application submission, artistic work samples and other supporting materials. A total of 100 points is available. Please answer the questions below in your application narrative.

**\*NOTE: SEE NARRATIVE MAXIMUM AND COLLATION ORDER ON PAGE 7**

**QUALITY OF PROGRAM (35 points possible)**

1. Describe the artistic mission of the organization.
2. Describe the festival, its goals and its relation to the mission.
3. Provide information on the projected number of artists involved in the festival and the criteria and process for their selection.
4. How does your organization plan to evaluate the success of this festival? (Qualitative & quantitative assessments relating specifically to your project. What constitutes success for this festival and how will you evaluate its impact on participants and audience? Attach a sample of your measurement tools).

**ATTACHMENT (all are required or application will be considered incomplete and not be reviewed):**

1. No more than two (2) print previews, reviews or articles from your last event, identifying publication and date. ***These must be on letter size paper to be included in panel books.***
2. Bio's of artists involved in the festival. **\*Note: not to exceed 3 pages for all bios. You may provide an overview and some specific examples.**
3. Sample of the evaluative tool

**COMMUNITY SUPPORT / COMMUNITY SERVED (35 points possible)**

1. Discuss the ability of your organization and the festival to serve community needs and provide public benefit. Describe how the festival develops exposure to, understanding of and respect for the diverse cultural traditions within the larger community.
2. Describe the current audience demographics for your festival. Please include information on the following:
  - (a) Percentage of your audience residing in Tucson, Pima County, or outside of Pima County area.
  - (b) Geographic location(s) of your event by indicating the City Council Ward(s) in which your project will take place. Use attached maps to identify locations.
  - (c) Any local, state, regional, and/or national audiences your festival seeks to attract.
3. Provide information on the projected number of volunteers, volunteer demographics (i.e. ethnicity, etc.), and volunteer recruitment strategies.
4. Describe in detail your organization's current marketing and audience development plan(s) for the project. Be sure to include information on current, target, special, new, culturally diverse, and underserved audiences and any demographics.
5. Discuss the success and challenges of your audience development/outreach plan.
6. For the last three event years, indicate the level of support your festival has received from the areas listed below.

***(Please use the format as listed below on the page for this group of questions.)***

	<b>FY 200 - 200</b>	<b>FY 200 - 200</b>	<b>FY 200 - 200</b>
	<b>Prior Completed Event (number/\$ amount)</b>	<b>Prior Completed Event (number/\$ amount)</b>	<b>Most Recent Completed Event (number/\$ amount)</b>
Estimated attendance	/	/	/
Private contributions	/	/	/
Corporate contributions	/	/	/
Sponsorships	/	/	/
Total budgets	/	/	/

**ATTACHMENTS (all are required or application will be considered incomplete and not reviewed):**

1. **\*New this year:** Attach your organization's Cultural Diversity Plan (see page 8).
2. **Complete Diversity Chart for staff, volunteers, participants and audience (see Diversity Chart on page 9).**
3. If this is a collaborative project, provide a letter(s) of support from authorized representative(s) of the organization(s)/agency(ies) along with copy(ies) of agreement(s) or letter(s) of understanding between the organization(s)/agency(ies).

4. List locations where festival events will take place by date and location.. (**ONLY locations within the City of Tucson.**)

**MANAGEMENT AND FISCAL CAPACITY OF ORGANIZATION (30 points possible)**

1. List the name and title of the staff or volunteer (s) responsible for overseeing the successful administration of this festival.
2. **For last completed fiscal year (2007/2008)** please submit a list of total # of volunteers, total # of volunteer hours and volunteer responsibilities/duties.
3. Describe the demographics of your board and staff in relation to your target audience (s).
4. Discuss the role (s) of the festival board members.
5. If the festival is a program of a social service agency or other organization, describe how the administration of the festival relates to the board and staff of the agency.
6. Describe your corporate and/or private underwriting and/or sponsorship of the festival.

**ATTACHMENTS (all are required or application will be considered incomplete and not be reviewed):**

1. **One-page** biography or resume of the person responsible for overseeing the successful administration of this project.
2. A list of **CURRENT** board members indicating their ethnicity, occupation and the number of years each has served on your board. Please spell out ethnicities. Do not abbreviate.
3. A **one page** history of the festival.
4. **For last completed fiscal year (2007/2008)** please submit a list of total # of volunteers, total # of volunteer hours and responsibilities of volunteers.
5. Provide an accurate and realistic **Project Budget**
6. **Project Budget notes:** provide details for all **Revenue** and **Support**, numbers 9 through 15, on **Project Budget**.
7. **3 Year Organizational Budget**
8. **3 Year Budget notes:** provide details for all **Revenue** and **Support**, numbers 20 through 27, on **Three-Year Organizational Budget**.

**\*NOTE: If you have any support materials for the Grant Review Panelist assigned to your application, such as CDs, video tapes, brochures, etc., it is your responsibility to contact the panelist directly. Grant Review Panelist contact information is provided by TPAC.**

PLEASE TITLE EACH PAGE WITH THE UNDERLINED CRITERIA HEADING TO WHICH YOU ARE RESPONDING, INCLUDING THE QUESTIONS TO WHICH YOU ARE RESPONDING.

Please number each page.

You may use double sided pages.

***AND PLEASE, ANSWER EACH CRITERIA HEADING (QUALITY, COMMUNITY, MANAGEMENT) ON SEPARATE PAGES. PLACE ALL ATTACHMENTS AFTER ALL NARRATIVE. SEE COLLATION ORDER ON PAGE 7.***

# Project Budget

Outline below the budget for the specific project described in this application. **Itemize expenses in each category.** Refer to the Glossary for explanation of terms. Please round numbers to the nearest dollar. *This form automatically calculates totals; the "0"s will change to totals once you've entered your figures. Tab through entire form to get accurate totals.*

EXPENSES			
Expenses (cash only)			
1. Salaried Personnel/Staff			
a) Administrative # of staff		\$	
b) Artistic # of staff		\$	
c) Technical/Prod # of staff		\$	
2. Contracted Services			
a) Artists		\$	
b) Consultants/Other Experts		\$	
3. Production Expenses		\$	
4. Space Rental		\$	
5. Travel		\$	
6. Marketing/Promotion		\$	
7. Remaining Operating Expenses		\$	
8. <b>Total Cash Expenses</b>		\$	<b>0</b>
<i>(Total Items 1 thru 7)</i>			

CASH INCOME			
(Revenue + Support)			
<b>Revenue (earned income - cash only)</b>			
9. Admissions		\$	
10. Contracted Services		\$	
11. Other Revenue		\$	
<b>Support (contributed income)</b>			
12. Corporate Contributions		\$	
13. Foundation Grants		\$	
14. Other Private Contributions		\$	
15. Government Support			
a) Federal		\$	
b) Regional		\$	
c) State <i>(do not include this request)</i>		\$	
d) County		\$	
e) City		\$	
Total Government Support		\$	0
16. Applicant Cash		\$	
17. <u>Cash Income Without Grant</u>		\$	0
<i>(Total items 9 thru 16)</i>			
18. Grant Amount Request (not to exceed \$6000)		\$	
19. <b>Total Cash Income</b>		\$	<b>0</b>
<i>(Total Items 17 and 18)</i>			

**NOTE: CASH EXPENSES MUST EQUAL CASH INCOME**

## Organization Budget for Three-Year Period

Include only unrestricted operating monies; do not include capital (plant, property or equipment) or restricted funds  
 Your Current Fiscal Year began on: \_\_\_\_\_ and ends on: \_\_\_\_\_ Round amounts to the nearest dollar.

*This form automatically calculates totals; the "0"s will change to totals once you've entered your figures. Tab through entire form to get accurate totals.*

<b>REVENUE (earned income - cash only)</b>	<b>Past Fiscal Year (actual)</b>	<b>Current Fiscal Year (estimated)</b>	<b>Next Fiscal Year (projected)</b>
20. <u>Admissions</u>			
a) Single Ticket Sales	\$ _____	\$ _____	\$ _____
b) Subscription Series	\$ _____	\$ _____	\$ _____
c) Memberships	\$ _____	\$ _____	\$ _____
Total Admissions	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
21. <u>Contracted Services</u>			
a) Workshops/Classes	\$ _____	\$ _____	\$ _____
b) Performance Residency Fees	\$ _____	\$ _____	\$ _____
c) -----	\$ _____	\$ _____	\$ _____
d) -----	\$ _____	\$ _____	\$ _____
Total Contracted Services	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
22. <u>Other Revenue</u>			
a) Sales/Concessions (Gross Revenue)	\$ _____	\$ _____	\$ _____
b) Fund-raising Events	\$ _____	\$ _____	\$ _____
c) -----	\$ _____	\$ _____	\$ _____
d) -----	\$ _____	\$ _____	\$ _____
Total Other Revenue	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

**SUPPORT (contributed income - cash only)**

23. <u>Corporate</u>	\$ _____	\$ _____	\$ _____
24. <u>Foundation</u>	\$ _____	\$ _____	\$ _____
25. <u>Other Private Contributions (cash)</u>			
a) Individuals	\$ _____	\$ _____	\$ _____
b) Board Members	\$ _____	\$ _____	\$ _____
c) Affiliated Organizations	\$ _____	\$ _____	\$ _____
Total for Items 23, 24 and 25	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
26. <u>Government Support (identify source)</u>			
a) Federal	\$ _____	\$ _____	\$ _____
b) Regional	\$ _____	\$ _____	\$ _____
c) State			
- Arizona Commission on the Arts	\$ _____	\$ _____	\$ _____
- Other state sources	\$ _____	\$ _____	\$ _____
d) County	\$ _____	\$ _____	\$ _____
e) City			
- Phoenix Arts Commission	\$ _____	\$ _____	\$ _____
- Tucson/Pima Arts Council	\$ _____	\$ _____	\$ _____
f) Other City Sources	\$ _____	\$ _____	\$ _____
Total Government Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
27. <u>Applicant Cash</u>	\$ _____	\$ _____	\$ _____
28. <b>Total Cash Operating Income</b>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
(Total Items 20 thru 28)			

## Organization Budget for Three-Year Period

(continued)

EXPENSES (cash only)	Past Fiscal Year (actual)	Current Fiscal Year (estimated)	Next Fiscal Year (projected)
29. <u>Salaried Personnel/Staff</u> (include salary & benefits)			
a) Administrative	\$ _____	\$ _____	\$ _____
b) Artistic	\$ _____	\$ _____	\$ _____
c) Technical/Production	\$ _____	\$ _____	\$ _____
Total Personnel/Staff	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total # of Full Time Employees	_____	_____	_____
30. <u>Contract Services</u>			
a) Artistic	\$ _____	\$ _____	\$ _____
b) Consultants/Other	\$ _____	\$ _____	\$ _____
Total Contract Services	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
31. <u>Production Expenses</u>	\$ _____	\$ _____	\$ _____
32. <u>Space/Facilities</u>	\$ _____	\$ _____	\$ _____
33. <u>Travel</u>	\$ _____	\$ _____	\$ _____
34. <u>Marketing/Public Relations/Promotion</u>	\$ _____	\$ _____	\$ _____
35. <u>Remaining Operating Expenses</u>			
a) Sales/Concessions	\$ _____	\$ _____	\$ _____
b) Fundraising Events	\$ _____	\$ _____	\$ _____
c) Affiliated Organizations	\$ _____	\$ _____	\$ _____
d) Rentals (other than facilities)	\$ _____	\$ _____	\$ _____
e) Supplies/Materials	\$ _____	\$ _____	\$ _____
f) Insurance	\$ _____	\$ _____	\$ _____
g) Accessibility Services	\$ _____	\$ _____	\$ _____
h) Other	\$ _____	\$ _____	\$ _____
-----	\$ _____	\$ _____	\$ _____
-----	\$ _____	\$ _____	\$ _____
Total Remaining Operating Expenses	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
36. <b>Total Cash Operating Expenses</b> (Total Items 30 thru 36)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
37. <u>Surplus/Deficit</u> (Increase/(decrease) in net assets)	\$ _____	\$ _____	\$ _____
39. Working Capital Reserves Program	\$ _____	\$ _____	\$ _____

**In Next Fiscal Year (projected) column, Total Cash Income (#28) should equal Total Cash Expenses (#36).**

When income and expenses vary more than 15% in specific Item numbers from one year to the next, include an additional page explaining the increase/decrease; limit to one page and reference the Item number(s) of the amount(s) you are explaining.

## APPLICATION CHECKLIST

### **ORIGINAL AND EIGHT COPIES COLLATED OF EACH OF THE FOLLOWING:**

(Please submit in the following order.)

1. The completed application form with required attachments.
2. Project budget with attachment(s).
3. The Organization Budget for Three-Year Period with detailed budget page, if applicable.

PLEASE COLLATE YOUR APPLICATIONS IN THE FOLLOWING ORDER ....

*\*Note: the number of narrative pages and collation order is new. Please follow directions carefully.*

### **NARRATIVE**

**\*Note: you are allowed no more than 4 written pages of narrative total or your application will not be considered. You may answer one section in longer than one page and another in than less than a page. For example, you may answer the Quality of Program Section in a page and a half; Community Support/Community Served in a page and a half; and Management and Fiscal Capacity in a page. Please number your pages, title them, include the questions and ANSWER EACH SECTION IN A NEW PAGE. Please contact the Grants Manager if you have any questions regarding the narrative or collation. The Arts Council will not collate the application for you.**

- **QUALITY OF PROGRAM**
  1. Questions and answers (narrative)
- **COMMUNITY SUPPORT / COMMUNITY SERVED**
  1. Questions and answers (narrative)
- **MANAGEMENT AND FISCAL CAPACITY OF ORGANIZATION**
  1. Questions and answers (narrative)

### **ATTACHMENTS**

**\*Note: Attachments come after ALL narrative in the following order. Please number and title each attachment.**

- **QUALITY OF PROGRAM**
  1. No more than two (2) print reviews of your last event, identifying publication and date. ***These must be on letter size paper to be included in panel books.***
  2. Bio's of artists involved in the festival. **\*Note: not to exceed 3 pages for all bios. You may provide an overview and some specific examples.**
  3. Sample of the evaluative tool(s)
- **COMMUNITY SUPPORT / COMMUNITY SERVED**
  4. **\*New this year: Cultural Diversity Plan**
  5. **Complete Cultural Diversity Table for audience/participants, staff, and Board.**
  6. If this is a collaborative project, provide a letter(s) of support from authorized representative(s) of the organization(s)/agency(ies) along with copy(ies) of agreement(s) or letter(s) of understanding between the organization(s)/agency(ies).
  7. List locations for festival events place by date and location. **(ONLY locations within the City of Tucson.)**
- **MANAGEMENT AND FISCAL CAPACITY OF ORGANIZATION**
  8. **One-page** biography or resume of the person responsible for overseeing the successful administration of this project that includes their qualifications, background and experience.
  9. A list of **CURRENT** board members indicating their ethnicity, occupation and the number of years each has served on your board. Please spell out ethnicities. Do not abbreviate.
  10. A **one page** history of the festival.
  11. **For last completed fiscal year (2007/2008)** please submit a list of total # of volunteers, total # of volunteer hours and responsibilities of volunteers.
  12. Provide an accurate and realistic **Project Budget**
  13. **Project Budget notes:** provide details for all **Revenue** and **Support**, numbers 9 through 15, on **Project Budget**.
  14. **3 Year Organizational Budget**
  15. **3 Year Budget notes:** provide details for all **Revenue** and **Support**, numbers 20 through 27, on **Three-Year Organizational Budget. When income and expenses vary more than 15% in specific Item numbers from one year to the next, include an additional page explaining the increase/decrease; limit to one page and reference the Item number(s) of the amount(s) you are explaining.**
  16. **Signature page .... (do not include maps)**

## CULTURAL DIVERSITY PLAN

The Cultural Diversity Plan must:

1. Within a narrative, list goals and strategies to identify representatives from ethnic communities in all areas of your organization.
2. Evaluate past efforts to reach ethnic board members.
3. List resources to be contacted to increase ethnic representation on your board.
4. Be approved by the Board of Directors and signed and dated by the board chair.

See next page for Cultural Diversity Table

Please replicate the Cultural Diversity Chart below and submit it and the Cultural Diversity Plan with your application narrative. You may reproduce the chart on your computer or print this page.

## Table for Collecting Diversity Data

FY 2008/2009

Racial/Ethnic	Number of People Served by Project	% of People Served by Project	Number of People Served by Org	% of People Served by Org	# of People on Staff	# of People on Board
<b>American Indian</b>						
<b>Latino/Hispanic</b>						
<b>Asian/Pacific Islander</b>						
<b>African American</b>						
<b>White (Non-Hispanic)</b>						
<b>Other</b>						
<b>TOTAL</b>						
Gender						
<b>Female</b>						
<b>Male</b>						
<b>TOTAL</b>						

Projected FY 2009/2010

Racial/Ethnic	Number of People Served by Project	% of People Served by Project	Number of People Served by Org	% of People Served by Org	# of People on Staff	# of People on Board
<b>American Indian</b>						
<b>Latino/Hispanic</b>						
<b>Asian/Pacific Islander</b>						
<b>African American</b>						
<b>White (Non-Hispanic)</b>						
<b>Other</b>						
<b>TOTAL</b>						
Gender						
<b>Female</b>						
<b>Male</b>						
<b>TOTAL</b>						

### Priorities

Organizations may submit no more than two Project Grants in addition to a General Operating Support Grant. If you are submitting more than one application, please rank them according to your organization's order of priority.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Fair Labor Standards**

All professional performers related or supporting professional personnel employed on projects or productions which are financed in whole or in part under the grant will be paid, without subsequent deduction or rebate on any account, not less than the minimum compensation as determined by the Secretary of Labor to be the prevailing minimum compensation for persons employed in similar activities.

No part of any project or production which is financed in whole or in part under the grant will be engaged in or performed under working conditions which are unsanitary or hazardous or dangerous to the health and safety of the employees engaged in such project or production. Compliance with the safety and sanitary laws of the State in which the performance or part thereof is to take place shall be prima facie evidence of compliance.

**Civil Rights**

All grants and awards from the Tucson/Pima Arts Council are in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Title IX of the Education Amendments of 1972. No person in the United States shall on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any education program or activity receiving Federal financial assistance section (601). No person in the United States shall on the basis of sex be excluded from participation in, be denied the benefits of, or be subject to discrimination under any education program or activity receiving Federal financial assistance. No otherwise qualified handicapped individual in the United States, as defined in Section 7 (6) shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal assistance.

**Certification**

This certification must be signed by a principal of the organization with legal authority to obligate and with knowledge of the matters contained herein.

The undersigned certifies: 1) all information contained herein is accurate or represents a reasonable estimate of future operations based on data available at the time of application; 2) That there are no misstatements or misrepresentations in the information submitted herein or as a supplement; and 3) the organization will comply with the Fair Labor, Civil Rights and Handicapped Regulations printed above.

Typed Name and Title:	
Signature:	
Date:	



**Downtown Map**  
**Boundaries**  
 North- 6<sup>th</sup> St & Congress  
 West of I-10  
 South- Cushing St. &  
 Mission Lane west of I-10  
 East - 4<sup>th</sup> Ave  
 West - Mission Rd, I-10

