**FY 2016 Latino Arts Residency Program (LARP)**
**Organizational Application Agreement**

| **Section 1: Summary Information** | | | |
|---|---|---|---|
| **Applicant Name** | | | |
| **First Name** | | **Last Name** | |
| **Organizational Name** | | | |
| | | | |
| **Preferred Start Date** | | **Preferred End Date** | |
| Organizational Size (annual operating budget) | | | |
| Please indicate Race & Project letter Codes below. * See Organization Application Section #1 for choices. | | | |
| Applicant Race Code | | Project Race Code | |
| **Describe your organizational history.** | | | |
| | | | |
| **Describe the short-time and long-term goals for the residency.** | | | |
| | | | |
| **ESB MACC Community Engagement**- How will your projects/performances involve Austin community participation and outreach? | | | |
| | | | |

| **Section 2: Applicant Information** | | | | | |
|---|---|---|---|---|---|
| Applicant's Legal Name | | | | | |
| **First Name** | | **Last Name** | | **Middle** | |
| **Organizational Name** | | | | | |
| **Offical Mailing Address** | | | | | |
| Street | | | | | |
| City | | State & Zip | | | |
| Telephone | | Email | | | |
| Website | | | | | |
| **Secondary Contact** | | | | | |
| **Name** | | Telephone | | | |
| **Title** | | Email | | | |

**FY 2016 Latino Arts Residency Program (LARP)**
**Organization Application Agreement**

## Section 2: Board Chair

**Board Chair/ Authorized Offical**

| | | | |
|---|---|---|---|
| **Title** | | **Email** | |
| **Street** | | | |
| **City** | | **State & Zip** | |

## Section 3: Residency Workplan & Schedule

| | | | |
|---|---|---|---|
| **Project/ Activity Title #1:** | | | |
| Description: | | | |
| MACC Room: | | | |
| Start date | | End Date | |
| **Project/ Activity Title #2:** | | | |
| Description: | | | |
| MACC Room: | | | |
| Start Date | | End Date | |
| **Project/ Activity Title #3:** | | | |
| Description: | | | |
| MACC Room: | | | |
| Start Date | | End Date | |
| **Project/ Activity Title #4:** | | | |
| Description: | | | |
| MACC Room: | | | |
| Start Date | | End Date | |

**FY 2016 Latino Arts Residency Program (LARP)**
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| Section 4: Independent Artist Budget History | |
|---|---|
| 2015-2016 Projected or Actual | |
| 2016-2017 Proposed | |
| 2015-2016 Projected Revenue | |
| 2015-2016 Projected Expenses | |

**Do you currently receive funding from the City of Austin's Cultural Funding program? If so, circle below.**

| Community Initatives | Cultural Heritage | Capacity Building | Cultural Expansion |
|---|---|---|---|

***Note: LARP is not a funding program. Programs are compensated at 70%/30% for earned admissions.

**Section 5: FY2016 Projected Budget**

The budget must balance. Total income (line10c) must equal total expenses (line 17). Round all budget

| Income | | |
|---|---|---|
| **Line** | **Earned Income** | **Amount** |
| 1 | Total Admissions | |
| 2 | Total Other Earned Income | |
| 3 | Total Earned Income (Add 1 & 2) | |
| **Line** | **Unearned Income** | **Amount** |
| 4 | Foundation, Individual) | |
| 5 | Total Public Support (Government | |
| 6 | Total Other Unearned Income | |
| 7 | Applicant Cash | |
| 8 | Total Unearned Income (Add Lines | |
| 9 | City of Austin Request Amount | |
| 10A | Total Cash Income | |
| 10B | Total In-kind Support | |
| 10C | Total Income (Add Lines 10A & | |
| **Line** | **Project Expenses** | **Amount** |
| 11 | Total Employee Costs | |
| 12 | Total Non-Employee Costs | |
| 13 | Space Rental | |
| 14 | Travel | |
| 15 | Marketing, Promotion, Publicity | |
| 16 | Total Other Expenses | |
| **Other Expenses Needed for :** | production materials, set costumes, props lighting, see itemized budget | |
| 17 | Total Expenses Add | |
| | **CASH** | |
| | **IN-KIND** | |
| | **TOTAL** | |

**Date**

| | |
|---|---|
| Signature | |
| Title Signature | |

# LARP Organization Application Instructions

Applications must be typed. Before preparing your application, fully read the guidelines and application instructions. The guidelines provide important information about types of projects the City will support and the criteria by which your application will be reviewed.

## Section 1: Summary Information

**Applicant Name**
Enter the legal name of the organization. Use exact spellings. Do not use abbreviations unless part of the official name.

**Start date/end date**
Enter the proposed dates of your residency.

**Organization Size**
Check the box that corresponds to your organization's annual budget.

**Applicant Race Codes**
Applicant organizations should code themselves based on the predominant group of which their staff or board or membership (not audience) is composed. Use the list below. Organizations should choose the one code that best represents 50 percent or more of their staff or board or membership.
A - 50% or more Asian
B - 50% or more Black / African American;
H - 50% or more Hispanic / Latino;
N - 50% or more American Indian / Alaska Native
P - 50% or more Native Hawaiian / Pacific Islander
W - 50% or more White
8
M - Majority ethnic-minority/multi-ethnic
99 - No single group listed above represents 50% or more of staff or board or membership

**Project Race Code**
If the majority of the project activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed below, choose that group's code from the list. If the activity is not designated to represent or reach any one particular group, choose code "99".
A - 50% or more Asian
B - 50% or more Black / African American;
H - 50% or more Hispanic / Latino;
N - 50% or more American Indian / Alaska Native
P - 50% or more Native Hawaiian / Pacific Islander
W - 50% or more White
M - Majority ethnic-minority/multi-ethnic
99 - No single group

**Organizational History**
Provide a clear and concise summary of the organization's goals for the residency. In addition to the applicant's name and the length of the residency request, include a brief timeline and number and types of activities and development goals. Use only the space provided. If chosen, this will be the basis for the scope of services for which the applicant will be accepted.

**ESB MACC Community Engagement**

How will your organizational projects/performances involved Austin community participation and outreach?

## Section 2: Applicant Information

**Name, Address and Telephone Number**

Enter the legal name, other commonly used name, official mailing address, and telephone number of the organization. Use exact spellings. Do not use abbreviations unless part of the official name. Correspondence will be sent to this address including notification of receipt of your application.

**Federal Tax I.D. Number**

Applicants must provide the organization's 9 digit Federal Identification Number. This number (also known as Federal Employer Identification) is recorded on 990 Tax Returns and on W-2 forms.

**Project Contact**

This is the person to whom questions concerning this application will be addressed. Include title, telephone, fax number, and an email address. **Note: This individual and the Board Chair should not be one and the same.**

**Board Chair**

Enter the name and title of the Board Chair or Board Member with legal authority and responsibility on behalf of the applicant organization to certify the information and enter into agreement. **Note: This individual and the Project Contact should not be one and the same. Board Chair phone number, email address, and street address must be different from those of the applicant.**

## Section 3: Residency Work Plan & Schedule

Please list your specific cultural projects and/or activities, their descriptions, intended MACC room location, and foreseeable start and end dates.

## Section 4: Organizational Budget History

Enter annual operating budget information as submitted on your IRS form 990 for the years indicated. Enter cash only; do not include in-kind amounts. This number is NOT your City of Austin funded amount, nor is it your project budget.

**COA Funding History**

Check whether or not you have received funding through the City of Austin Cultural Arts Funding Programs for the years indicated.

## Section 5: Projected Budget

The Budget Itemization must follow the same format as the projected budget and break down income and expenses in detail.

**Income**

Include all earned and unearned revenue for this project. Provide an explanation of revenue sources in the detailed budget itemization.

**Expenses**

Include all expenses for artistic production. List cash expenses under cash column. List the dollar value of all donated programming space, goods, and/or service hours under in-kind. All expenses must be fully explained in the budget itemization.

## Section 6: Application and Attachments Checklist

The Attachments and Application Checklist must be submitted with your application.

**Attachment #1: Project Narrative**

The Project Narrative is vitally important to the Peer Panel Reviewers as it tells the story of your proposed residency and includes details such as the "who, what, when, where, why, and how much." The narrative should address short term and long term goals, and the total scope of activities of the residency. It must

respond to the specific evaluation criteria from page 2. The Narrative should be written so that it can be easily understood by someone not familiar with the applicant organization. Please be concise and to the point. Submit no more than 3 pages and label as Attachment #1 - Narrative. Narrative must be typed single spaced, on 8⁄2" x 11" sheets of white paper, one-sided only. Collate and number each page in the upper right corner. Be sure to include the name of the organization and narrative question on each page. Do not use smaller than 12- point type. A proposed schedule of activities (including rehearsal, performances and workshops) should be included in Attachment #1. The final schedule will be confirmed by ESB-MACC management through a completed room reservation form.

**Attachment #2: Budget Itemization**

Each revenue and expense budget figure from Section 5, Projected Budget, must be itemized, including all payments to artists and in-kind. Indicate the source (for revenue amount) and use (for an expense amount) for each figure in the itemization. The itemization of all artists' payments should identify artists or groups who will be paid by name and the fee for each (the fee for a group of artists along with the type and number of artists to be paid may be substituted for the listings of the artists' names). The itemization must be accurate and balance with the projected budget in Section 5. You must indicate if amounts listed on lines 1 through 7 are pending or confirmed by placing a "p" or "c" next to the dollar amount. A Sample Budget Itemization is provided on pages 21-22.

**Attachment # 3: Organizational History**

In not more than one page, provide a brief description of the applicant organization including history and activities and collaborations. Be sure to include the organization's mission statement.

**Attachment # 4: Board List**

Provide a roster of your governing board, including names, mailing addresses, e-mail addresses, telephone numbers, professions or areas of expertise, and ethnic make- up.

**Attachment # 5: Proof of Tax Exempt Status**

Provide proof of tax exempt status. 501(c) and other tax-exempt organizations should submit a copy of their IRS tax determination letter. The following items will not be accepted as proof of tax exempt status: articles of incorporation, bylaws, or proof of sales tax exemption.

**Attachment #6: Documentation**

Provide a concise but representative sample of materials (promotional materials, pamphlets, brochures, annual reports, programs, season brochure, catalogues, newsletters, digital videos, CDs, etc.), to acquaint panelists with your organization and its programs. Each item should be labeled and numbered in the right, top corner. You may submit as much documentation as will fit in a 9"x12" envelope. No "oversized" (larger than 9"x12") items may be submitted. The review panelists may not be aware of your organization or activities.

## Section 7: Assurances

By submission of an application for residency, the applicant agrees to comply with all requirements as outlined in the program guidelines and the assurance page. Please review the assurance page carefully, sign, and submit with the application. Provide the signature of the contact person and of the Board Chair; include the meeting and signing dates.