

**FY 2016 Community Initiatives**  
**APPLICATION & AGREEMENT**

**Section 1: Summary Information**

<b>Applicant Name</b>	<input type="checkbox"/> <b>Sponsored Project</b>	<b>Sponsored Project Name</b>
<b>Project/Activity Title</b>	<b>Start Date</b>	<b>End Date</b>

**Type of Sponsored Project – Select one only**

- Registered as a State of Texas Non-Profit Organization
- Individual/Unincorporated Organization/Group

**Primary Artistic Discipline – Select one only**

<input type="checkbox"/> Dance	<input type="checkbox"/> Literature	<input type="checkbox"/> Film/Media Arts	<input type="checkbox"/> Multidisciplinary
<input type="checkbox"/> Music	<input type="checkbox"/> Opera/Musical Theatre	<input type="checkbox"/> Theatre/Performance Art	<input type="checkbox"/> Visual Arts/Public Art

**Project Summary:** Please describe the project for which you are requesting funds in the space provided. Applicant(s) is/are requesting \$\_\_\_\_\_ in Community Initiatives program funding.

When:

Where:

One sentence description of project :

<b>For CAD staff use only</b>	<input type="checkbox"/> App Forms	<input type="checkbox"/> Org History	ADA Required? <input type="checkbox"/> Y <input type="checkbox"/> N
Arts Commission Review	<input type="checkbox"/> Evaluation Criteria	<input type="checkbox"/> Tax Exempt	Insurance Required? <input type="checkbox"/> Y <input type="checkbox"/> N
Award Amount \$ _____	<input type="checkbox"/> Itemization	<input type="checkbox"/> Board List	<input type="checkbox"/> General Liability
Control Number - _____	<input type="checkbox"/> 990 <input type="checkbox"/> State Exempt	<input type="checkbox"/> Documentation	<input type="checkbox"/> Liquor <input type="checkbox"/> Auto

**Section 2: Applicant/Sponsored Project Information**  
**Applicant**

Applicant's Legal Name	Federal Tax I.D.	Other Common Name		
Official Mailing Address		City	State	Zip
Physical Mailing Address		City	State	Zip
Telephone	District Number	Website (URL)		

Applicant Contact/Project Director <i>(Not the same as Board Chair)</i>		Title		
Address		City	State	Zip
Telephone		Email		

Board Chair <i>(Not the same as Applicant Contact/Project Director)</i>		Title		
Address		City	State	Zip
Telephone		Email		

Sponsored Contact/Project Director		Title		
Address		City	State	Zip
Telephone	District Number	Email		

**See Page 16 for Race Codes**

Applicant Race Code	Sponsored Race Code	Project Race Code
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**Section 3: Operating Budget History – (Arts organization or sponsored project)**

	FY 11–12 Actual (CASH only)	FY 12–13 Actual (CASH only)	FY 13–14 Actual (CASH only)	FY 14–15 Projected/Actual (CASH only)	FY 15–16 Proposed (CASH only)
<b>Revenue</b>					
<b>Expenses</b>					

**Section 4: COA Funding History - (Arts organization or sponsored project information)**

	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>
<b>COA Funding</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Was this project funded previously under a different organization name or sponsor?  Yes  No

If yes,	<b>Year:</b>	<b>Name:</b>
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**Section 5: Proposed Budget**

The budget MUST balance. Total income (line 12) MUST equal total expenses (line 24).  
 Round all budget figures to the nearest whole dollar.

<b>PROJECT INCOME</b>	<b>CASH</b>	<b>IN-KIND</b>	<b>TOTAL</b>
<b>EARNED INCOME</b>			
1. Total Admissions			
2. Total Other Earned Income			
<b>3. TOTAL EARNED INCOME</b> (Add Lines 1 and 2)			
<b>UNEARNED INCOME</b>			
4. Total Private Support (Corp, Foundation, Individual)			
5. Total Public Support (Government Grants)			
6. Total Other Unearned Income			
7. Applicant Cash			
<b>8. TOTAL UNEARNED INCOME</b> (Add Lines 4 – 7)			
9. COA Request Amount			
<b>10. TOTAL CASH INCOME</b> (Add Lines 3, 8, and 9)			
11. Total In-Kind Support (must equal In-Kind line 24)			
<b>12. TOTAL INCOME</b> (Add Lines 10 and 11)			
<b>PROJECT EXPENSES</b>	<b>CASH</b>	<b>IN-KIND</b>	<b>TOTAL</b>
13. Administrative Employee Costs			
14. Artistic Employee Costs			
15. Administrative Non-Employee Costs			
16. Artistic Non-Employee Costs			
17. Travel			
18. Space Rental			
19. Equipment Rental			
20. Supplies and Materials			
21. Marketing and Promotion			
22. Production/Exhibit Costs			
23. Other			
<b>24. TOTAL EXPENSES</b> (Add Lines 13-23, must equal Line 12)			

## Section 6: Internet Accessible Documentation

Internet Link:

## Section 7: Application Checklist

All sections of the application form must be completed and signed by the appropriate representatives. Check the boxes below to ensure all sections have been completed.

### Application Form

- Section 1 Summary Information
- Section 2 Applicant Information
- Section 3 Organizational Budget History
- Section 4 COA Funding History
- Section 5 Proposed Budget Information
- Section 6 Internet Accessible Documentation
- Section 7 Application Checklist
- Section 8 Assurances (signed by Authorized Official)

### **Attachments:**

Please indicate which attachments are enclosed with the application by checking the corresponding box. Each page of attachments must be labeled with the attachment number and name of the organization.

### Required Attachments

- Attachment 1 Narrative (Evaluation Criteria)
- Attachment 2 Budget Itemization
- Attachment 3 Organizational History
- Attachment 4 Proof of Tax Exempt Status
- Attachment 5 Proof of State of Texas Exempt Status
- Attachment 6 Board List
- Attachment 7 IRS 990 (first page only)
- Attachment 8 DOCUMENTATION
- Attachment 9 Americans with Disabilities Act Quiz
- Attachment 10 Insurance Information Form

**PACKAGING** - Submit one envelope with the application and all required attachments.

### **Mailing and Delivery Instructions**

Applications whether hand delivered or mailed are due in our office on the first Monday of each month and that first Monday must be at least sixty days prior to the project start date.

**Hand delivered applications must be in the CAD office by 4:00 P.M., the day of the deadline.**

The Cultural Arts Division is not responsible for loss or damage of application materials. The City of Austin Cultural Arts Division reserves the right to retain a copy of application materials for archival purposes and its permanent record. All application materials are public records. Keep a complete copy of your application for your file.

**Applications should be sent or delivered to the following address:**

City of Austin Cultural Arts Division  
201 E. 2<sup>nd</sup> Street  
Austin, TX 78701

