



**FY 2007-08**  
**APPLICATION FOR MAJOR GRANT**  
*Must be submitted no later than May 11, 2007*

**THIS APPLICATION MUST BE TYPED AND SUBMITTED ON EITHER THIS FORM OR THE ELECTRONIC TEMPLATE AVAILABLE AT THE CONTACT POINTS BELOW**

If mailing, mail to:

Cultural Affairs Commission  
c/o Jim Wear, Creative Arts Mgr.  
City of Plano  
P. O. Box 860358  
Plano, TX 75086-0358

If hand delivering, deliver to:

Cultural Affairs Commission  
c/o Jim Wear, Creative Arts Mgr.  
City of Plano  
1517 Avenue H, 1st Floor, Suite 133  
Plano, TX 75074

**APPLICANT ORGANIZATION:** \_\_\_\_\_

**ORGANIZATION DIRECTOR:** \_\_\_\_\_

**PROGRAM ADMINISTRATOR:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ email: \_\_\_\_\_

**GRANT CONTACT PERSON:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ email: \_\_\_\_\_

**FINANCE OFFICER:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ email: \_\_\_\_\_



**CLASSIFICATION:**

For the purposes of this program, organizations seeking support would be classified in the following manner:

Community Arts Organization – Those organizations that primarily utilize volunteer talent, and volunteer administration, and may or may not have one paid employee or artistic director.

Semi-Professional Arts Organization – Those organizations that use a combination of volunteer and paid talent, and may or may not utilize paid administration and/or artistic direction.

Professional Arts Organization – Those organizations that use paid talent, paid administration and paid artistic direction.

Please indicate which type of organization best describes yours:

Community       Semi-Professional       Professional

**VALIDATION OF APPLICATION**

The signatory declares that he/she is an authorized official of the applicant, is authorized to make this application, and certifies that the information in this application is true and correct to the best of his/her knowledge. Signatory further declares that applicant, if previously funded by the City of Plano, has successfully fulfilled all prior Grant contract obligations.

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title within Organization

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Email Address



**GRANT AMOUNTS:**

Amount Requested for 2007-08 \$ \_\_\_\_\_  
 Amount Received for 2006-07 \$ \_\_\_\_\_  
 Percent increase requested over last year's grant \_\_\_\_\_%

**2007-08 BUDGET SUMMARY:**

	CITY FUNDS	OTHER FUNDS	TOTAL
<b>PERSONNEL</b> (as itemized on page 6)			
<b>CONTRACTED SERVICES</b> (as itemized on page 6)			
<b>TRAVEL</b> (as itemized on page 6)			
<b>RENTAL EXPENSE</b> (as itemized on page 7)			
<b>DEPRECIATION/MORTGAGE INTEREST</b>	N/A		
<b>ADVERTISING &amp; PROMOTION</b> (as itemized on page 7)			
<b>INSURANCE</b> (as itemized on page 7)			
<b>OTHER EXPENSES</b> (as itemized on page 8)			
<b>VOLUNTEER TIME</b> (located on page 9) *must match total on most recent tax return*	N/A		
<b>DONATED GOODS/SERVICES</b> (located on page 10)	N/A		
<b>Total</b>			

**Grand Total Requested:**

*(Must balance to "Grand Total Requested" on bottom of page 8)*

**Grand Total** .....\$ \_\_\_\_\_

**Grand Total Requested divided by (last completed year's expenses less restricted expenses) equals**.....%

Grants to an organization will not exceed 25% of the organization's previous fiscal year's expenditures less the above-restricted expenses.



**COMPARISON OF ACTUAL, PROJECTED AND PROPOSED BUDGET**

APPLICANT'S FISCAL YEAR IS \_\_\_\_\_ TO \_\_\_\_\_  
 Month Month

Financial Recap for Grant Year 2005-06  
 Projected Budget for Grant Year 2006-07  
 Proposed Budget for Grant Year 2007-08

	<u>Last Complete FY 2005-06</u>	<u>Current Budget FY 2006-07</u>	<u>Proposed Budget FY 2007-08</u>
A. Earned Income			
_____	_____	_____	_____
_____	_____	_____	_____
Total Earned Income	_____	_____	_____
B. Contributed Income (list below)			
_____	_____	_____	_____
_____	_____	_____	_____
Total Contributed Income	_____	_____	_____
C. In Kind Income (list below)			
C1. <u>Donated Goods or Services</u>	_____	_____	_____
C2. <u>Volunteer Time</u>	_____	_____	_____
D. Total All Income (A+B+C)	_____	_____	_____
E. Expenses (list below)			
E1. Personnel	_____	_____	_____
E2. Contracted Services	_____	_____	_____
E3. Travel	_____	_____	_____
E4. Rental Expense	_____	_____	_____
E5. Advertising & Promotion	_____	_____	_____



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	Last Complete <u>FY 2005-06</u>	Current Budget <u>FY 2006-07</u>	Proposed Budget <u>FY 2007-08</u>
E6. Insurance	_____	_____	_____
E7. Other Expenses	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
F. Depreciation/Mortgage Interest	_____	_____	_____
G. Total Expenses	_____	_____	_____
H. Total Income (D)	_____	_____	_____
Minus	_____	_____	_____
Total Expenses (G)	_____	_____	_____
Equals Net	_____	_____	_____

Attach to this application (all 10 copies):

- Balance Sheet and Statement of Income and Expenses **AND** Form 990 as filed with the U.S. Internal Revenue Services for the **two** most recently ended fiscal years.

*Use the following pages to itemize your request.*



**2007-08 BUDGET CATEGORY ITEMIZATION FOR FUNDS REQUESTED**

**Personnel (Artistic, Cultural, Technical and Administrative Staff)**

Please list all compensated employees, whether full or part time.

Name	Title	FT/PT	Salary & Benefits	Amount Requested

**Total Amount Requested** \$ \_\_\_\_\_

**Contracted Services**

Description	Amount Requested

**Total Amount Requested** \$ \_\_\_\_\_

**Travel**

Description	Amount Requested

**Total Amount Requested** \$ \_\_\_\_\_



**Rental Expense**

Description	Amount Requested

**Total Amount Requested** \$ \_\_\_\_\_

**Advertising & Promotion**

Name	Amount Requested

**Total Amount Requested** \$ \_\_\_\_\_

**Insurance**

Type	Amount Requested

**Total Amount Requested** \$ \_\_\_\_\_



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**Other Expenses:** *(List any type of expenses greater than \$250.00 as a separate line item.)*

Description	Amount Requested
<b>Total Amount Requested</b>	<b>\$ _____</b>

**Grand Total Requested \$ \_\_\_\_\_**

(Add totals from categories above. This should be the same amount listed as Grand Total Requested, located below "2007-08 Budget Summary" in the beginning of this application on page 3.)



**Volunteer Time**

<b>Number of Volunteers</b>	<b>No. of Hours</b>	<b>Services Provided</b>	<b>\$ per hour est.</b>

**Donated Goods or Services**

<b>Donated Goods/Services</b>	<b>Estimated Value</b>

**Board of Directors**

<b>Name</b>	<b>City of Residence</b>



### **Leadership Diversity**

Please indicate the percent of Staff and Board belonging to the following groups:

	%
White (not of Hispanic Origin)	
Black (not of Hispanic Origin)	
American Indian or Alaskan Native	
Hispanic	
Asian or Pacific Islander	
Multi-Racial / Other	
Male	
Female	
Young Adult (ages 21-34)	
Mature Adult (ages 35-54)	
Seniors (ages 55 and up)	

Note: Each staff or board member will belong to more than one group, so total will exceed 100%.



## **NARRATIVE QUESTIONS**

Please look at the criteria in the grant guidelines when you answer the following questions. **Be specific and give examples.** Answers to individual questions should be as brief as possible and should **never** exceed one page per question.

1. Describe the history and purpose of the organization.
2. Describe how any grant funds awarded will be used.
3. List the programs and activities for the upcoming grant year.
4. Show evidence of growth in community support prior to the grant year. Include the number of performances, exhibitions, audience sizes, services or enrollment. Be sure to include specific information as to the percent of activities taking place within the City of Plano.
5. How does your programming or project meet the definition of Artistic/Cultural/Creative merit as described in the grant guidelines?
6. How does your programming or project meet the definition of Community Outreach as described in the grant guidelines? .
7. How does your organization meet the definition of Administrative and Fiscal Responsibility as described in the grant guidelines?
8. How do you publicize your activities? How do you evaluate these efforts and what have you done to increase the effectiveness of your marketing efforts?
9. What do you consider to have been your greatest success in the last fiscal year?
10. An explanation of the public benefits to the City of Plano which will result from your organization's efforts.
11. What is your organization doing to bring visitors to Plano to stay in local hotels and otherwise support the hospitality industry?

## **OTHER REQUIRED DOCUMENTATION**

The following additional information is required to process and grant application:

- A. IRS Letter of Determination certifying federal tax-exempt status under section 501(c)(3) of the Internal Revenue Code;
- B. Statement of Good Standing from Texas Comptroller's Office
- C. Articles of Incorporation, if applicable.
- D. Constitution and/or By-Laws;
- E. If your organization's budget exceeds \$50,000 (Exclusive of in-kind) attach a copy of the last independent audit of financial records. If no audit was completed, please explain.
- F. Schedule of Board of Directors meetings for the period of October 1, 2007 through September 30, 2008. Board of Directors meetings must occur at least once per quarter.
- G. Resumes of principal staff and artists or relevant job descriptions.
- H. Organization will obtain a Certificate of Insurance for liability coverage as outlined in the attached Exhibit A. The City of Plano requires each grantee to have liability insurance to protect the public for acts by the grantee. This mandated coverage does not cover the grantee nor any of its members. We encourage the grantee to acquire insurance to cover itself and its members as it deems fit. Please see your insurance agent for the local government endorsement. The cost of the local government endorsement may be included as part of your budget to be considered for a grant. Joey Page, Risk Manager, City of Plano, is available at (972) 941-7129 if you or your insurance agent have questions on the required coverage.

## **OPTIONAL SUPPORTING DOCUMENTATION**

This should be additional material that you wish to append that further explains the activities of your organization such as:

- Long Range Plan - 3-5 years
- One labeled videotape of performance(s), exhibits, workshops, capital project and/or other activity for which City of Plano grant funds will be utilized.
- Programs, publicity, articles, review, etc.
- Letters of support from patrons or other organizations in the community.
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**ORAL PRESENTATION OF A GROUP'S APPLICATION IS MANDATORY.**



## **EXHIBIT A**

Organization shall procure and maintain for the duration of the grant agreement, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the services performed or to be performed hereunder by the Organization, its agents, representatives, employees, volunteers, officers, directors or sub-contractors.

The Organization shall maintain insurance with limits not less than \$500,000 per occurrence, \$1,000,000 aggregate and will be as broad as ISO Form Number GL 0002 (Ed 1/72) covering Comprehensive General Liability and ISO Form Number GL 0404 covering Broad Form Comprehensive General Liability, or ISO Commercial General Liability coverage ("occurrence" form CG 0001). Coverage will include: A) Premises - Operations, B) Broad Form Contractual Liability, C) Broad Form Property Damage and D) Personal Injury.

The policy will be endorsed to contain the following provisions: The City, its officials, employees, volunteers, Boards and Commissions are to be added as "Additional Insured" as respects to liability arising out of any activities performed by or on behalf of the Organization. The policy shall contain no special limitations to the scope of coverage afforded to the City. The Organization's insurance coverage shall be primary and any insurance or self-insurance shall be in excess of the Organization's insurance and shall not contribute with it. Certificate must include a waiver of subrogation as regards the workers compensation policy. If your organization has no employees, and therefore does not carry workers compensation insurance, you must provide to the City of Plano a letter stating that you have no employees and therefore do not carry workers compensation insurance.

Insurance shall be placed with insurers with an A.M. Best rating of no less than A:VI or a Standard & Poor rating of A or better.

The Organization shall furnish the city with a certificate of insurance which shows the coverage provided. The insurance policy will be endorsed to state that coverage shall not be suspended, voided, canceled, non-renewed, reduced in coverage or in limits except after **thirty (30) days** prior written notice by certified mail, return receipt requested, has been given to the city.