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Description automatically generated

FY23 Pandemic Recovery 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
* No

Before submitting the application, contact ArtsFairfax Grants Manager Jackie Dubin at jdubin@artsfairfax.org. Provide name and contact information of your Fiscal Sponsor.

**Upload Required Eligibility Documents for verification:**

Upload 5 documents:

1. IRS Determination Letter
2. Treasurer's Report/Audit
3. Board List with addresses\*
4. VA Form 102 Remittance for Charitable Organization\*\*
5. Most recent IRS Form 990 (do not include schedules)

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

\*\*This form will be used to verify your organization's physical street address. If you do not have a recent form on file, complete and upload pages 1-3 and 7 (signature page).

# **APPLICANT INFORMATION**

**Organization Name \***

**FEIN Number\***

Format: 000000000 (nine digits, no dash)

**Mailing Address (and Floor/Suite/Apt), City, State, Zipcode\***

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

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

* Yes
* No

**Physical Street Address and Floor/Suite/Apt, City, State, Zip Code**

P.O. Boxes will not be accepted. "Primary address" means the bona fide physical street address of the organization as specified on page 2 of the VA Form 102 Remittance for Charitable Organization.

Pursuant to §57-49.2 of the Code of Virginia, if the organization does not maintain an office, use the address of the person having custody of its financial records.

**Select the appropriate Fairfax County magisterial district or independent city for your organization's street address.\***

* Braddock
* Dranesville
* Hunter Mill
* Lee
* Mason
* Mount Vernon
* Providence
* Springfield
* Sully
* City of Fairfax
* City of Falls Church

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

\*Refer to "primary address" on page 2 of the VA Form 102 Remittance for Charitable Organization

**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\***

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

* BIPOC
* Woman
* Veteran

Leadership includes Board and senior staff.

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

* Yes
* No

**Has your organization received COVID19 relief funding?\***

* ArtsFairfax Emergency Relief and Recovery Grant (ERR)
* Fairfax County Active Thriving Community Grant (ATC)
* Fairfax County Pivot Grant
* Fairfax County RISE Grant
* American Rescue Plan (ARP) through Virginia Commission for the Arts (VCA)
* Paycheck Protection Program Loan (PPP)
* Shuttered Venue Operators Grant (SVOG)
* Other Federal Funding (NEA, ARP, CARES)
* Other Relief Funding not listed
  + Please specify.\*

**Select the category that best describes the primary activity of your organization.\***

* Arts Education
* Dance
* Film
* Instrumental Music
* Literature
* Multidisciplinary/arts services
* Theatre
* Visual Arts
* Vocal Music/Opera

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

* Arts Education
* Dance
* Film
* Instrumental Music
* Literature
* Multidisciplinary/arts services
* Theatre
* Visual Arts
* Vocal Music/Opera

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

* Level 1: under $100,000
* Level 2: $100,000 - $250,000
* Level 3: 250,000 - $500,000

Organizations with budgets over $500,000 are not eligible for this grant.

**Total Annual Number of Events\***

Include all performances, exhibitions, programs, workshops, camps, classes, lectures etc.

**Organization's Total Audience\***

Include audience and participants in all annual events

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

* ArtsFairfax website
* ArtsFairfax Staff
* Social Media
* Email
* Other
  + Please specify.

# **ORGANIZATIONAL PROFILE**

*(History, Mission, Relevance, Capacity)*

*Review Criteria:*

1. *Does the applicant provide clear, specific, and thorough evidence of vision, mission, goals?*
2. *Does the applicant use demographic data to describe their service area, leadership and staff, participants, and how the community informs their identity, mission, leadership, and programs?*
3. *Does the organization’s management (paid or volunteer) conduct its programs effectively?*

**1. Briefly describe your organization’s history, mission, vision, and goals.\***

Discuss key milestones or goals reached during the organization’s history as well as most important programmatic successes.

Suggested word count: 300

**2. Who does your organization serve and how does the community inform your identity, mission, leadership, and programs?\***

Use demographic tools in grant resources as well as data collected from attendees/participants through surveys, evaluations, focus groups, interviews, etc.

Suggested Word Count: 200

**2a. If your organization is based in the City of Fairfax or the City of Falls Church, please describe how the organization serves Fairfax County.**

Suggested Word Count: 100

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

* Yes
* No

**Required File Upload: Staff Bios\***

Upload staff list with bios for key Board and Staff members.

# **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)*

*Review Criteria:*

1. *Do the programs and services effectively fulfill the applicant’s mission and goals?*
2. *Do the programs offer the public greater access to underrepresented artists and art forms?*

**3. Describe your organization's programs and services. How do the programs offer the public greater access to underrepresented artists and art forms?\***

Suggested word count: 300

**Required Upload: Work Samples\***

Upload:

* Up to three recent examples of original work. Do not 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. Links to video or audio samples can be listed in the answer box below.

Name the file Work-Sample-01\_Organization Name

**Work Samples List and Descriptions\***

List and describe each work sample. List each sample on a separate line. Include links to videos and time stamps as needed.

Include the 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.

Samples may be uploaded to this application OR hosted publicly online. Links to work samples may be included in the answer box. Please ensure links are live and samples can be viewed without an email, account, or subscription.

Specify start and end times for viewing and listening for longer videos (panelists will view a maximum of five minutes total).

# **COMMUNITY ENGAGEMENT**

*(An organization’s ability to meaningfully engage with its community to achieve its mission)*

*Review Criteria:*

1. *Are programs and outreach activities accessible for all residents of Fairfax County, especially underserved populations including but not limited to youth, senior citizens, people with disabilities, minorities, ethnic communities, LGBTQIA+, and those in underserved areas?*
2. *Is there evidence of effective marketing of the organization’s programs?*

**4. How do you inform the community of your programs and services? Check all that apply.\***

* Website
* Email
* Social media
* Newsletters
* List servs
* Event calendars
* Mailings (flyers, postcards, brochures, etc.)
* Media - newspapers, radio, TV
* Word of mouth
* Paid advertisements
* Other
  + - Please specify.

**5. How do you ensure that your programs and services are accessible to all residents?\***

Suggested Word Count: 200

# **COMMITMENT TO DIVERSITY/EQUITY/INCLUSION/ACCESS AND SERVICE TO UNDERSERVED AND ECONOMICALLY DISADVANTAGED COMMUNITIES**

*Review Criteria:*

* 1. *Does the applicant offer public artistic activities that reflect the diversity of the population of Fairfax County?*
  2. *Are the applicant’s efforts to understand Fairfax County’s diversity and respond to the audiences, communities, and geographies it serves evident?*
  3. *Does the applicant serve economically disadvantaged areas and/or underserved areas of the County?*

**6. How do your organization's programs, policies, and goals demonstrate a commitment to DEIA and economically disadvantaged communities?\***

You may discuss programming, policies, goals, recent or ongoing growth, staff training, community partnerships, audience and participants, geographic service area, accessibility infrastructure or accommodations, etc.

Resources:

* Use Resources at https://artsfairfax.org/pandemicrecovery/ including the Census data link to describe the makeup of your service area and the community served in Fairfax County. Click Here
* Districts relatively underserved by the arts. Click Here

Definitions:

* Diversity is all the ways people differ including age, race, color, sex, sexual orientation, gender identity, religion, national origin, marital status, disability, socio-economic status, neighborhood of residence, and other characteristics.
* Equity is fairness and justice in programming and policy that results in all residents having opportunity to fully participate.
* Inclusion is the act of creating environments ere everyone feels welcomed, respected, and valued.
* Access is a measure of how easily someone can participate including physical, social, and economic barriers.
* 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).

Suggested word count: 200

# **FINANCIALS**

*Review Criteria:*

* 1. *Does the applicant exhibit sound fiscal management? Consider Treasurer's Report/Audit, 990, and narrative.*

**7. Is your organization financially stable? \***

Discuss how financial decisions are made, the status of organizational reserves, and steps taken to maintain stability and adapt to the financial challenges of the pandemic.

Suggested word count: 200

# **PANDEMIC IMPACT**

*Review Criteria*

* 1. *Is the impact on organization financials, staff, mission-critical activities, and/or participation/audience clearly demonstrated and explained?*

**8. Describe the impact of the COVID-19 pandemic on your organization's financials, staff, mission-critical activities, and/or audiences.\***

Suggested word count: 300

**Required Upload: Pandemic Impact Documentation\***

Upload:

* Pandemic Impact Documentation: files may include comparative financial records, comparative participation/audience records, cancellation notices, etc.

Use narrative question 8 above to explain your impact documentation.

# **SUBMISSION**

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

Suggested word count: 100

**Upload Checklist\***

* IRS Letter of Determination
* Board List with Addresses
* Treasurer's Report or Audit for most recently completed fiscal year
* VA Form 102 Remittance for Charitable Organization
* Most recent IRS 990 (do not include schedules)
* Staff list with bios
* Work samples (photographs, audio, and/or video links)
* Impact Documentation

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

**Grant Contact Name\***

**Chief Administrator Name\***

**Board Member Name\***

**Date of Submission\***

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

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