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Description automatically generated

FY23 Project Support Grant Application

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](mailto: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: \***

* IRS Determination Letter
* Treasurer's Report/Audit \*
* Board List with addresses \* \*
* VA Form 102 Remittance for Charitable Organization
* Most Recent 990/990-N/990-EZ (do not include schedules)

\*Audit required for organizations with budgets over $750,000 expenses for most recently completed fiscal year.

\*\*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.

**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.

**Project Contact Name \***

**Project Contact Title \***

**Project Contact Email \***

**Project Contact Phone Number \***

**Chief Administrator Name \***

**Chief Administrator Title \***

**Chief Administrator Email \***

**Chief Administrator Phone Number \***

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

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

**Chairman's Email \***

**Chairman's Phone Number \***

**Chairman's Address Floor/Suite/Apt.**

**City**

**State**

**Zip**

**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.

**Has your organization applied to ArtsFairfax in the past? \***

**Annual Number of Performances**

**Annual Number of Exhibitions**

Include all performances, exhibitions, rehearsals, classes, workshops, etc.

**Organization's Total Audience \***

Include audience and participants in all annual events

**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).

**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.

**Based upon your most recently completed fiscal year expenses, what is the overall budget size of your organization? \***

Level 1 – Under $50,000

Level 2 - $50,000-$100,000

Level 3 - $100,000-$250,000

Level 4 - $250,000-$500,000

Level 5 - Over $500,000

**How did you hear about the grant program?**

Choose all that apply.

# **Organizational Profile**

**Describe the applicant organization’s history, mission, and goals. \***

Suggested word count: 150 – 300

**If your organization is based in the City of Fairfax or Falls Church, describe the organization's service to Fairfax County by referring to specific audience/participation and program/activity location statistics.**

Suggested word count: 100 – 200

# **Project Information**

**Select the appropriate category for your project. \***

Select from list.

You may apply in only one Project Support category. Grants in all categories range from $1,000 to $30,000. Applicants may be granted an amount less than requested.

**Project Marketing Description: Provide a brief overview of your project. Use clear language that can be understood readily by readers who may not be familiar with the discipline or subject area. \***

If your project is funded, the ArtsFairfax will use this description in publicity materials to describe your project activities.

Suggested word count: 100 - 200

**Check the appropriate Fairfax County Magisterial District(s) for your project's location(s). \***

Select all that apply.

Please verify the magisterial district by entering your street address in the Fairfax County My Neighborhood site:

http://www.fairfaxcounty.gov/myneighborhood/

**Project Title \***

**Amount Requested \***

Awards in all categories range from $1,000 to $30,000. Applicants may be granted an amount less than requested.

**Total Project Budget \***

**Start Date \***

**End Date \***

**Estimated audience for this project \***

**Outline the schedule of completion for major project tasks included in your project. Who is planning and executing the major project tasks?**

Suggested word count: 150 – 250

**Activities Table Instructions**

Label the activity type as class, workshop, exhibition, performance, rehearsal, etc.

Activities listed must take place during the grant period: July 1, 2022 - June 30, 2023 in order to qualify for funding.

An Excel Worksheet practice table is available to download on the ArtsFairfax website.

**Upload Project Staff List with bios \***

Upload:

* List of key project staff, Board members, and Consultants with bios. List only those involved with the project.

**What are the key partnerships are involved with this project? How do these partnerships serve or advance your project's goals? \***

Include government agencies, other funds, sponsors, schools, universities, faith-based organizations, and media.

Suggested word count: 200 – 300

# **Narrative**

**1. Describe how this project relates to your organizational mission. Is this a new project for your organization? If not, has the project received funding from ArtsFairfax previously? What's new or different from previous activity? \***

Suggested word count: 300 - 500

**2. Category Specific Questions (choose your category): \***

a. Arts in Education

b. Opportunity

c. Partnerships with Individual Artists, Artist Teams/Collectives, non 501(c)(3) Arts Groups

d. Arts Access

**2a. If the proposed project is in the Arts in Education category: Describe the project’s artistic and educational goals for the participants. \***

Consider:

* Are the project’s artistic and educational goals clear and appropriate for the grade level(s), community served, and/or state standards of learning?

Suggested word count: 200 - 300

**2b. If the proposed project is in the Opportunity category: Describe how the project responds to a typical or out of the ordinary opportunity for your organization. \***

Consider:

* Does the project respond to an atypical or out of the ordinary opportunity that otherwise would be out of reach?

Suggested word count: 200 – 300

**2c. If the proposed project is in the Partnerships with Individual Artist category: Describe the partnership between the organization and the artist, and highlight the artistic resources. \***

Consider:

* Does the project prioritize Fairfax artists, artist cooperatives, non-501(c)(3) arts groups?

Suggested word count: 200 – 300

**2d. If the proposed project is in the Arts Access category: Describe how the project strengthens arts engagement in an underserved and/or economically disadvantaged community or district. \***

Consider:

* Is the target community under resourced or underserved by the arts?
* If the applicant is outside the community served, is there at least one community-based partner?

Underserved refers to populations who face barriers in accessing the arts, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, and populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age)

**3. How will you evaluate success in meeting your goals for this project (e.g., by # of participants, attendance as a % of capacity, ticket sales, testimonials, reviews)? \***

Suggested word count: 100 – 200

**4. Describe your organization’s ability to carry out this project. Provide examples of similar or related activities and their outcomes. \***

Suggested word count: 100 – 200

**5. What are your plans for marketing and promoting your project activities? \***

Suggested word count: 100 – 200

**6. Describe how this project fits into a broader effort to serve a diverse range of audiences. \***

Diversity includes age, race, color, sex, sexual orientation, gender identity, religion, national origin, marital status, disability, socio-economic status or neighborhood of residence and other characteristics.

Suggested word count: 200 – 300

# **Budget**

**Project Budget Table Instructions**

* Enter your data directly into the table.
* Round up or down to the nearest $10.
* As you enter data, the table will automatically calculate the "subtotal" and "total" cells.
* "Total Income" (Line 22, column A) must equal "Total Expenses" (Line 38, Column C).
* Use the notes columns to label your rows or connect to footnotes in the Budget Narrative.
* An Excel Worksheet practice table is available to download on the ArtsFairfax website.

**Project Budget Narrative \***

* The Budget Narrative explains all elements of your project budget. Describe any expenses for equipment, supplies, travel, or services. If your project budget includes "other" project expenses that are greater than $1,000, explain those expenses.
* If funding is requested for salaries of permanent staff, explain why and how the regular duties of these individuals will be performed during the grant period.
* Explain and justify the role of any consultants and third-party vendors to be employed in the project and how each was identified and selected.
* Identify in-kind goods and services in both expenses and revenues.

Suggested word count: 200 - 300

**Is the Project feasible at less than full funding, and if so, how would the budget be adjusted? \***

Suggested word count: 100 - 200

**What else would you like the review panel to know about this project? (Optional)**

Suggested word count: 100 – 200

# **Additional Uploads**

**Upload Coversheet for Work Samples and Supplemental Materials \***

Upload:

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

Use the Cover Sheet to describe each work sample and supplemental material. Include links to videos and time stamps as needed.

**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 on 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 work 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

**Supplementary Material \***

Submit up to three Supplementary Materials that describe recent activities (within the last two years). Supplementary Materials include 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.

Audio and video 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.

# **Submission**

**Upload Checklist \***

* IRS Letter of Determination
* Board List with Addresses
* Treasurer's Report or Audit for most recently completed fiscal year (audit required if applicant's expenses exceed $750,000)
* VA Form 102 Remittance for Charitable Organization
* Most recent IRS 990 (do not include schedules)
* List of key project staff, Board members, and consultants with 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.)

Please check each box to confirm that you have uploaded the required materials.

**Project Contact Name \***

**Chief Administrator Name \***

**Chief Administrator Title \***

**Board Member Name \***

**Board Member Title \***

**Date of Submission \***

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

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