

FY 2015 Core Funding Program

APPLICATION & ASSURANCES

Section 1: Summary Information

Applicant Name/Physical Address		Sponsored Entity Name/Physical Address	
Project/Activity Title	Start Date	End Date	

Core Funding Programs

Organizational Support Project Support

Project Support II:
 State Nonprofit Individual Artist Unincorporated Group

Primary Artistic Discipline – Select one only

Dance Literature Film/Media Arts Multidisciplinary
 Music Opera/Musical/Performance Theatre Visuals/Public Art

Project Summary: Please limit your response to the space provided.

_____ is requesting \$_____ in cultural contract funding to/for...

For CAD staff use only

Control Number 15

<input type="checkbox"/> App Forms	<input type="checkbox"/> Tax Exempt F	<input type="checkbox"/> Résumés	<input type="checkbox"/> Original	<input type="checkbox"/> Documentation 1
<input type="checkbox"/> Narrative	<input type="checkbox"/> Tax Exempt S	<input type="checkbox"/> Letters	<input type="checkbox"/> Copy 1	<input type="checkbox"/> Documentation 2
<input type="checkbox"/> Itemization	<input type="checkbox"/> Board List	<input type="checkbox"/> Op Budget (OS/PS)	<input type="checkbox"/> Copy 2	<input type="checkbox"/> Documentation 3
<input type="checkbox"/> Org History	<input type="checkbox"/> Form 990	<input type="checkbox"/> Audit (OS only)	<input type="checkbox"/> Copy 3	

Section 2: Applicant Information

Applicant's Legal Name		Federal Tax I.D. Number	Other Common Name	
Official Mailing Address			City	State Zip
Telephone	Fax		Website (URL)	
Contact/Project Director			Title	
Telephone	Fax		Email	
Board Chair			Title	
Address			City	State Zip
Telephone	Fax		Email	
Sponsored Entity Contact/ Director		Title	Website (URL)	
Street Address			City	State Zip
Telephone	Fax		Email	
Applicant Race Code	Sponsored Race Code	Project Race Code	City District Number	

Section 3: Organizational Budget History

	2010-2011 Actual	2011-2012 Actual	2012-2013 Projected or Actual	2013-2014 Projected	2014-2015 Proposed
Revenue					
Expenses					

Section 4: COA Funding History

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
COA Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Was this applicant funded previously under a different organization name or sponsor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
If yes:	Year:	Name:			

Section 5: Proposed Budget

The budget must balance. Total income (line 12) must equal total expenses (line 24). Round all budget figures to the nearest whole dollar.

PROJECT INCOME	CASH	IN-KIND	TOTAL
EARNED INCOME			
1. Total Admissions			
2. Total Other Earned Income			
3. TOTAL EARNED INCOME (Add Lines 1 and 2)			
UNEARNED INCOME			
4. <i>Total Private Support</i> (Corp, Foundation, Individual)			
5. Total Public Support (Government Grants)			
6. Total Other Unearned Income			
7. Applicant Cash			
8. TOTAL UNEARNED INCOME (Add Lines 4 – 7)			
9. COA Request Amount			
10. TOTAL CASH INCOME (Add Lines 3, 8, and 9)			
11. Total In-Kind Support (must equal In-Kind line 24)			
12. TOTAL INCOME (Add Lines 10 and 11)			

PROJECT EXPENSES	CASH	IN-KIND	TOTAL
13. Administrative Employee Costs			
14. Artistic Employee Costs			
15. Administrative Non-Employee Costs			
16. Artistic Non-Employee Costs			
17. Travel			
18. Space Rental			
19. Equipment Rental			
20. Supplies and Materials			
21. Marketing and Promotion			
22. Production/Exhibit Costs			
23. Other			
24. TOTAL EXPENSES (Add Lines 13-23, must equal Line 12)			

Section 6: Internet Accessible Documentation	
Name of Documentation #1	Media Type
Internet Link:	
Name of Documentation #2	Media Type
Internet Link:	
Name of Documentation #3	Media Type
Internet Link:	
Name of Documentation #4	Media Type
Internet Link:	
Name of Documentation #5	Media Type
Internet Link:	

Section 7: Application Checklist

All sections of the application form must be completed and signed by the appropriate representatives. Check the boxes below to ensure all sections have been completed. **You must submit one original application and three copies (totaling 4) of the application and all of the required attachments. Three total copies of the documentation must also be submitted.**

Application Form

- Section 1 Summary Information
- Section 2 Applicant Information
- Section 3 Organizational Budget History
- Section 4 COA Funding History
- Section 5 Proposed Budget Information
- Section 6 Internet Accessible Documentation
- Section 7 Application Checklist
- Section 8 Assurances (signed by Authorized Official)

Attachments:

Please indicate which attachments are enclosed with the application by checking the corresponding box. Each page of attachments must be labeled with the attachment number and name of the organization.

Required Attachments

- Attachment 1 Narrative (all programs)
- Attachment 2 Budget Itemization (all programs)
- Attachment 3 Organizational History (all programs)
- Attachment 4 Proof of Federal Tax Exempt Status (all programs)
 - Proof of State Tax Exempt Status (PS II Sponsored Entity)
- Attachment 5 Board List (all programs)
- Attachment 6 990 Forms (all programs)
- Attachment 7 Résumés/Bios (all programs)
- Attachment 8 Letters of Support (all programs)
- Attachment 9 Total Projected Operational Budget (Organizational & Project Support ONLY)
- Attachment 10 Independent Audit/Financial Review (Organizational Support ONLY/1 copy only)
- Attachment 11 Documentation (all programs)

PACKAGING

Indicate that all application materials have been correctly packaged and labeled by checking the boxes below. Application materials should be placed in envelopes and labeled as follows.

<input type="checkbox"/> Envelope #1 "Original"	<input type="checkbox"/> Envelope #2 "Copy 1"	<input type="checkbox"/> Envelope #3 "Copy 2"	<input type="checkbox"/> Envelope #4 "Copy 3"	<input type="checkbox"/> Envelope #5 Documentation Attachment #11
Application Form	Application Form	Application Form	Application Form	
Attachment #1	Attachment #1	Attachment #1	Attachment #1	
Attachment #2	Attachment #2	Attachment #2	Attachment #2	<input type="checkbox"/> Envelope #6
Attachment #3	Attachment #3	Attachment #3	Attachment #3	Documentation
Attachment #4	Attachment #4	Attachment #4	Attachment #4	Attachment #11
Attachment #5	Attachment #5	Attachment #5	Attachment #5	
Attachment #6	Attachment #6	Attachment #6	Attachment #6	
Attachment #7	Attachment #7	Attachment #7	Attachment #7	<input type="checkbox"/> Envelope #7
Attachment #8	Attachment #8	Attachment #8	Attachment #8	Documentation
Attachment #9*	Attachment #9*	Attachment #9*	Attachment #9*	Attachment #11
Attachment #10				

*Attachment #9 required for Organizational Support & Project Support ONLY

*Attachment #10 Only if required & 1 copy ONLY

Section 8: Assurances

By submitting this application, the applicant hereby gives assurance to the City of Austin that:

1. The activities and services for which financial assistance is sought will be administered by the applicant organization;
2. Any funds received as a result of this application will be used solely for the project described;
3. The applicant has read, understands, and will conform to the intent outlined in the Core Cultural Arts Funding Programs Guidelines;
4. The applicant will comply with Title VI of the Civil Rights Act of 1964, with labor standards under Section 5(j) of the National Foundation of the Arts and Humanities Act of 1965, with Section 504 of the Rehabilitation Act Amendments of 1974, with Title IX of the Education Amendments of 1972, with the Americans with Disabilities Act of 1990, with the Age Discrimination Act of 1975, and with the Drug Free Workplace Act of 1988;
5. The applicant will comply with Section 10(7)(b) of the Texas Commission on the Arts' Enabling Legislation, which prohibits the TCA and its grantees from knowingly fostering, encouraging, promoting, or funding any project, production, workshop, and/or program which includes obscene material as defined in Section 43.21 Penal Code of Texas;
6. The applicant is a nonprofit entity as defined by the I.R.S.;
7. The application has been duly authorized by an authorized official for the applying organization, a principal of the organization with legal authority to certify the information contained in the application and sign contracts for the organization; he/she must read and guarantee the compliance of the organization with the requirements listed. Sponsored applications must be signed by the principal of the Fiscal Sponsor organization with legal authority to certify the information contained in the application and by a representative of the sponsored group/individual;
8. The applicant understands that the City of Austin actively reviews and evaluates all aspects of the programs and processes and incorporates changes which may occur at any time throughout the funding calendar. Cultural Arts Division staff will provide updates on changes as they are adopted;
9. The City of Austin reserves the right to make special stipulations on how specific cultural contract funds may be spent;
10. Neither the applicant nor any of its agents, representatives, or subconsultants, have undertaken or will undertake any activities or actions to promote or advertise any cultural arts funding proposal to any peer review panel members, any member of any City Commission reviewing the proposals, any member of the Austin City Council or City staff except in the course of City-sponsored inquiries, or any interviews or presentations between the date that the application is submitted and the date of award by City Council;
11. The filing of this application by the undersigned, officially authorized to represent the applicant organization, has been duly approved by the governing board of the applicant organization.

This application was approved by the applicant's board on _____

This application is scheduled to be approved by the applicant's board on _____

Note: If the application has not been approved by the governing board, you must notify the City as soon as action is taken.

Contact/Project Director:

Board Chair/Member:

Sponsored Group/Individual:

Name (typed)	Title	Name (typed)	Title	Name (typed)	Title
Signature	Date	Signature	Date	Signature	Date