

SANTA ROSA
Arts & Culture
FOUNDATION INC.

TIMELINE

5188 Escambia Street
Milton, FL 32570

As the Arts Agency for Santa Rosa County, SRACF, the Santa Rosa Arts & Culture Foundation, Inc. administers the Santa Rosa County Community Arts Grant Program. The Community Arts Grant Program is available only to residents of Santa Rosa County. The program is designed to allocate funds for proposals \$500 or less and for proposals up to \$2,500.00. Regional organizations serving Santa Rosa County need to contact SRACF for eligibility.

The SRACF grant cycle schedule for 2009 is as follows:

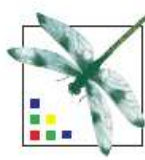
- ✚ Jun 5, 2009 Release of Application Packets to the public
- ✚ Jul 17, 2009 Workshop to explain the grant application process
Where: SRACF at Dragonfly Gallery
Time: 6:00 PM
- ✚ Sep 15, 2009 Deadline to receive completed grant applications from public
Time: 3:30 PM
- ✚ Sep 18, 2009 Workshop to train Grant Evaluation Committee & Delivery of grant packets
- ✚ Sep 29, 2009 Grant Evaluation Committee to hear final applicant defense,
 Then submit scored applications to SRACF Grant Committee
Time: 6:00 PM
- ✚ Oct 2, 2009 Public presentations to grant recipients/reception
Time: 5:00 PM

Applications will be accepted from Santa Rosa County Arts & Culture based organizations.

The following criteria must be met for eligibility:

- ✚ The applicant must be based in Santa Rosa County.
- ✚ The applicant must be incorporated as a non-profit corporation within the State of Florida.
- ✚ The applicant must provide a copy of the organization's IRS 501(c)3 tax exempt letter of determination if the grant request exceeds \$500.00.
- ✚ Organizations serving multiple counties who are also eligible to receive grants through the Arts Council of Northwest Florida are only eligible to apply for SRACF grants in the Regional Programming category.

The Grants Evaluation Committee will be comprised of individuals involved with the arts and culture community within the panhandle. Nominations will be accepted beginning June 5th, 2009, and must contain a copy of the SRACF grants evaluation committee application available online at www.sracf.org.



SANTA ROSA
Arts & Culture
FOUNDATION INC.

Grant Information

5188 Escambia Street
Milton, FL 32570

The Santa Rosa Arts and Culture Foundation, Inc. administers the Community Arts Grants to develop high-quality arts and cultural activities taking place in Santa Rosa County. Funds originate from the Santa Rosa County Board of County Commissioners. The Community Arts Grant Program is available only for support of Santa Rosa County based programs. The program is designed to allocate funds based on two funding levels: proposals for \$500 or less, and proposals up to \$2500.00. Multi-county programs eligible to receive grants from the Arts Council of NW Florida are only eligible as a regional program and may request a maximum of \$1000.

Applicant Eligibility

Applications will be accepted from Santa Rosa County Arts and Culture based non-profit organizations or groups sponsored by a Santa Rosa County Arts and Culture based non-profit organization.

- ✚ The applicant must be based in Santa Rosa County.
- ✚ The applicant must be incorporated as a non-profit corporation within the State of Florida.
- ✚ The applicant must provide a copy of the organization's IRS 501(c)3 tax exempt letter of determination for all grant requests exceeding \$500.00.

Grant Funds Available

- ✚ \$15,000 total funds available
- ✚ Grants available up to \$500.00.
- ✚ Each grant must be matched on a one-to-one (100%) basis with cash.
- ✚ Each grant may substitute up to 25% of the total match with in-kind contributions.
- ✚ Funds will be used in project period: October 2, 2009 – July 31, 2009.
- ✚ Funds will be spent for allowable uses only (see below).

Deadline

Grant applications must be received by September 15, 2009, 3:30 PM at SRACF/Dragonfly Gallery, 5188 Escambia Street, Milton, FL 32570 or the Santa Rosa County Administrative Complex, Office of the Board of County Commissioners (Room 401), 6495 Caroline Street, Milton, FL 32570.

Application

- Application material packets consist of these instructions and a 5-page Grant Application Form.
- **Application deadline is a "delivery by" not a "postmarked by" deadline.**
- Fax or email applications will not be accepted.
- Late or incomplete applications will not be considered.

Allowable Uses of Arts Program Grant

Program expenses such as artists' fees and travel, space rental, advertising, publicity, scripts, costumes, sets, props, music, art supplies, and equipment rental or purchase.

Non-allowable Uses of Arts Program Grant

Deficit reduction; contingency funds; food or beverage; interest on loans; fines or litigation costs; lobbying expenses; tuition for academic study; indirect cost rate expenses; capital expenditures; general operating funds.

Application Evaluation

The Grants Evaluation Committee will be comprised of individuals involved with the arts and culture community within the panhandle. Nominations will be accepted beginning June 5, 2009. Please contact the SRACF for additional information at info@sracf.org.

Evaluation Criteria

- Artistic merit of program.
- Populations served – impact for traditionally under-served populations.
- Feasibility of proposed activity & effectiveness in fulfilling applicant’s mission.
- Collaboration and partnerships between organizations and artists.
- Evidence of feasibility of program, community support, and responsiveness to community needs.
- Emerging organizations are encouraged to apply.

Notification

All applicants will be notified about the status of their application on September 30, 2009 after the Grant evaluation committee completes and presents their final scoring to the SRACF Grants Committee and Chairman.

Application Checklist

Applicants must submit the original 4-page (5 if collaborating) grant application and attachments, plus six (6) additional copies (7 total). Be certain that each section of each page is complete.

Grant Application Forms

- Page 1 (Organization Information, Grant application Form A)
- Page 2 (Project Narrative, Grant application Form B)
- Page 3 (Project Budget, Grant application Form C)
- Page 4 (Applicant Organization Financial Information Form D)
 - One copy for each collaborating organization
- Page 5 (Collaborating Organization Information Form E)
 - Applies to non-profit organizations collaborating with a 501(c)3 non-profit organization

Required Attachments

The following must be attached to each application.

- Attachment 1: Proof of Florida Non-Profit Status (no more than 1 page)
- Attachment 2: IRS letter of determination (no more than 4 pages)
- Attachment 3: Board of Directors List (no more than 2 pages)
- Attachment 4: Relevant letters of support (no more than 3 pages)
- Attachment 5: Additional text for Project Narrative (no more than 2 pages)

Optional Attachments:

The following may be attached to each of the application packets, and are encouraged, but not required. For the 6 copies, you may provide photocopies of photographs or other artistic media. Support materials are items such as brochures, programs, reviews, newsletters, artist vitae, etc. Do not send original artwork, as these items will not be returned.

- Attachment 6: Support Materials (No more than 5 items, total)

KEEP COPIES OF EVERYTHING YOU SUBMIT.

Reporting Requirements for 2009 Community Arts & Culture Grant Recipients

Recipients shall provide the following data **within 30 days** of completion of the program or project supported by grant funds. Recipients may attach additional text (maximum of 2 pages).

| | | | |
|---|------|------------------------|--|
| A. Total organizational funds contributed to the project: | | B. Total funds raised: | C. Total volunteer hours contributed to the project: |
| D. Total number of attendees: | Paid | | Free |
| E. Describe the community collaboration and extent of cooperation with local artists or arts groups. | | | |
| F. Describe the permanent community impact realized by the program or project. | | | |
| G. What measurable outcome did you achieve that demonstrates you met your project objective(s)? | | | |
| H. From where did you draw your audience? From what states or region of Florida did your program draw participants? | | | |

1. Recipients shall ensure the Santa Rosa Arts and Culture Foundation, Inc. receives notification of programs or events supported by the grant program.
2. Recipients shall provide a copy of brochures, posters or event programs which shall included recognition of the Community Arts and Culture grant program. Preprinted materials such as brochures, posters, and programs shall recognize the financial contribution of the Santa Rosa Arts & Culture Foundation, Inc. as the Arts Agency for Santa Rosa County. Printed material shall include a statement such as "Funding for this program was provided, in part, through a Community Arts and Culture Grant through the Santa Rosa Arts and Culture Foundation, Inc."
3. Supplemental attachments are encouraged.
 - Recipients may provide up to 3 photographs demonstrating the level of community involvement or success of the program or project.
 - Recipients are encouraged to provide a copy of Public Service Announcements, newsletters, and/or newspaper or magazine articles that demonstrate program outreach or impact.
4. **Completion of these reporting requirements is necessary to remain eligible for the Community Arts and Culture Grant program.**

**Santa Rosa Arts & Culture Foundation, Inc.
Community Arts & Culture Grant Application**

Form A – Applicant Organization Information

For grant proposals up to \$500.00

Application Deadline 3:30 pm September 15, 2009

| | | |
|--|--|--|
| Project Proposal Title: | | |
| Name of Organization: | | |
| Contact Person: | | Title: |
| Address: | | |
| Office Phone: | FAX: | Email: |
| Cell Phone: | | |
| Organization Website: | | Federal Employer Identification Number: |
| Year founded: | Organizational fiscal year ends: | FL Dept. of Agr. & Consumer Services permit to solicit: |
| <p>NOT-FOR-PROFIT DESIGNATION: I hereby certify that the above referenced applicant is eligible to receive grants from the Santa Rosa Arts & Culture Foundation, Inc. pursuant to the following not-for-profit status of the organization:</p> <p><input type="checkbox"/> 1. A not-for-profit, tax-exempt Florida corporation (Attach a copy of the organization's 2007 or 2008 Annual Report)</p> <p><input type="checkbox"/> 2. An IRS 501(c)(3) tax-exempt organization (Attach a copy of the organization's IRS letter of determination)</p> | | |
| A. Attendance for all events within the most recent year | Paid Events: | Free Events: |
| B. Number of Employees | Full Time: | Part Time: |
| C. Organization Mission Statement: | | |
| D. Number of Members: | | E. Number of Members Involved in the Project: |
| F. Type of entry: | <input type="checkbox"/> Individual organization | <input type="checkbox"/> Joint / multiple organizations – Every applying organization must complete form D |
| G. Total organizational funds contributed to the project: | H. Total volunteer hours to be contributed to the project: | I. Total funds Requested: |
| J. Enter the date the filing of this application was approved by the applicant organization's governing board: | | |
| If the filing of this grant application has not yet been authorized by your governing board indicate the date the approval will be considered: | | |
| <p>Certification: I certify that the information contained in this application, including all attachments and support materials, is true and correct to the best of my knowledge and that I will abide by all legal, financial and reporting requirements, such as matching funds and final reports, for all grants received by this organization.</p> | | |
| Typed Name of Authorizing Official: (Must be an organization officer) | | Title of Authorizing Official: |
| <p>Signature: _____ Date _____ Telephone Number: _____</p> | | |

**Santa Rosa Arts & Culture Foundation, Inc.
Community Arts & Culture Grant Application**

Form B - Project Narrative
For grant proposals up to \$500.00
Application Deadline 3:30 pm September 15, 2009

| |
|---|
| 1. Please provide brief description of project for which funding is requested. |
| 2. Describe the community collaboration and extent of cooperation with local artists or arts groups. |
| 3. Outline permanent community impact expected, both tangible and intangible. |
| 4. Please provide the objective(s) of your proposed project. (What measurable outcome do you hope to achieve?) |
| 5. Briefly discuss the method(s) that you will use to evaluate the results of your project. Be sure to include both quantitative and qualitative data. |
| 6. Briefly describe how this project relates to your organizational goals and how this project will further the mission of your organization. |
| 7. Briefly describe the origin of the program participants and attendees. What percentage of participants are from outside Santa Rosa County and what percentage of participants and attendees do you anticipate will be from outside of Florida? |

Americans with disabilities act (ADA) information

- Are the applying organization's facilities and programs accessible to persons with disabilities? yes no
- If no, is accessibility part of the organization's long range plans? yes no
- Has an ADA self-evaluation of the organization's facilities and Programs been conducted? yes no
- If yes, give date completed: _____
- Have policies and procedures been established which address nondiscrimination against persons with disabilities? yes no
- Do you have a complaint process for discrimination on the basis of disability? yes no
- Is this information posted? yes no
- Please provide the designated staff person's name the title who is responsible for Section 504, ADA and Florida Statutes 553 Compliance. yes no
- Are other staff members informed and trained in access issues? yes no

**Santa Rosa Arts & Culture Foundation, Inc.
Community Arts & Culture Grant Application**

Form C - Project Budget Information
For grant proposals up to \$500.00
Application Deadline 3:30 pm September 15, 2009

Financial Information

Please provide a projected budget for your proposed project utilizing the format below. Place an "e" after each project expense figure that is based on an estimate.

| <u>Project Expenses</u> | Grant Amount Requested | Applicant Match Cash | Applicant Match In-Kind |
|---------------------------------------|---|-------------------------|----------------------------|
| A. Personnel | | | |
| Administrative staff | _____ | _____ | _____ |
| Artistic staff | _____ | _____ | _____ |
| Technical/Production staff | _____ | _____ | _____ |
| B. Outside Fees and Services | | | |
| Artistic contracts | _____ | _____ | _____ |
| Other contracts: _____ | _____ | _____ | _____ |
| C. Space Rental | _____ | _____ | _____ |
| D. Travel | _____ | _____ | _____ |
| E. Marketing | _____ | _____ | _____ |
| F. Remaining Project Expenses | | | _____ |
| G. Total Expenses (Grant/Cash) | | + | |
| H. Total In-Kind Contributions | (no more than 25% of proposal expenses) | | |

| <u>Project Income</u> | Cash Income |
|---|-------------|
| I. Admissions | _____ |
| J. Contracted Services Revenue | _____ |
| K. Other Revenue (specify) | _____ |
| L. Private Support | |
| Corporate support | _____ |
| Foundation support | _____ |
| Other private support | _____ |
| M. Government Support (not including this request) | |
| Federal | _____ |
| State/regional | _____ |
| Local (county, city) | _____ |
| N. Applicant Cash (savings, reserves) | _____ |
| O. Total Cash Income (Sum of I through N) | _____ |
| P. Grant Amount Requested (See G.) | _____ |
| Q. Total Cash Income (O + P) | _____ |
| R. Total In-Kind contributions (See H.) | _____ |
| S. Total Project Income (Q + R) | |

**Santa Rosa Arts & Culture Foundation, Inc.
Community Arts & Culture Grant Application**

Form D – Applicant Organization Financial Information

(All applying or collaborating organizations MUST complete this form.)

**For grant proposals up to \$500.00
Application Deadline 3:30 pm September 15, 2009**

| | |
|---|---------------|
| Organization Financial Information | Form D |
|---|---------------|

Complete each line of the following summarized budget form to give a financial overview of the applicant. Provide information which represents: the actual results of the most recently completed fiscal year; expected results of the current fiscal year and projections for the next fiscal year. Do not include the cost of capital items, or the depreciation of capital items, as an operating expense. Contributions or other income dedicated to support the purchase of capital items should not be listed here. Round all figures to the even dollar. Large budgets may be rounded to the nearest thousand.

| Fiscal Year (FY) (month/day) | From: | | To: | |
|---|-------------------------|-----------|-----------------------|-----------|
| Expenses | Completed FY | to | Current FY | to |
| Next FY | to | | | |
| 1) Personnel – Administrative | | | | |
| 2) Personnel – Artistic | | | | |
| 3) Personnel – Technical/Production | | | | |
| 4) Outside Artistic Fees/ Services | | | | |
| 5) Outside Other Fees/ Services | | | | |
| 6) Space Rental/ Rent or Mortgage | | | | |
| 7) Travel | | | | |
| 8) Marketing | | | | |
| 9) Remaining Operating Expenses | | | | |
| 10) Total Cash Expenses: (add lines 1-9) | | | | |
| 11) Total in-kind Contributions (see line 24) | | | | |
| 12) Total Expenses (add lines 10 + 11) | | | | |
| Income | | | | |
| 13) Admissions | | | | |
| 14) Contracted Services | | | | |
| 15) Other Revenue | | | | |
| 16) Corporate Support | | | | |
| 17) Foundation Support | | | | |
| 18) Other Private Support | | | | |
| 19) Governmental support – Federal | | | | |
| 20) Governmental support – State/Regional | | | | |
| 21) Governmental support – Local/County | | | | |
| 22) Applicant Cash (from savings) | | | | |
| 23) Total Cash Income (add lines 13-22) | | | | |
| 24) Total In-kind contribution | | | | |
| 25) Total Income (add lines 23 + 24) | | | | |
| 26) Cash Reserves – End year | | | | |

**Santa Rosa Arts & Culture Foundation, Inc.
Community Arts & Culture Grant Application**

Form E – Collaborating Organization Information
(Collaborating organizations applying jointly with another non-profit organization)

**For grant proposals up to \$500.00
Application Deadline 3:30 pm September 15, 2009**

| | | |
|---|--|---|
| Project Proposal Title: | | |
| Name of Organization: | | |
| Contact Person: | | Title: |
| Address: | | |
| Office Phone: Cell Phone: | FAX: | Email: |
| Organization Website: | | Federal Employment Identification Number: |
| Year founded: | Organizational fiscal year ends: | FDACS permit to solicit: |
| <p>NOT-FOR-PROFIT DESIGNATION: I hereby certify that the above referenced applicant is eligible to receive grants from the Santa Rosa Arts & Culture Foundation, Inc. pursuant to the following not-for-profit status of the organization:</p> <p><input type="checkbox"/> 1. A not-for-profit, tax-exempt Florida corporation (Attach a copy of the organizations 2006 or 2007 Annual Report)</p> <p><input type="checkbox"/> 2. An IRS 501(c)(3) tax –exempt organization (Attach a copy of the organizations IRS letter of determination)</p> | | |
| Attendance for all events within the most recent year | Paid Events: | Free Events: |
| Number of Employees | Full Time: | Part Time: |
| Organization Mission Statement: | | |
| Number of Members: | | Number of Members Involved: |
| Total organizational funds contributed to the project: | Total volunteer hours to be contributed to the project: | Total funds Requested: |
| Enter the date the filing of this application was approved by the applicant organization's governing board. | | |
| If the filing of this grant application has not yet been authorized by your governing board indicate the date the approval will be considered | | |
| <p>Certification: I certify that the information contained in this application, including all attachments and support materials, is true and correct to the best of my knowledge and that I will abide by all legal, financial and reporting requirements, such as matching funds and final reports, for all grants received by this organization.</p> | | |
| Typed Name of authorizing Official: (Must be an organization officer) | | Title of authorizing Official: |
| <p>Signature: _____ Date _____ Telephone Number: _____</p> | | |