

**TUCSON PIMA
ARTS
COUNCIL**

2009/2010 PROJECT GRANT APPLICATION

Postmark Deadline March 26, 2009

APPLICATION INFORMATION

Check Discipline:

- MUSIC
 THEATER
 DANCE
 LITERARY ARTS
 VISUAL ARTS
 MULTI-DISCIPLINARY

***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

Name of Organization:	
Title of Project:	
Provide a one-sentence summary of this project/program, including targeted audience.	
Beginning date of project:	
Ending date of project:	
Amount Requested (not to exceed \$6000):	
Mailing address:	
City:	Zip:
Location if different:	
Telephone (day) grant writer:	()
Telephone (evening) grant writer:	()
FAX:	()
E-mail:	
Contact person (grant writer):	
Title:	
Executive Director:	
Telephone Number of Organization:	
Organization's Website Address:	

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 submissions, 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 9**

QUALITY OF PROGRAM (35 points possible)

1. Describe the artistic mission statement of organization.
2. Describe the project and its goals.
3. Who is responsible for the artistic direction of this project? How many are there? Are they paid staff? How many are guest artists?
4. Discuss the primary/guest artist(s) involved in this project and the selection process.
6. How does your organization plan to evaluate the success of this project? (Qualitative & quantitative assessments relating specifically to your project. What constitutes success for this project and how will you evaluate its impact? Attach a sample of your measurement tools).

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

1. A **one-page** bio or resume of person(s) responsible for the artistic direction that includes their qualifications, background and experience.
2. A bio for each primary and/or guest artist that includes his or her qualifications, background and experience. ***Note: not to exceed 3 pages for all bios.**
3. No more than **two print reviews, articles, or letters of support** from the last two years, with identifying publication and date. **(These must be on letter-size paper to include in panel books.)**
4. Sample (s) of evaluation tool (s) to be used (contact Grants Manager for examples).

COMMUNITY SUPPORT/COMMUNITY SERVED (35 points possible)

1. Discuss the ability of your organization and its project/program to serve community needs and provide public benefit (i.e. what economic, social and/or cultural impacts this project will have on the Tucson community).
2. If applicable, discuss any collaboration between your organization and others.
3. Describe in detail the current participant/audience demographics for your project/program. Please include information on the following:
 - a. Percentage of your audience residing in Tucson, Pima County or outside of the 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. Indicate the total audience that your organization served for fiscal year 2007/2008.
4. Discuss any new or special strategies for reaching target/special populations in your development plan.
5. Describe in detail your organization's current and future marketing and audience development plan(s). Be sure to include information on current, target, special, new, culturally diverse, and underserved audiences.

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

1. 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).
2. **For this project ONLY**, list locations where this project will take place by date, location, estimated audience and admission price. **(ONLY locations within the City of Tucson.)**
3. ***New this year for projects:** Attach your organization's Cultural Diversity Plan. (See guidelines on page 7)
4. **Complete Cultural Diversity Table for participants/audience, staff and board (see Cultural Diversity Table on page 8).**

MANAGEMENT CAPACITY OF ORGANIZATION (30 points possible)

1. List the name and title of the staff and/or volunteer (s) responsible for overseeing the successful administration of this project/program. Are staff members paid?
2. Has your organization completed a similar project in the past three years? Please describe. If yes, did the project/program meet its audience and budget projections? If not, explain why.
3. How do your core volunteers, including your board, help your organization to serve your targeted communities?
4. Discuss the cost per person for this project/program. How does your Cost per Person align with the projects goal? **(Cost per person is calculated by dividing the total cost of project, line 19 of Project Budget, by total attendance/participants.)**

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

1. A **one-page** biography/resume of the person responsible for the administration of this project that includes their qualifications, background and experience. ***Note: if this is the same person responsible for the artistic direction in Quality of Program, do not include twice.**

2. A **one page** history of the organization.
3. 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.
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 9.

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. Total Cash Expenses		\$	0
<i>(Total Items 1 thru 7)</i>			

CASH INCOME			
(Revenue + Support)			
Revenue (earned income - cash only)			
9. Admissions		\$	
10. Contracted Services		\$	
11. Other Revenue (including in-kind. Detail in notes if necessary)		\$	
Support (contributed income)			
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. Total Cash Income		\$	0
<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.

REVENUE (earned income - cash only)		Past Fiscal Year (actual)	Current Fiscal Year (estimated)	Next Fiscal Year (projected)
20.	<u>Admissions</u>			
	a) Single Ticket Sales	\$	\$	\$
	b) Subscription Series	\$	\$	\$
	c) Memberships	\$	\$	\$
	Total Admissions	\$ 0	\$ 0	\$ 0
21.	<u>Contracted Services</u>			
	a) Workshops/Classes	\$	\$	\$
	b) Performance Residency Fees	\$	\$	\$
	c)	\$	\$	\$
	d)	\$	\$	\$
	Total Contracted Services	\$ 0	\$ 0	\$ 0
22.	<u>Other Revenue</u>			
	a) Sales/Concessions (Gross Revenue)	\$	\$	\$
	b) Fund-raising Events	\$	\$	\$
	c)	\$	\$	\$
	d)	\$	\$	\$
	Total Other Revenue	\$ 0	\$ 0	\$ 0
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	\$ 0	\$ 0	\$ 0
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	\$ 0	\$ 0	\$ 0
27.	<u>In-kind Support</u>			
28.	<u>Applicant Cash</u>	\$	\$	\$
29.	Total Cash Operating Income (Total Items 20 thru 28)	\$ 0	\$ 0	\$ 0

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> <i>(include salary & benefits)</i>			
	a) Administrative	\$	\$	\$
	b) Artistic	\$	\$	\$
	c) Technical/Production	\$	\$	\$
	Total Personnel/Staff	\$ 0	\$ 0	\$ 0
	Total # of Full Time Employees			
30.	<u>Contract Services</u>			
	a) Artistic	\$	\$	\$
	b) Consultants/Other	\$	\$	\$
	Total Contract Services	\$ 0	\$ 0	\$ 0
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	\$ 0	\$ 0	\$ 0
36.	Total Cash Operating Expenses (Total Items 30 thru 36)	\$ 0	\$ 0	\$ 0
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.

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
American Indian						
Latino/Hispanic						
Asian/Pacific Islander						
African American						
White (Non-Hispanic)						
Other						
TOTAL						
Gender						
Female						
Male						
TOTAL						

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
American Indian						
Latino/Hispanic						
Asian/Pacific Islander						
African American						
White (Non-Hispanic)						
Other						
TOTAL						
Gender						
Female						
Male						
TOTAL						

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. You may use double sided pages.

- **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. A **one-page** bio or resume of person(s) responsible for the artistic direction that includes their qualifications, background and experience.
 2. A **one-page** bio for each primary and/or guest artist that includes his or her qualifications, background and experience.
***Note: not to exceed 3 pages for all.**
 3. No more **than two print reviews, articles, or letters of support** from the last two years, with identifying publication and date. **(These must be on letter-size paper to include in panel books.)**
 4. Sample (s) of evaluation tool (s) to be used (contact Grants Manager for examples).
- **COMMUNITY SUPPORT / COMMUNITY SERVED**
 5. 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).
 6. **For this project ONLY**, list locations where this project will take place by date, location, estimated audience and admission price. **(ONLY locations within the City of Tucson.)**
 7. ***New this year: Cultural Diversity Plan**
 8. **Complete Cultural Diversity Table for Board audience/participants, staff, and Board.**
- **MANAGEMENT AND FISCAL CAPACITY OF ORGANIZATION**
 9. A **one-page** biography/resume of the person responsible for the administration of this project that includes their qualifications, background and experience.
 10. A **one page** history of the organization.
 11. 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.
 12. **For last completed fiscal year (2007/2008)** please submit a list of total # of volunteers, total # of volunteer hours and responsibilities of volunteers.
 13. **Project Budget**
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 15. **3 Year Organizational Budget**
 16. 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.**
 17. **Signature page (do not include maps)**

Priorities

Organization 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

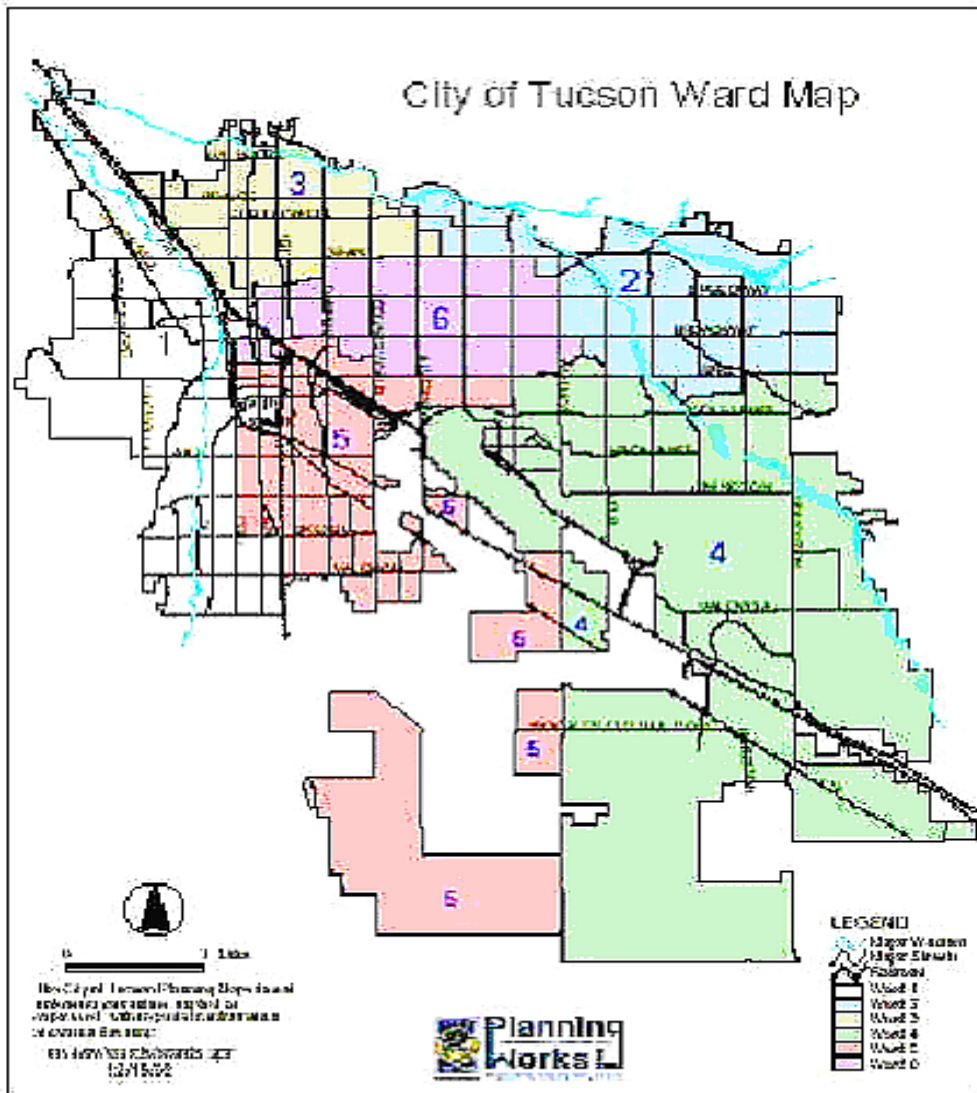
All grants and awards from the Tucson Pima Arts Council are in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Title IX of the Education Amendments of 1972. No person in the United States shall on the grounds of race, color or national origin, 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/her 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:	
<i>Authorizing Signature:</i>	
Date:	



Downtown Map

Boundaries
 North- 6th St & Congress
 West of I-10
 South- Cushing St. &
 Mission Lane west of I-10
 East - 4th Ave
 West - Mission Rd, I-10

