

OUTSIDE AGENCY GRANT APPLICATION
Fiscal Year 2025
City of Gainesville

APPLICATION
DEADLINE

MAY 1, 2024

Application Date: _____

Grant Amount Requested: _____
(\$4,000; \$8,000 or \$12,000- Refer to Grant Guidelines)

ORGANIZATION AND CONTACT INFORMATION

Applicant/Organization Legal Name: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Applicant County: _____ Website _____

Applicant's Federal Employer ID#: _____ Legal Status: _____

Primary Contact: _____ Title: _____ Phone: _____

Email Address (**mandatory**): _____

NOTE: All mailings from the City regarding this grant application will be sent to the organization's mailing address indicated above.

FUNDING HISTORY

Have you or your organization received any funding or in-kind services grants from the City of Gainesville in the last three fiscal years (Oct 1- Sept 31)?

☐ YES ☐ NO If YES, please complete the following information, attach additional sheets if necessary:

Fiscal Year	Grant Program Name	Project/Event Name	Amount	In-Kind

OUTSIDE AGENCY GRANT APPLICATION CHECKLIST

Please use the following list to make sure all applicable and required documentation is included in your application.

Note: Incomplete applications will not be considered for review by the CAB. The applicant is solely responsible for ensuring completeness of their application.

1. A completed Outside Agency Grant Application Form with original signatures.	5. An organizational chart outlining the agency's reporting structure, showing paid and unpaid positions.
2. A list of the current board members and their affiliations	6. Printed materials such as reviews, letters of support and related publications. LIMITED QTY ALLOWED: see guidelines.
3. An organization history, with founding date.	7. Copy of applicant's CURRENT IRS determination letter.
4. A copy of the board minutes documenting approval of this grant application.	8. An audited financial statement <u>or</u> internally prepared financial statements <u>and</u> the signed copy of IRS Form 990 if required by law.
9. Two (2) hard copies and one (1) electronic copy via email of the FINAL application to the address shown below.	

We/I hereby certify that the above documents, which are **required** for consideration of this application, are complete, accurate and are included with the original application packet in the order indicated above.

Signature of Authorized Official

Signature of Contact Person

Typed Name of Authorized Official Date

Typed Name of Contact Person Date

APPLICATION SUBMISSION: Applications can be uploaded to <https://filedrop.gru.com> with the recipient email address prcagrants@cityofgainesville.org or mailed or hand delivered to the following addresses:

<i>Mailing address</i>	<i>Hand Deliver Address</i>
<p style="text-align: center;">City of Gainesville Parks, Recreation & Cultural Affairs P. O. Box 490, Mail Station 30 Gainesville, FL 32627</p> <p style="text-align: center;">prcagrants@cityofgainesville.org</p> <p style="text-align: center;">ATTN: Ashley Reichenbach</p>	<p style="text-align: center;">City of Gainesville The Historic Thomas Center Building A, Room 209 306 N. E. 6th Avenue Gainesville, FL 32601</p> <p style="text-align: center;">prcagrants@cityofgainesville.org</p> <p style="text-align: center;">ATTN: Ashley Reichenbach</p>

ORGANIZATION INFORMATION

In the space provided below, describe the role (s) and qualifications of the personnel who will be involved in the program/project. Please use font size no smaller than 11 point.

Grant Contact Person

Name:

Title:

Phone:

Fiscal Officer

Name:

Title:

Phone:

Other Key Personnel

Name:

Title:

Phone:

Other Key Personnel

Name:	Title:	Phone:

Other Key Personnel

Name:	Title:	Phone:

Other Key Personnel

Name:	Title:	Phone:

ORGANIZATION INFORMATION (continued)

In the space below, provide the mission statement, history, programs and services, etc. NOTE: Each question has a defined response length; do not exceed the space provided. Please use font size no smaller than 11 point.

1. Organization Mission and History**2. Provide a brief summation demonstrating growth of programs, budget, services and staff.**

3. Describe how your organization includes culturally diverse populations on boards and staff.

4. Describe how your organization includes culturally diverse populations in program development efforts

5. Describe your organization's participation, partnership or collaborations with other organizations or programs (i.e. cultural organizations, organizations that support historically excluded populations, cross promotions with restaurants, hotels, etc.).

MINORITY AND SPECIAL CONSTITUENCY INFORMATION		
Is the applicant a minority-operated agency?	YES NO	If yes, please specify:
Is the proposed program/event designed to serve a minority or special constituency audience?	YES NO	If yes, please specify:
Are the program/event facilities and sites accessible by reduced barriers in the form of price, logistics, transportation, handicapped access and/or age?	YES NO	If yes, please specify:

ORGANIZATION BUDGET SUMMARY- REVENUE

Describe your organization's PROPOSED income including the funds you are requesting. List all organizational related revenues. Round to the nearest dollar amount (do not show cents).

NOTE: Total expenses and revenues must equal!

PROPOSED REVENUES		
DESCRIPTION	PROPOSED REVENUE	REVENUE SOURCE
Admissions		
Contracted Services Revenue		
Other Revenue		
Corporate Support		
Foundation Support		
Private/Individual Support		
Government Support – Federal		
Government Support - State		
Government Support – County		
Government Support – Local		
Government Support – Local (Arts Tag)		
Government Support – Local (Support Services)		
Outside Agency - Grant Request		
TOTAL PROPOSED REVENUES		

ORGANIZATION BUDGET SUMMARY- EXPENSES

Please attach an audited financial statement/internally prepared statement and a copy of IRS Form 990, if one was filed. Provide meeting minutes documenting the financial statement was approved by the Board of Directors.

Describe your organization's PROPOSED budget including the funds you are requesting. List all organizational related expenses. Round to the nearest dollar amount (do not show cents).

NOTE: Total expenses and revenues must equal!

PROPOSED EXPENSES		
DESCRIPTION	TOTAL ORGANIZATION BUDGET	OUTSIDE AGENCY GRANT EXPENSES
	(Include Outside Agency Grant Expenses)	(Budget Details)
Personnel – Administrative		
Personnel – Artistic		
Personnel – Technical/Production		
Outside Artistic Fees and Services		
Outside Other Fees and Services		
Space Rental		
Equipment Rental		
Travel		
Marketing/Advertising/Publicity		
Material & Supplies		
Printing		
Postage		
Remaining Operating Expenses		
TOTAL PROPOSED EXPENSES*		

OTHER RESOURCES			
DESCRIPTION	VOLUNTEER HOURS	IN-KIND CONTRIBUTIONS (NON-CITY)	IN-KIND (Not Part of this Grant Request)
Personnel – Administrative			
<i>Personnel – Artistic</i>			
Personnel – Technical/Production			
Outside Artistic Fees and Services			
Outside Other Fees and Services			
Space Rental			
Equipment Rental			
Travel			
Marketing/Advertising/Publicity			
Material & Supplies			
Printing			
Postage			
Remaining Operating Expenses			
City Building Rental (Thomas Center, Wilhelmina Johnson Resource Center, Recreation Centers, etc.)			
Other (Give Explanation)			
TOTAL			

ENDOWMENT/CASH RESERVES	
1. Does the Organization have an endowment or cash reserves?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If yes, what is the estimated value?	
3. If no, what are the organizations' plans to build an endowment or cash reserve fund?	

PROPOSAL DESCRIPTION

PLEASE GIVE A DETAILED DESCRIPTION TO THE FOLLOWING QUESTIONS. NOTE: Each question has a defined response length; do not exceed the space provided. Please use font size no smaller than 11 pt. (Preferred Typeface: Times New Roman/Arial)

PROPOSED GRANT SUMMARY INFORMATION

Event/Program Site(s):	Number of artists participating in your program(s)/event(s):
Number of performances/activities:	Number of individuals expected to directly benefit from this program/event:

1. Provide an overview and goals of the organization for which funds are being requested in a clear and concise narrative.

2. Objectives and Methods: Describe how the organization will achieve its goals.

3. Method of Evaluation: What methods will be used to evaluate the success of your organization (i.e., attendance figures, surveys, impact of programs on historically excluded populations, press reviews, etc.)?

4. Describe when and where your organization's programs/events will take place (provide an event schedule if appropriate).

5. Describe your organization's target audience, marketing plan and how you plan to reach out to new audiences.

ORGANIZATION SEASON INFORMATION	
Organization Name	
Season	
Year	
Address	
City	
State	
Zip	
Phone	
Fax	
E-mail	
Website	
Other Information	

On the form below, briefly list the organization's past, current and proposed season schedule or public events. You may continue the listing on a separate page if necessary.

MOST RECENTLY COMPLETED YEAR (October 1, 2022 – September 30, 2023)[illegible]**PROPOSED YEAR** (October 1, 2024 – September 30, 2025)[illegible]

CULTURAL AFFAIRS USE ONLY

Date Received by CAS: ____/____/____.

Approved Yes ☐ No ☐

Date Approved by CAB: ____/____/____.