ARTS COUNCIL OF HILLSBOROUGH COUNTY
COMMUNITY ARTS IMPACT GRANT (CAIG) APPLICATION

A: ORGANIZATION INFORMATION

Please check the option that best describes your organization:

O   501(c)(3) Nonprofit organization with a principal office address in Hillsborough County

O   Department or Division of a 501(c)(3) College or University with a principal office address in Hillsborough County.

(If first box is checked link to following Nonprofit information)

   A.1.   Organization Name (legal name):

   A.2.   Employer Identification Number (EIN):

   A.3.   Principal Office Address (no P.O. Boxes, include city, state, zip):

   Address Line 1

   Address Line 2

   City

   State

   Zip

   A.4.   Mailing Address (if different)

   Address Line 1

   Address Line 2

   City

   State

   Zip

A.5.   **Phone Number:**

A.6.   **Website:**

A.7.   **Grant Contact:**

A.8.   **Grant Contact Title:**

A.9.   **Grant Contact Phone:**

A.10.   **Email**

A.11.   **Grant Amount Requested ($1,000 - $5,000):**

(If second box is checked link to following Colleges and Universities information)

A.1.   **College or University Name (legal name):**

A.2.   **Employer Identification Number (EIN):**

A.3.   **Department/Division Name:**

A.4   **Principal Office Address (no P.O. Boxes):**

Address Line 1

Address Line 2

City

State

Zip

A.5.   **Mailing Address (if different):**

Address Line 1

Address Line 2

City

State

Zip

A.6.   **Phone:**

A.7   **Website:**

A.8.   **Grant Contact:**

A.9.   **Grant Contact Title:**

A.10   **Grant Contact Phone:**

A.11   **Email:**

A.12.   **Grant Amount Requested ($1,000 - $12,500):**

_____

B: PROJECT INFORMATION
(Same for all applicants)

B.1   **Name of Project:**

B.2.   **Total Cost of Project**

B.3.   **Type of Project (eg: special event, education, public art, etc.):**

B.4.   **Briefly explain the Focus or Purpose of this project of this Project (up to 500 characters.):**

B.5.   **Project Start Date:**

B.6.   **Project End Date:**

_____

C. ORGANIZATION PROFILE
(Same for all applicants)

Please provide the following information

MISSION

C.1.   **Please provide your Mission Statement**

SNAPSHOT

C.2.   Provide the 30-second "elevator speech" that best describes your organization to someone who is not familiar with it, your organization's role in the community and why this person should care. *(Up to 500 total characters)*

INTERNAL DEMOGRAPHICS, DIVERSITY

C.3.   Please indicate the number of individuals within your organization for each category. Creatives means artists, makers, musicians, photographers, entertainers, and any other creative industry professionals supporting your organization.

	Board	Staff	Volunteers	Creatives
Female				
Male				
Prefer not to say/Other				
Total				

Asian/Asian American				
Black/African American				
Hispanic/Latino/Latina				
Native American/American Indian/Alaska Native/Native Hawaiian				
White (Non-Hispanic)				
Multi-racial or multi-ethnic (2+ races/ethnicities)				
Other				
Persons with a disability				
Total				

C.4. POPULATION SERVED AND DIVERSITY

Please estimate the number of individuals in each category. If you're unable to estimate a specific category, add your estimate to "adults" for everyone but children.	Last Completed Fiscal Year	Current Fiscal Year
Paid admissions in Hillsborough County*		
Free admissions in Hillsborough County*		
Number of season ticket holders/memberships		
TOTAL		
Children/Youth (0-18 years)		
Students (College/University)		
Adults		
Older Adults (65+ years)		
TOTAL		
Veterans		
TOTAL		

D. APPLICATION NARRATIVE
(Same for all applicants)

Please provide the following information

D.1. Access & Community Engagement

D.1.a.   In what ways will the project create cultural equity and access by engaging a diverse range of voices and participants, including people with disabilities?. (Up to 2000 total characters)

D.1.b.   Describe the planning process for the project. Provide evidence that a wide range of voices and perspectives were represented during the planning. (Up to 2000 total characters)

D.1.c.   How do you define the community that this project will serve? What are the demographics and needs of this community? Explain how this project provides greater access to arts and culture for this community? (up to 2000 total characters)

D.1.d.   Clearly describe the specific outcomes for the project and why you believe these are attainable. What attitudes, behaviors, and/or conditions will change as a result of this project? How will you measure the impact? (Up to 2000 total characters)

D.1.c.   What meaningful collaborations and partnerships have been formed during the development of this project that will continue throughout implementation. How will you measure the success of these partnerships? (Upto 2000 total characters.)

D.2. Artistic & Cultural Vibrancy

D.2.a   In what ways will the project create pathways for supporting underserved communities and diverse citizens of Hillsborough County by increasing access to existing or new cultural assets? (Up to 2000 total characters or 400 words)

D.2.b.   How will the project provide quality arts and cultural experiences that are relevant for the targeted participants. (Up to 2000 total characters or 400 words)

D.2.c.   Outline the goals and objectives for the project. Through what process were these established? (Up to 2000 total characters or 400 words)

D.2.d.   Provide a detailed timeline for the implementation of the project. (Up to 2000 total characters or 400 words)

D.3. Organizational Capacity

D.3.a.   Outline the qualifications of the administrative and artistic staff for the project. Demonstrate how each person is qualified to implement the project and ensure its success. (Up to 2000 total characters)

D.3.B.   Will other funding sources be needed to complete this project? If so, what are the anticipated sources of funding? (Up to 2000 total characters)

E. ADDITIONAL NARRATIVE QUESTIONS
(For College/University Applicants Only—Nonprofits may skip this section)

E.1.   How will the project be made accessible to those beyond your school community? (Examples: free and ample parking, satellite performances/exhibitions, live streaming, etc.)

E.2   How will you invite the citizens of Hillsborough County to participate in this project?

F. OPERATING BUDGET
(Same for all applicants)

Please provide the following information

F.1. Complete an online form for your total operating budget. This table asks for expenditures and revenues for the last completed fiscal year and current fiscal year.

EXPENDITURES	Last Completed Fiscal Year	Current Fiscal Year
Personnel – Administrative (W2)		
Personnel – Artistic (W2)		
Personnel - Technical/Production (W2)		
Outside Professional Services-Artistic		
Outside Professional Services-Other		
Rent- Venues		
Travel		
Marketing		

Remaining Operating Expenditures		
TOTAL		
REVENUE		
Admissions		
Contracted Services Revenue		
Other Revenue		
Corporate Support		
Foundation Support		
Membership Fees		
Other Private Support		
Government Support - Federal		
Government Support - State/Regional		
Government Support-City within Hillsborough		
Government Support City outside of Hillsborough		
Applicant Cash		
TOTAL		

G. PROJECT BUDGET
(Same for all applicants)

Please provide the following information

G.1. Complete online budget form for proposed project and indicate where grant money will be spent.

EXPENDITURES	Total Budgeted Amount	Grant Request
1. Outside Professional Services-Artistic		
Insert Details Here eg: Teaching Artist contractor		
Insert Details Here		
2. Outside Professional Services-Other		
Insert Details Here eg: audio visual company		
Insert Details Here		

3. Rent- Venues		
Insert Detail Here – eg: HCC Theatre x 2 days		
Insert Details Here		
4. Travel Directly Related to the Project		
Insert Details Here – eg: Visiting artist		
Insert Details Here		
5. Marketing		
Insert Details Here eg: Show postcards production		
Insert Details Here		
6. Other Project-Related		
Insert Details Here eg: Gallons of Paint		
Insert Details Here		
TOTAL		

H. REQUIRED SUPPORT MATERIALS
(Same for all applicants)

Please provide the following information

Please provide the following information.

- o Letters of Partnership
- o Balance Sheet for Last Completed Fiscal Year
- o Board of Directors List with Affiliations
- o IRS Letter of Determination
- o Project Timeline
- o Support Documents
- o Form 990/990EZ or 990 Postcard

CERTIFICATION

Once an application is submitted, it can only be "Re-opened" by an Administrator.

CERTIFICATION AND COMPLIANCE STATEMENT

I hereby certify that I am authorized to submit this application and that the information contained in this application, all accompanying documents and support materials are true and correct to the best of my knowledge. I acknowledge that my electronic signature below shall have the same effect as my written signature.

Signature: **Title:**