

FY23 Operating Support Grant Application - Short Form (Budgets Under $50,000)

Word Document Version – List of Questions

**THIS IS NOT THE OFFICIAL APPLICATION. TO SUBMIT AN APPLICATION FOR THIS GRANT VISIT** <http://artsfairfax.submittable.com/submit>

 \* Denotes a required question.

# **Eligibility Continued**

**Are you applying with a Fiscal Sponsor? \***

Yes or No

**Instructions for Applicants with a Fiscal Sponsor**

Before completing with the application, contact ArtsFairfax Grants Manager Jackie Dubin at jdubin@artsfairfax.org. Provide name and contact information of Fiscal Sponsor. Instructions and an additional form will be sent directly to the Fiscal Sponsor.

**Upload Required Eligibility Documents for verification: \***

1. IRS Determination Letter
2. Treasurer's Report/Audit
3. Board List with addresses

Include Board members' profession, work address, and place of residence. Highlight members who live or work in Fairfax.

# **Applicant Information**

**Organization Name \***

**FEIN Number \***

**Mailing Address (and Floor/Suite/Apt.) \***

**City \***

**State \***

**Zip Code \***

Please note that this is the address that will be used for all grants correspondence.

**Is this mailing address the same as your street address? If not, please complete the following fields for your physical location. \***

**Street Address (and Floor/Suite/Apt.)**

**City**

**State**

**Zip Code**

**Choose the appropriate Fairfax County magisterial district or independent city for your organization's street address:**

Please verify the magisterial district by entering the street address for your physical location in the Fairfax County My Neighborhood site. [Click Here](https://www.fairfaxcounty.gov/myneighborhood/)

**If your organization is city based, describe the organization's service to the county. Refer to specific audience/participation and program/activity location statistics. \***

**Phone Number \***

**Website \***

**Facebook**

**Twitter**

**Instagram**

**Other Social Media**

Include links to other social media channels such as YouTube, LinkedIn, Flickr, Vimeo, TikTok, Tumblr, SoundCloud, Bandcamp, etc.

**Grant Contact Name \***

**Grant Contact Title \***

**Grant Contact Email \***

**Grant Contact Phone Number \***

**Chief Administrator Name \***

**Chief Administrator Title \***

**Chief Administrator Email \***

**Chief Administrator Phone Number \***

**Chairman, Board of Directors Name \***

**Chairman's Email \***

**Chairman's Phone Number \***

**Chairman's Address (and Floor/Suite/Apt.)**

**City**

**State**

**Zip Code**

**Annual Number of Performances**

If applicable, please enter a number, ex. 100 based upon your most recently completed fiscal year.

**Annual Number of Exhibitions**

If applicable, please enter a number, ex. 100 based upon your most recently completed fiscal year.

**Total Number of Annual Events \***

Include all performances, exhibitions, rehearsals, classes, workshops, etc. based upon your most recently completed fiscal year.

**Organization's Total Audience \***

Include audience and participants in all annual events based upon your most recently completed fiscal year.

**Does your organization employ paid full or part-time non-artistic staff? \***

Yes or No

**If yes, how many Full Time Equivalent (FTE) employees?**

A Full Time Equivalent (FTE) is based upon 40 hours per week.

And how many part-time paid permanent employees?

Please include both the number and the total Full Time Equivalent (FTE) based on a 40-hour work week. For example, for 2 half-time employees, enter 2 (1 FTE).

**Does your organization employ volunteer non-artistic staff? \***

Yes or No

**If yes, how many volunteers does your organization employ?**

Please base this number on the Full Time Equivalent (FTE) of 40 hours per week.

**Which category best describes the primary activity of your organization? \***

Select from list

**If applicable, which category best describes a secondary activity of your organization?**

Select from list

**Has your organization applied for grant(s) from ArtsFairfax in the past? \***

Yes or No

**Amount Requested \***

Enter number

An organization may request no more than 15% of their actual expenses for the most recently completed fiscal year, up to $50,000. In-kind expenses may not be included. Refer to financial form TOTAL EXPENSES (excluding additional) in column A of the Financials Table.

**First time applicants, how did you hear about the grant program?**

Multiple Selection

* ArtsFairfax website
* Social Media
* Email
* Other

# **Applicant Information Attachments**

**Upload Required documents \***

Upload 2 files:

* Most Recent 990/990-N/990-EZ (do not include schedules)
* Bios for each Key Board and Staff members

# **Organizational Profile**

History, Mission, Relevance

**Criteria:**

* Does the applicant provide clear, specific, and thorough evidence of vision, mission, goals, and evolution over time?
* Does applicant use demographic data to describe their service area and how the community informs their identity, mission, and programs?

**1. Describe your organization's mission, goals, and values. \***

Suggested word count: 150 – 250

**2. Describe your organization’s history. \***

Suggested word count: 150 – 250

**3. What is your organization's geographic service area? \***

Who are your community constituents (residents, audience, users, visitors, partners, etc.)? What demographic and/or other types of data are used to identify constituents' interests and needs? How does the data inform your organization's identity and mission?

Use the Census data link to describe the makeup of your service area and the community served in Fairfax County. [Click Here](https://www.census.gov/quickfacts/fact/table/US/PST045219)

Suggested word count: 200 – 300

# **Programs and Services**

Ability to create quality, mission-driven work that engages and inspires its community including aesthetic attributes of risk-taking, resourcefulness, sensory experiences, sustained resonance, impact, and value

**Criteria:**

* Do the programs and services effectively fulfill the applicant’s mission and goals?
* Does the applicant offer public artistic activities that reflect the diversity of the population of Fairfax County?

**4. Describe your programs and activities that will occur during FY23 (July 1, 2022 through June 30, 2023) and their connection to your organization’s mission, values, and goals. \***

Explain connection of each activity in the table to the organization's mission, goals, and values; and the public value (importance and relevance) of the activity to diverse constituents and county residents. What arts activities, programs and services will be supported by this funding and participants served?

Suggested word count: 300 – 500

**Programs and Activities Table Instructions \***

*Figures should be entered directly into the web version of the application. An editable excel version is available to download but does not replace the web version of the table.*

Group programs and activities by categories--including performances, exhibitions, events, workshops, and classes--with the corresponding number of occurrences in the table.

For offerings outside Fairfax County, enter the location under Magisterial District.

For virtual/online programs and events, enter "online" under the venue zip code and enter your organizations Magisterial District.

# **Programs and Services Attachments**

**Upload Cover Sheet \***

Submit 1 file:

* Cover sheet for supplemental materials and work samples including links and description.

Use the Cover Sheet to describe each work sample and supplemental material.

**Upload Work Samples \***

Submit three recent examples of original work not to exceed a total of five minutes in a multimedia format including performances, lectures, lesson plans, exhibitions, and publications. The samples should reflect the best quality work of the organization and technical quality, i.e., sound and video presentation.

Samples may be excerpts or complete works. Work produced in the last two years is preferable.

Samples may be uploaded to this application or hosted publicly online. Links to video work examples may be included in the cover sheet, each in a different line. Please ensure links are live and samples can be viewed without an email, account, or subscription. Include the applicant’s name, title of work and date of completion, as well as a brief description of the piece and applicant’s role in the development and execution of the work. Specify start and end times for viewing and listening for longer videos (panelists will view a maximum of five minutes).

Name the file Work-Sample-01\_Organization Name

**Upload Supplementary Materials \***

Submit up to three Supplementary Materials that describe recent activities (within the last two years). Supplementary materials could include, but are not limited to programs, brochures, catalogs, posters, newsletters, other promotional materials, newspaper reviews, articles, testimonials, letters of support, or awards.

The samples should support and illustrate how your programs and services engage diverse County residents, organizational effectiveness in terms of planning and evaluation, and critical response to performances/exhibitions/activities.

Multimedia is limited to five minutes total. For longer videos and recordings specify start and end times.

Name the file SM-01\_ Organization Name\_01

List supplementary materials on the cover sheet with a brief description.

# **Community Engagement**

An organization's ability to meaningfully engage with its community to achieve its mission

**Criteria:**

* Are programs and outreach activities accessible for all residents of Fairfax County, especially underserved populations including but not limited to youth, the elderly, the disabled, minorities, ethnic communities, and those in underserved areas?
* Is there evidence of effective marketing of the organization’s programs?

**As part of a broader effort to serve a diverse range of audiences and provide access to programs, how does your organization meet the needs of patrons with disabilities? \***

Multiple Selection

* Wheelchair ramps/seating
* Audio Description and Assistive Listening
* Staff Training
* Sign Language Interpretation
* Closed or Open Captioning
* Large Print Programs/Labels
* Website Accessibility (Alternative [Alt] Text, Visual Descriptions, etc.)

**5. What tools do you use to identify populations and document activities, engage this demographic (focus groups, planning, outreach strategies), and enhance or create programs to improve accessibility? \***

You may also discuss ADA compliance in this narrative. Resource: Americans with Disabilities Act

Suggested word count: 100 - 200 words

**6. How does your organization inform the community about your activities? Please describe use of ArtsFairfax's and other websites, social media, print, TV/Radio, paid advertisements, etc. \***

Suggested word count: 150 – 250

# **Organizational Effectiveness**

Ability to successfully manage resources

**Criteria:**

* Is the staffing structure (staff, artists, Board, volunteers, partners) currently successful in carrying out the mission, and goals, and/or strategic plan?

**7. How does the organization (staff, artists, Board, volunteers, partners) carry out the mission and goals of the organization? \***

If the organization has a strategic plan, please summarize. If not, please address your top 3 long term goals.

Suggested word count: 150 - 250

**Is your organization BIPOC, woman, or veteran led? Check all that apply.**

Multiple Selection

* BIPOC
* Woman
* Veteran

Chief Administrator and/or Board Chair

# **Financials**

Criteria:

* Is the applicant financially stable; and/or does the application explain changes in finances due to the pandemic and steps being taken or planned, to address needs and changes?

**Method of Accounting \***

Cash or Accrual

**Fiscal year covering the period (dd/mm/yy - dd/mm/yy): \***

**Financials Table Instructions**

*Figures should be entered directly into the web version of the application. An editable excel version is available to download but does not replace the web version of the table.*

Outline real expenses for your organization's most recently completed fiscal year, the approved budget for this fiscal year, and next year's budget. Carry forward Ending Balance from prior fiscal year (Deficit or Surplus). Round up or down to the nearest $10.

**8. Explain each component of the financials table and any substantial differences (20% or greater) between your previous year’s budget and the current fiscal year budget. \***

Explain the influence of the pandemic on these differences, accumulated surplus, deficit, and plans to rebuild/build reserves and/or endowments.

Have you applied for and/or received funding from the Virginia Commission for the Arts?

Suggested word count: 200 – 300

**9. What else would you like the review panel to know about your organization? (Optional)**

Suggested word count: 150 – 250

# **Submission**

Before submitting, please check each box below to confirm that you have uploaded the required materials.

**Upload Checklist \***

* IRS Letter of Determination
* List of Board members with addresses
* Treasurer's Report or Audit for most recently completed fiscal year
* Most recent IRS 990 (do not include schedules)
* Staff and Board bios
* Coversheet for work samples and supplementary materials
* Work samples (photographs, audio, and/or video links)
* Supplemental materials (reviews, articles, testimonials, programs, letters of support, flyers, etc.)

**Grant Contact Name \***

**Chief Administrator Title \***

**Chief Administrator Name \***

**Board Member Title \***

**Board Member Name \***

**Date of Submission \***

# **You have reached the end of the application.**

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