FY23 Ticket Subsidy 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**

**Upload Required Eligibility Documents\***

Upload 3 documents:

1. IRS Determination Letter
2. Board List with addresses\*
3. VA Form 102 Remittance for Charitable Organization\*\*

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

\*\*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). Form 100 may be submitted for organizations with budgets under $5,000.

VA Form 102: <https://www.vdacs.virginia.gov/pdf/oca102registrationstatement.pdf>

VA Form 102 info and database: <https://www.vdacs.virginia.gov/food-charitable-solicitation.shtml>

# **APPLICANT INFORMATION**

**Organization Name\***

**FEIN Number\***Format: 000000000 (nine digits, no dash)

**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 physical address? If not, please complete the following fields for your physical location. \***Yes or 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
* Franconia
* Mason
* Mount Vernon
* Providence
* Springfield
* Sully
* City of Fairfax
* City of Falls Church

**Phone Number\***

**Website\***

**Social Media**List handles or links to social media channels such as Facebook, Instagram, Twitter, YouTube, LinkedIn, Flickr, Vimeo, TikTok, Tumblr, SoundCloud, Bandcamp, etc.

**Grant Contact Name\*, Email\*, Phone Number\***

**Chief Administrator Name\*, Email\*, Phone Number\***

**Board Chair Name\*, Email\*, Phone Number\***

# **PROGRAM OVERVIEW**

***Criteria***

*a) Underserved\* Audience is well documented.*

*b) Marketing Plan is realistic.*

*\*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, immigration status, or age).*

**Proposed Program Date(s)\***Programs spanning multiple dates is considered one singular program. Programs must take place before June 30, 2023.

**Community Partner Organization(s) Type (Check all that apply)\***

* Child Care Center
* Teen Center
* Senior Center
* Community Center
* Faith Based Organization
* School
* Affordable Housing
* Homeless or Emergency Shelter
* Veteran Services
* Human Services
* Assisted Living, Memory Care, or Adult Day
* Health and Wellness
* Other

**Name of Community Partner Organization(s)\***

**Program Name\***

**1. Program Description\***Where is the program taking place? What activities will be available?

Suggested word count: 100

**2. How will your audience/participants access transportation for this program?\***Suggested word count: 100

**3. Who are the audience/participant targets for this program? Describe your outreach and partnerships to the target community or communities. \***What steps have you taken to begin outreach? Discuss why you chose this target audience/partnership as well as any previous successes. How will this audience benefit from this program? Did you use the NCS/FCPS/FCDOT contacts in the Ticket Subsidy Grant resources? Is this a new initiative?

Suggested word count: 200

**4. How many are being served? What is the cost per person for eligible expenses (ticket price, tuition, transportation, etc.)? Please provide the breakdown by audience demographics (student, senior …).\***

**Amount Requested (up to $5,000)\***Eligible Expenses:

* Ticket value (free or reduced price).
* Fees/Tuition for classes, workshops, camps.
* Transportation expenses.

**(Optional) Upload Support Documents**

Support documents may include letters of support, documentation of partnerships or outreach, expenses, etc. Upload up to 3 (optional).

**5. (Optional) What else would you like us to know about this program?**Suggested Word Count: 150

**How did you hear about this grant?\***

* ArtsFairfax Website
* ArtsFairfax Staff
* Social Media
* Fairfax County Human Services Partner Organization
* Email
* Other

**Upload Checklist\***

* IRS Letter of Determination
* Board List with Addresses
* VA Form 102

**Date of Submission\***

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

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