

**OUTSIDE AGENCY GRANT APPLICATION**  
**Fiscal Year 2025**  
 City of Gainesville

|   |
|---|
| APPLICATION<br>DEADLINE<br><b>MAY 1, 2024</b> |
|---|

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](mailto:prcagrants@cityofgainesville.org) or mailed or hand delivered to the following addresses:

| <b>Mailing address</b>   | <b>Hand Deliver Address</b>  |
|--|--|
| City of Gainesville<br>Parks, Recreation & Cultural Affairs<br>P. O. Box 490, Mail Station 30<br>Gainesville, FL 32627<br><br><a href="mailto:prcagrants@cityofgainesville.org">prcagrants@cityofgainesville.org</a><br><br>ATTN: Ashley Reichenbach | City of Gainesville<br>The Historic Thomas Center<br>Building A, Room 209<br>306 N. E. 6 <sup>th</sup> Avenue<br>Gainesville, FL 32601<br><a href="mailto:prcagrants@cityofgainesville.org">prcagrants@cityofgainesville.org</a><br><br>ATTN: Ashley Reichenbach |

**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!**

| <b>PROPOSED REVENUES</b>                      |                         |                       |
|---|-------------------------|-----------------------|
| <b>DESCRIPTION</b>                            | <b>PROPOSED REVENUE</b> | <b>REVENUE SOURCE</b> |
| 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) |                         |                       |
| <b>Outside Agency - Grant Request</b>         |                         |                       |
| <b>TOTAL PROPOSED REVENUES</b>                |                         |                       |



**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!**

| <b>PROPOSED EXPENSES</b>           |  |   |
|------------------------------------|--|---|
| <b>DESCRIPTION</b>                 | <b>TOTAL ORGANIZATION BUDGET</b><br><small>(Include Outside Agency Grant Expenses)</small> | <b>OUTSIDE AGENCY GRANT EXPENSES</b><br><small>(Budget Details)</small> |
| 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       |  |   |
| <b>TOTAL PROPOSED EXPENSES*</b>    |  |   |

| <b>OTHER RESOURCES</b>   |                        |   |  |
|--|------------------------|---|--|
| <b>DESCRIPTION</b>   | <b>VOLUNTEER HOURS</b> | <b>IN-KIND CONTRIBUTIONS (NON-CITY)</b> | <b>IN-KIND</b><br>(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)   |                        |   |  |
| <b>TOTAL</b>   |                        |   |  |

| <b>ENDOWMENT/CASH RESERVES</b>  |  |
|---|--|
| 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.**



**CULTURAL AFFAIRS USE ONLY**

Date Received by CAS: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Approved Yes  No

Date Approved by CAB: \_\_\_\_/\_\_\_\_/\_\_\_\_.