

Arts Grant Program 2020 APPLICATION FORM and CHECKLIST

Project Name	
Name of Organization	
Mailing Address	
Contact Name	
Contact Title	
Contact Email	
Contact Phone	

CHECKLIST:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Application Form and Checklist Project Narrative Form Organizations Mission Statement/ Focus Budget Form Organizations Annual Financial Statement IRS Determination Letter of 501c status Proof of 'active' status with Texas Secretary of State Copy of 1st page of most recent IRS Form 990 Sworn Statement of BOD's and Minutes of Last Meeting (notarized)
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Project Information	
Total Project Cost:	
Grant Funds Requested:	
Project Date(s):	
Project Location:	
Brief Project Description: (limit to space provided below)	

Only an authorized representative of the organization may submit an application. The undersigned representative must be duly approved by the governing board to act on its behalf.

Name (typed/printed)	
Title	
Signature	
Date	

PROJECT NARRATIVE FORM

Project Name: _____

Evaluation Criteria: The criteria below will be used to score each project application up to a maximum score of 100 points. A score of at least **70 points** (ACC Review Panel average) must be earned for the project to receive a funding recommendation. The project application must address each question. **Limit: 5 pages for entire Project Narrative.**

Artistic Merit (40 points; 10 points each)

- Describe how the organizations past programs or services have demonstrated cultural significance for the community.
- Describe the unique characteristics and artistic vision of this proposed project.
- List the qualifications of the proposed participating artists or experts and identify their role in the project.
- How will the project enhance Corpus Christi's cultural identity?

Economic and Social Impact (60 points; 10 points each)

- Detail how the project will attract visitors to Corpus Christi and what is the expected attendance.
- Describe your marketing plan to attract overnight visitors.
- List the methods that will be used to collect data regarding audience demographics, audience involvement, and tourists in attendance (example: ZIP code collection, online ticket sales, phone apps, social media).
- What is the budget justification for the project and how was it developed?
- List all sources of revenue for the proposed project (including this grant request).
- How will the project stimulate the local business economy? List local businesses and organizations you will be working with on this project (example: local printers, event firms, reserved blocks at hotels).

Arts Grant Program 2020 Budget Form

Project Name: _____

- * Grant funding may only account for up to 50% of a projects total cost, up to \$15,000, for a 1:1 match.
- * Up to 25% of the matching income and expenses may be in the form of documented in-kind support.
- * Provide a brief description for each line item, expenditure and revenue.
- * All budget amounts must be appropriate, complete and reasonable.
- * Amounts entered below will be rounded to the nearest dollar.
- * Total revenues must be equal to or greater than total expenses.

VI. FINANCIAL INFORMATION (ROUND TO NEAREST DOLLAR)

REVENUE	Brief Description	Cash		In-kind		Grant		Total
Admissions charges			+		+	 	=	-
Concessions			+		+	 	=	-
Advertising, Marketing			+		+	 	=	-
Arts & Cultural Commission Grant		 	+	 	+		=	-
Other foundation or government grants			+		+	 	=	-
Individual donations			+		+	 	=	-
Corporate contributions			+		+	 	=	-
Other income (Please explain)			+		+	 	=	-
TOTAL REVENUES		\$ -		\$ -	+	\$ -	=	\$ -

EXPENSES		Cash	In Kind*	Grant	Total	
All paid personnel (Staff)			+	+	=	-
Outside professional services			+	+	=	-
Travel and transportation			+	+	=	-
Facility rentals			+	+	=	-
Equipment rental			+	+	=	-
Supplies and materials			+	+	=	-
Exhibit rental fee/royalty			+	+	=	-
Promotion			+	+	=	-
Printing			+	+	=	-
Shipping			+	+	=	-
Other (Please explain)			+	+	=	-

TOTAL EXPENSES

\$	-	+	\$	-	+	\$	-	=	\$	-
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*In-kind income and expenses cannot exceed more than 25% of your proposed grant request and must be well documented.

Organization:

Date of Review:

Scale: Poor = 2 Below Avg = 4 Avg = 6 Very Good = 8 Excellent = 10

APPLICANT QUESTION & EVALUATION CRITERIA		SCORE	NOTES
Cultural and Artistic Merit (40 points)	Describe how the organizations past programs or services have demonstrated cultural significance for the community. _____		
	Describe the unique characteristics and artistic vision of this proposed project. _____		
	List the qualifications of the proposed participating artists or experts and identify their role in the project. _____		
	How will the project enhance Corpus Christi's cultural identity? _____		
Economic and Social Impact (60 points)	Detail how the project will attract visitors to Corpus Christi and what is the expected attendance. _____		
	Describe your marketing plan to attract overnight visitors. _____		
	List the methods that will be used to collect data regarding audience demographics, audience involvement, and tourists in attendance (example: zip code collection, online ticket sales, phone apps, social media). _____		
	What is the budget justification for the project and how was it developed? _____		
	List all sources of revenue for the proposed project (including this grant request). _____		
	How will the project stimulate the local business economy? List local businesses and organizations you will be working with on this project (example: local printers, event firms, reserved blocks at hotels). _____		
Reviewed by:		TOTAL SCORE	



**CITY OF CORPUS CHRISTI
ARTS GRANT PROGRAM 2020
COMPLETION REPORT**

**Submit this form within 45 days upon completion of all arts events,
and no later than February 17, 2020.**

Include a copy of all advertising and promotion materials for the funded activity(s) to demonstrate your use of the City-provided logo on all materials as well as the statement: *"This program is funded by Hotel Occupancy Tax fund by the City of Corpus Christi through the Arts & Cultural Commission."*

Use the *Supporting Document Summary* to itemize revenue and expenditures and to provide all necessary documentation for each line item.

City Staff, or its authorized representative, may call for a complete breakdown of actual event expenditures, cash resources, and in-kind services and shall have access to the financial records of each event.

**NOTE: Completion Report with supporting documentation must be submitted together.
Any copies of cancelled checks not yet received from your bank at time of submission must be forwarded to the Parks and Recreation Department as soon as you receive them.**

Regarding disbursement of funds, you have already received the first ½ of the award amount in your Agreement; the second ½ will be paid after completion of the following:

- All activities in the Agreement have been completed
- You have submitted this Completion Report
- The City has reviewed all submitted documentation and has determined that you have fully complied with all terms and conditions of the Agreement

I certify that the information contained in this report is true and correct to the best of my knowledge and that I am authorized to make this report on behalf of the organization for the purpose of receiving Arts Grant funds from the City of Corpus Christi, Texas.

Signature of Applicant

Printed or Typed Name

Printed or Typed Title

Date



**CITY OF CORPUS CHRISTI
ARTS GRANT PROGRAM 2020
COMPLETION REPORT**

1. Project Name	<input type="text"/>
Name of Organization	<input type="text"/>
Mailing Address	<input type="text"/>
Evaluation Submitted by / Title	<input type="text"/>
Email	<input type="text"/>
Telephone No.	<input type="text"/>

II. Project information (use second sheet if necessary):

A. Describe exactly as submitted on your grant application. Please explain any differences from what you submitted on your grant application.

Total Projected Project Cost	<input type="text"/>
Amount Requested	<input type="text"/>
Amount Awarded	<input type="text"/>
Project Date(s)	<input type="text"/>
Project Location	<input type="text"/>

B. Brief Project description. Please explain any differences from what you submitted on your grant application.

C. Describe the marketing or advertising strategy used. Please explain any differences from what you submitted on your grant application.

III. Number of persons participating in event:

A. Audience members who reside within 125 miles of Corpus Christi	<input type="text"/>
B. Audience members who reside outside 125 miles of Corpus Christi	<input type="text"/>
C. Artists who reside within 125 miles of Corpus Christi	<input type="text"/>
D. Artists who reside outside 125 miles of Corpus Christi	<input type="text"/>

Method used to determine out-of-town audience:

PARTICIPATION TOTAL

0

VI. FINANCIAL INFORMATION (ROUND TO NEAREST DOLLAR)

REVENUE	Actual Receipts	In Kind*	Totals	Data from your grant application	Variance
Admissions charges		+	=	-	-
Concessions		+	=	-	-
Advertising, Marketing		+	=	-	-
Arts & Cultural Commission Grant		+	=	-	-
Other Foundation or Govt Grants		+	=	-	-
Individual donations		+	=	-	-
Corporate donations		+	=	-	-
Other income (Please explain)		+	=	-	-
TOTAL REVENUES	\$ -	\$ -	\$ -	\$ -	\$ -

EXPENSES	Actual Payments	In Kind*	Totals	Totals from your grant application	Variance
1. All paid personnel (Staff)		+	=	-	-
2. Outside professional services		+	=	-	-
3. Travel and Transportation		+	=	-	-
4. Facility Rentals		+	=	-	-
5. Equipment rental		+	=	-	-
6. Supplies and materials		+	=	-	-
7. Exhibit rental fee/royalty		+	=	-	-
8. Promotion		+	=	-	-
9. Printing		+	=	-	-
10. Shipping		+	=	-	-
11. Other (Please explain)		+	=	-	-
TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -

*In-kind income and expenses cannot exceed more than 25% of your proposed grant request (at true market value with proper backup documentation)

Please explain any significant variances between your grant application numbers and your actual numbers. (Attach additional sheet if necessary)

Net Income (Revenues less Expenses) \$ -



**CITY OF CORPUS CHRISTI
ARTS GRANT PROGRAM 2020
SUPPORTING DOCUMENT SUMMARY - EXPENSES**

Submit this form and supporting documentation with Completion Report

To help expedite final grant payment list each of your expenditures by category (*found on your application budget and on the Completion Report*). Provide all necessary documentation for each expense by attaching supporting documents to this form: copies of invoices, bills or contracts and any associated credit card receipts, credit card statements, copies of cancelled checks or bank statements which provide proof of payment by the organization within the grant year.

Organization Name

Project Name

Grant Award Amount Total Expenses*

*The Arts Grant is a matching grant - organization must submit expense documentation for twice the amount of the grant funds. For example if the grant is for \$5,000 there should be \$10,000 in expenses.

Write on each attachment the item number by which it appears on this form and attach in order. For each expense item there should be at least two attachments, attach them together in order - for example: a copy of an artist's contract (expenditure) and a copy of the canceled check or bank statement that shows expense was paid from the organization's account (proof of payment).

Expense Category (from budget form)	Item #	Check #	Date	Amount	Description / Notes	Reviewer Notes
Example:						
Outside Prof Svcs	1		1/30/2019	\$ 4,000.00	Copy of Artist Contract	These three items would be stapled together & labeled Item #1
	1	1234	2/15/2019	\$ 2,000.00	Copy of canceled check for first 1/2 of Artist fee	
	1	1235	7/24/2019	\$ 2,000.00	Copy of canceled check for final payment to artist	
TOTAL EXPENSES				<input style="width: 100px;" type="text"/>		

*Include In-kind documentation; cannot exceed more than 25% of your proposed grant request (at true market value with proper backup documentation)

Corpus Christi Arts Grant Appeals Process

FAQ

Applicants who believe their proposals for funding or approval were rejected unfairly in the evaluation process have the opportunity to file an appeal. If you are considering filing an appeal, please read this information first:

How does the appeal process work?

First, you must present your case on the appeal form to City Staff who will then research your case and submit it for the Commission to consider. The Commission will make a decision on the appeal. You will be notified in writing of the Commission's determination on your appeal and any further action required.

What is the basis for an appeal?

You have a basis for an appeal if any of these is true:

- There was a conflict of interest that was not disclosed and it prejudiced discussion of your application. To support this position you must provide specific examples such as the name or names of the persons who had the conflict(s) and the nature of the conflict of interest. *(Please see definition of conflict of interest below.)*
- Incorrect information was provided when your application was reviewed despite the presence of correct information submitted as part of the original application. *(In this case, your appeal only has strength if material in your application file supports your position.)*

Please note

- Dissatisfaction with the amount of the grant award is not a basis for appeal. Funding recommendations are based on scores/rankings of the evaluators and available funds.
- Denial of grant is not a sufficient reason for appeal. This is a competitive process; generally not all applications will receive funding.

What is a conflict of interest?

A circumstance such as employment, board membership, or other personal interest that influences an individual's ability to perform their duties without bias or prejudice.

If you have further questions about the appeals process, please contact **Shelly Rios** at **361-826-3489** or by email at **ShellyR@cctexas.com**

ARTS GRANTS APPEAL FORM

Please read the FAQ prior to submitting this form

Today's date: _____

Applicant organization name: _____

Your name: _____

Your title: _____

Applicant organization address: _____

Your phone number: _____

Your email: _____

Application in question: _____

Please check one or both boxes and complete the requested information:

I believe there was a conflict of interest that was not disclosed and it prejudiced the discussion of my application.

Name of the person who had the conflict: _____

Nature of the conflict of interest: _____

Briefly explain how this conflict of interest caused your application to be improperly considered in the process. (Reference the scores/rankings and/or panel comments in these statements.)

I believe incorrect information was provided during the discussion of my original application.

Nature of incorrect information: _____

Where was this information included in the application materials? _____

Briefly explain how this incorrect information prejudiced the review. (Reference the scores/rankings and/or panel comments in these statements.)

Submit appeal electronically to ShellyR@cctexas.com or hand deliver to the Arts and Culture office in the Galvan House at Heritage Park, 1581 N. Chaparral Street, Corpus Christi, Texas.

For questions, please call (361) 826-3489.