

**LOUISIANA DECENTRALIZED ARTS FUNDING PROGRAM**  
As administered by the  
**Arts Council of Central Louisiana**  
1101 4<sup>th</sup> St., Suite 201, Alexandria, LA 71301

**PROJECT ASSISTANCE**  
**DAF GRANT APPLICATION – FY 2017**

**APPLICATION DEADLINE:** Received, not postmarked by 5:00 P.M., June 15th, 2016. Submit your application to the granting agency above. Applications received after the deadline will be ineligible. Applications **MUST** be typed on an official application form. Handwritten applications are ineligible. Applications may not be submitted via fax. **\*If you would like a draft review of** your application, please submit a draft to the Community Development Coordinator **3 weeks PRIOR** to the application deadline, or by 5:00 P.M., Wednesday, May 25<sup>th</sup>, 2016. **\*\*Please read the Guidelines and instructions carefully before completing this application form.** This application form is available online at [www.louisiana-arts.org](http://www.louisiana-arts.org). This grant covers activity between Oct. 1<sup>st</sup>, 2016 and Sept. 30<sup>th</sup>, 2017.

1). **Organization Name** \_\_\_\_\_  
**Contact Person/ Title** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** LOUISIANA **Zip** \_\_\_\_\_  
**Parish** \_\_\_\_\_ **Phone** \_\_\_\_\_ **FAX** \_\_\_\_\_  
**Website** \_\_\_\_\_

2). **Amount Requested\*** (from page 21, line 51 in this application) \_\_\_\_\_  
\*(Not to exceed \$6,500.00)

3). **Total Project Expenses** (from page 21, line 68 in this application)  
\_\_\_\_\_

4). **Project Title:** \_\_\_\_\_

5). **Project Description** (ONE sentence that summarizes the major activity of the project assistance request, including the artistic discipline and audience):  
\_\_\_\_\_

6). **Applicant Status:** Indicate which description below accurately describes the legal status of the applicant.

Note: Applicants with the description of “Organization – Nonprofit” must provide documentation showing 501(c) (3) Nonprofit status.

\_\_\_ **Individual:** A person, not an organization. \*[See information on *Sub-Applicant*, p. 2].

\_\_\_ **Organization – Nonprofit:** Not engaged in profit-making activities (i.e. no part of the income or assets inure to the benefit of any director, officer, or employee except as salary or reasonable compensation for services and travel expenses).  
NOTE: **Activities** of the organization as they relate to **this project** must be primarily **arts-related**.

\_\_\_ **Organization – Nonprofit – Arts:** See the above description. The mission statement of this type of non-profit organization **will also** make clear that this organization’s primary focus is to fund, promote, produce, encourage, and/or cultivate the arts.

\_\_\_ **Government – Municipal:** A unit of or individual associated with municipal government. (Note: Libraries fall under this category).

\_\_\_ **Government – Tribal:** The governing authorities of tribes, bands, reservations, or sovereign nations of American Indians/ Alaska natives.

\_\_\_ **Other:** Please describe. \_\_\_\_\_

7). **Check here if a fiscal agent organization\* is being used:**

*\*If checked, see directions below.*

**\*NOTE:** *If a fiscal agent organization is being used, that organization must fill in the information for #1 on the first page, and must show proof of 501c(3) nonprofit status. Also see adjacent note regarding Sub-Applicant.*

*\*A Sub-Applicant is defined as an individual or other organization without the legal status to apply as the main applicant (i.e. lacking 501c(3) nonprofit status). If this is the case, the Sub-Applicant must complete the information on page 5.*

8). **Number of full-time staff employed by your organization** \_\_\_\_\_  
**Number of part-time staff employed by your organization** \_\_\_\_\_  
**Number of contracted staff employed by your organization** \_\_\_\_\_  
**Number of volunteers (including board members)** \_\_\_\_\_

9). **DUNS # (REQUIRED)** (See note below) \_\_\_\_\_

[NOTE: If your institution has not yet registered for a DUNS #, you may do so via DUN & Bradstreet’s website at <http://fedgov.dnb.com/webform>. Please note that registration via the website may take **up to thirty (30) business days** to complete. Contact the CDC if you have questions related to this].

10). **Federal Employer ID# of Applicant (REQUIRED)** \_\_\_\_\_

11). **Legislative and congressional district numbers of applicant.** Districts are available from your local registrar of voters, clerk of court, or on-line at [www.legis.state.la.us/district/zipcode.asp](http://www.legis.state.la.us/district/zipcode.asp).

**House District #** \_\_\_\_\_ **Louisiana Senate District #** \_\_\_\_\_ **US Congressional District #** \_\_\_\_\_

## 12). Project Director

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13). **Applicant Institution Type:** Choose **ONE** from the descriptions below which best illustrates the type of organization that is applying for funds.

\_\_\_ **Performing Group:** Group of artists who perform works of art (e.g. an orchestra, theatre, or dance group).

\_\_\_ **Performing Group – College/ University:** A group of college or university students who perform works of art.

\_\_\_ **Performing Group – Community:** A group of persons who perform works of art vocationally and who may be but are not necessarily directed by professionals.

\_\_\_ **Performing Group for Youth:** A group which may but does not necessarily include children who perform works of art for young audiences.

\_\_\_ **Performance Facility:** A building or space used for presenting concerts, drama presentations, etc.

\_\_\_ **Museum – Art:** An organization essentially educational or aesthetic in purpose with professional staff, which owns or utilizes tangible objects, cares for them, and exhibits them to the public in some regular schedule.

\_\_\_ **Museum – Other:** An organization essentially educational or aesthetic in purpose with professional staff, which owns or utilizes tangible objects, cares for them, and exhibits them to the public in some regular schedule (e.g., non-arts organizations such as historical, agricultural, scientific, industrial, and anthropological museums; zoos; aquariums; and arboretums).

\_\_\_ **Gallery/ Exhibition Space:** An organization or space which primarily exhibits works of art from collections other than its own, and may be involved in selling those works.

\_\_\_ **Cinema:** A motion picture theatre or organization which regularly shows films.

\_\_\_ **Independent Press:** A non-commercial publisher or printing press which issues small editions of literary and other works.

\_\_\_ **Literary Magazine:** A non-commercial, numbered, serial publication devoted to contemporary poetry, fiction, drama, or literary criticism.

\_\_\_ **Fair/ Festival:** A seasonal program of arts events.

\_\_\_ **Arts Center:** A multi-purpose facility for arts programming of various types.

\_\_\_ **Arts Council/ Agency:** An organization whose primary purpose is to stimulate and promote the arts and increase access for the public through services, programs, and/ or funding within a specific geographic area (e.g. county, state, local).

\_\_\_ **Arts Service Organization:** An organization that has as its central function the provision of services that assist or promote the arts and/ or arts organizations (e.g., statewide assemblies, NASAA, Opera America, arts education alliances, etc.). Not to include presenters or producers of the arts or regional arts organizations.

- \_\_\_ **Union/ Professional Association:** Includes artist coalitions, professional associations (such as the American Association of University Professors), and all artists' clubs, guilds, and societies.
- \_\_\_ **School – Parent-Teacher Association:** An organization composed of parents who work with local schoolteachers and administrators.
- \_\_\_ **School – Elementary:** Also called a grammar school.
- \_\_\_ **School – Middle:** Also called a junior high school.
- \_\_\_ **School – Secondary:** Also called a senior high school.
- \_\_\_ **Other School:** Please describe. \_\_\_\_\_
- \_\_\_ **College/ University:** State-supported or privately-supported college, university, junior college, or community college.
- \_\_\_ **Historical Society/ Commission:** A historical “society” is an organization dedicated to the study and preservation of the history of a town or region, usually owning a collection of documents and/ or artifacts and frequently based in a historic building; a historical “commission” is an arm of local government, usually volunteer, charged with the survey of historic buildings in a town or region.
- \_\_\_ **Humanities Council/ Agency:** An organization whose primary purpose is to stimulate and promote the humanities through services, programs, and/ or funding, within a specific geographic area (e.g., county, state, or local).
- \_\_\_ **Community Service Organization:** A non-arts organization designed to improve the lives of its membership and larger community through volunteerism and other services. Examples include youth centers, chambers of commerce, YMCA's, Elks Clubs, the Salvation Army, Junior League, etc.
- \_\_\_ **Library**
- \_\_\_ **Media – Periodical:** An arts-related periodical publication (art magazine or journal).
- \_\_\_ **Cultural Series Organization:** An organization whose primary purpose is presentation of single arts events or a cultural series (e.g. Community Music Series, Metro Modern Dance Series, Washington Performing Arts Society, film series).
- \_\_\_ **Arts Camp/ Institute:** An organization dedicated to camps, institutes, or in-depth experiences for limited time duration (e.g. a children's summer music camp).

**14). Mission Statement of the Applicant Organization.** What is your mission statement as adopted by your board of directors? (If applying as the fiscal agent organization, put the fiscal agent organization's mission statement).

**\*\*PRIOR DAF HISTORY (to be completed by previously-funded DAF grantees only).**

If you have received DAF funding in the past, you were required to submit a Final Report detailing your activities. Summarize the previous application and Final Report for your most-recently-completed DAF grant in the chart below.

\_\_\_ Otherwise, check HERE if your organization is a first-time DAF applicant or was a first-timer for FY 2016, with your program still in progress.

|  |   |  |
|--|---|--|
| Most recently completed DAF cycle/ fiscal year: ____               | Grant Awarded: ____                                     | Grant Expended: ____                                 |
| Number of professional artists involved: ____                      | Amount paid to Artists: ____                            | Final Total Expenses as listed in Final Report: ____ |
| Projected total attendance as listed in original application: ____ | Actual total attendance as listed in Final Report: ____ | Difference of: ____                                  |

**THE SUB-APPLICANT**

**(COMPLETED BY ORGANIZATIONS/INDIVIDUAL ARTISTS USING A FISCAL AGENT ONLY)**

An organization or an individual lacking the legal status to be an applicant must make arrangements for another organization to sign a grant application on its behalf and to pass on such grant funds for project implementation. The applicant organization acting on behalf of the sub-applicant is referred to as the "fiscal agent." A charge for administrative services by the organization acting as fiscal agent (cost of personnel, time, supplies used in the administration of the funds for the funded project only) is allowable but must not exceed the lesser of 8% of the total grant request or \$150. Applicant/fiscal agents and sub-applicants must be domiciled in the same parish. Please note that in such cases, the fiscal agent is the applicant and remains the legally responsible party for the use of the grant funds. Note: Representatives of the applicant/fiscal agent organization must sign lines 70 and 71 as the Authorizing Official and the Chief Fiscal Officer.

**15). Sub-applicant**

**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Parish** \_\_\_\_\_

*Note: Sub-Applicant and Fiscal Agent Applicant must be domiciled in the same parish.*

**Contact** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**16). Briefly describe the Sub-Applicant.** If an organization, describe the organization’s mission and services it provides. If an individual, state your qualifications in the arts and describe your specific experience. Describe the relationship between the fiscal agent and the organization or individual.

# THE PROJECT

17). **Proposed Activities.** List the number or length of activities and the **actual dates** on which events, programs, concerts, exhibitions, or activities will occur – **not a range of dates.** *Note: These activities should be described in detail as a part of the narrative section and in the Provider-of-Services forms.*

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18). **Partial Funding.** In the event of **partial funding**, how will the project be **modified**?

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**19). Artists/ Other**

Number of **Artists** to participate in this project:  
 Number of **Professional Artists** paid through this project:  
                   **Amount** that will be paid to Artists:  
 Number of **Public Performances/ Exhibitions** to be held:  
  
 Number of **Workshops, Forums, Educational** and/ or  
                   **Training Programs** to be offered:  
  
                                   Number of **Residencies\***:

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\*Note: A **Residency** includes the hosting of artists, academicians, curators, or other creative personnel for a time away from their usual environment and obligations. Residencies usually include a time of reflection, research, presentation, or production. For this grant, residencies must be arts-related.

**20). Individuals to Benefit/ Other**

Number of **Schools** (Pre-K-12) to Benefit:  
 Number of **Youth to Benefit** (under age 18):  
                   Number of **Teachers** to Benefit:  
 Number of **Adults** (age 18 and over; **including** # of  
   Teachers):  
  
**Total Number of Individuals to Benefit (# Youth + # of  
   Adults):**

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**21). a) Primary Target Audience. CHECK ONE:**

- General Audience     
  Ages 3-18/ Students PK-12     
  College Students     
  Special Population: \_\_\_\_\_

**b) Primary Strategic Outcome:** Choose **ONE** of these from the list below that best describes the main focus of the project associated with this grant request:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Creation:</b> The Portfolio of American Arts is Expanded  |
| <input type="checkbox"/> | <b>Engagement:</b> Americans Throughout the Nation Experience Art  |
| <input type="checkbox"/> | <b>Learning:</b> Americans of All Ages Acquire Knowledge or Skills in the Arts                             |
| <input type="checkbox"/> | <b>Livability:</b> American Communities are Strengthened Through the Arts                                  |
| <input type="checkbox"/> | <b>Understanding:</b> Public Knowledge and Understanding About the Contributions of the Arts are Enhanced. |

**22). Artistic Discipline.** Check the **primary** artistic discipline(s) involved with the implementation of this project. (It is ok to check more than one, if your project is **Multidisciplinary**).

- |   |  |   |   |  |  |
|---|--|---|---|--|--|
| <p><b>Dance</b></p> <input type="checkbox"/> Ballet<br><input type="checkbox"/> Ethnic/Jazz<br><input type="checkbox"/> Modern <p><b>Design</b></p> <input type="checkbox"/> Architecture<br><input type="checkbox"/> Fashion Design<br><input type="checkbox"/> Graphic<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Interior<br><input type="checkbox"/> Landscape Architecture<br><input type="checkbox"/> Urban/Metropolitan <p><b>Folklife</b></p> <input type="checkbox"/> Folk/Traditional Dance<br><input type="checkbox"/> Folk/Traditional Music<br><input type="checkbox"/> Folk/Traditional Crafts and Visual Arts<br><input type="checkbox"/> Folk/Traditional Occupational Crafts | <input type="checkbox"/> Oral Traditions | <p><b>Literature</b></p> <input type="checkbox"/> Fiction<br><input type="checkbox"/> Creative Nonfiction<br><input type="checkbox"/> Poetry <p><b>Media Arts</b></p> <input type="checkbox"/> Film<br><input type="checkbox"/> Audio<br><input type="checkbox"/> Video<br><input type="checkbox"/> Screenplay Writing<br><input type="checkbox"/> Technology/<br>Experimental <p><b>Music</b></p> <input type="checkbox"/> Band<br><input type="checkbox"/> Chamber<br><input type="checkbox"/> Choral<br><input type="checkbox"/> New | <input type="checkbox"/> Ethnic<br><input type="checkbox"/> Jazz<br><input type="checkbox"/> Popular<br><input type="checkbox"/> Soloist Recital<br><input type="checkbox"/> Orchestral<br><input type="checkbox"/> Opera <p><b>Theatre</b></p> <input type="checkbox"/> Musical Theater<br><input type="checkbox"/> Theater, General<br><input type="checkbox"/> Mime<br><input type="checkbox"/> Puppetry<br><input type="checkbox"/> Young Audiences<br><input type="checkbox"/> Storytelling<br><input type="checkbox"/> Playwriting <p><b>Visual Arts &amp; Crafts</b></p> <input type="checkbox"/> Painting<br><input type="checkbox"/> Sculpture<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Photography | <input type="checkbox"/> Printmaking<br><input type="checkbox"/> Public Art<br><input type="checkbox"/> Clay<br><input type="checkbox"/> Fiber<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Leather<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Mixed Media<br><input type="checkbox"/> Metal <p><input type="checkbox"/> <b>Multidisciplinary</b></p> | <p>If the project is multidisciplinary, please check each appropriate discipline (from the other categories) that applies.</p> |
|---|--|---|---|--|--|

23). List your organization’s actual cash income and expenses and any surplus/ deficit for the last two DAF grant cycles and projections for FY 2017. (Required for reporting to the State of Louisiana).

\*If your organization uses a January – December schedule, or another schedule configuration for its fiscal year, please use the second chart below.

| DAF YEAR                                | INCOME |  | EXPENSES |  | SURPLUS/ DEFICIT |
|---|--------|--|----------|--|------------------|
| <b>FY 2015</b><br>(10/01/14 – 09/30/15) |        |  |          |  |                  |
| <b>FY 2016</b><br>(10/01/15 – 09/30/16) |        |  |          |  |                  |
| <b>FY 2017</b><br>(10/01/16 – 09/30/17) |        |  |          |  |                  |

**\*If using a January – December (or other schedule configuration) for your organization’s fiscal year, please fill in the spaces below, showing your organization’s income and expenses for this timeline (instead of using the DAF timeline above). You may note the cycle dates for the fiscal year timeline that you use, underneath the year shown on the left. Note: FY 2017 will include projections.**

| YEAR                  | INCOME |  | EXPENSES |  | SURPLUS/ DEFICIT |
|-----------------------|--------|--|----------|--|------------------|
| <b>FY 2015</b><br>( ) |        |  |          |  |                  |
| <b>FY 2016</b><br>( ) |        |  |          |  |                  |
| <b>FY 2017</b><br>( ) |        |  |          |  |                  |

**\*\* If the figures vary from year to year or if there is an accumulated surplus or deficit, please discuss the reason(s) for the variation and use of surplus and plans to reduce deficit:**

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**24). IN-KIND SUPPORT (Last Completed Fiscal Year)**

List the budget category or source of the donation/contribution, type of donation/contribution and value of in-kind donations or volunteer support in the space below. You may continue on an additional sheet of paper if necessary.

| Source (List Budget Category or Company Name) | Contribution (Item or Hours) | Cash Equivalent |
|---|------------------------------|-----------------|
|   |                              |                 |
|   |                              |                 |
|   |                              |                 |
| <b>TOTAL IN-KIND SUPPORT:</b>                 |                              |                 |



# THE NARRATIVE

## *Directions for Completing the Project Assistance Narrative:*

- Using the following three pages, answer each question listed below according to the evaluation criteria.
- **Be specific** – your grant request will be evaluated on the clarity of information presented in the proposal.
- **Do not use smaller than a 10-point type, Times New Roman or Arial font.**
- **Double-space lines.**
- **Do not** submit attachments with glue, staples, or tape.
- **Separate out the narrative** according to the evaluation criteria, as shown on the pages provided. You may edit the document as needed (meaning you may use less space or more space than is provided [if you need more space, you may copy/ paste another page into the application], but be sure to include the narrative points as listed [and in the order they are listed], and to answer the questions within the criteria for each category.  
**\*\*Also, PLEASE PROOFREAD YOUR APPLICATION – BEFORE SUBMITTING – for grammatical errors.**

**Need and Impact: 25%**

*Your application will be reviewed on the basis of:*

- (a) need for the project,*
- (b) merit of the project's purpose and objectives according to community standards,*
- (c) efforts for increased access, participation, and exposure to the arts,*
- (d) involvement of diverse (social, geographic, economic) populations reflective of the community, including those with limited access to the arts, and*
- (e) level of community collaboration or involvement.*  
*\*For Folklife projects only: cultural significance of the art form and the involvement of trained cultural specialists (folklorists, anthropologists, ethnomusicologists).*

*Answer the following questions in your narrative:*

- **Address efforts to increase access, participation, knowledge and/or exposure to the arts.**
- **How does this relate to the needs of the general public and the mission of your organization?**
- **Are there long-term goals you hope to achieve through this project, and if so, how will this project help achieve those goals?**

**Artistic Merit: 35%**

Your application will be reviewed on the basis of:

- (a) artistic merit of the proposed project,**
- (b) expertise of artists involved as providers of service, and**
- (c) contribution to the art form or the understanding and appreciation of the art form(s) proposed.**

Answer the following questions in your narrative:

- **Describe the art project for which you are seeking funding.**
- **What do you want the art project to accomplish?**
- **Who are the artists involved with the project? Note: Samples of work are strongly encouraged for artists involved in the project. Provide relevant past work experience and qualifications in the Provider of Services form for each artist involved.**

**\*\*NOTE: For projects in which a new work will be created, sample(s) of work(s) of the artist(s) involved must be included with attachments.**

**Planning and Design: 20%**

Your proposal will be reviewed on the basis of:

- (a) well-planned and designed project,**
- (b) adequate people and resources specified,**
- (c) realistic time frame as proposed, and**
- (d) involvement of target audience in the planning process.**

Answer the following questions in your narrative:

- **What are you proposing to do?**
- **Describe how your community is involved with the project (planning, funding, donating equipment, supplies or time, etc).**
- **Where will it happen?**
- **Who is your targeted audience?**
- **How will you select the artists and the participants?**
- **How will you promote or endorse the project to the public?**

**Administration and Budget: 15%**

*Your application will be reviewed on the basis of:*

- (a) ability of applicant to administer and deliver activities proposed,**
- (b) appropriate request level and use of grant funds,**
- (c) clarity and completeness of financial information, and**
- (d) compliance with past grant contracts, if applicable.**

*Answer the following questions in your narrative:*

- **Who will implement the program? What is his/her relationship to the organization?**
- **How will grant funds be used to implement the project?**
- **What is your method of evaluating the project?**
- **In the event of partial funding, how will this project be modified?**

**Compliance: 5%**

*Your organization will be reviewed on the basis of its **past compliance with deadlines and guidelines in previous years**. Documented instances of non-compliance will be presented to the Community Panel on the date of your application's review by the moderator/CDC.*

25). **PROJECT ASSISTANCE NARRATIVE: NEED and IMPACT.** Succintly describe. “Need” means the need for the activity or the arts experience you will provide; “Need and Impact” can range from community needs for quality arts experiences to the unique or distinctive nature of the arts experiences you will provide, i.e. its general value as an arts event in your region. **(See page 9 for criteria). (25%)**

25). PROJECT ASSISTANCE NARRATIVE (ctd): Describe the ARTISTIC MERIT and/or OVER-ALL NATURE of your PROJECT; give a succinct and clear summation of what you are proposing; indicate why it is worth funding. (See page 10 for criteria). (35%)

25). **PROJECT ASSISTANCE NARRATIVE** (ctd.) -- **Planning and Design**: Provide a clear description of the planning and carrying out of your project. **(See page 10 for criteria). (20%)**

25). **PROJECT ASSISTANCE NARRATIVE** (ctd.) -- **Administration and Budget**: See the Instructions about this Narrative Item. Part of the basis for these criteria is the budget itself; but you can address competence of those carrying out your project, how you will evaluate the success of the project, and other items described above. **(See page 11 for criteria). (15%)**

25). **Addendum to Project Assistance Narrative:** Please indicate if your organization has any **Technical Assistance** needs for FY '17. (**See p. 14 of the DAF FY '17 Guidelines**, for help). You may include the projected costs for these needs within this section, in the appropriate categories listed on the Budget page (under #'s 58, 61, 64, and/ or 67 in the Expenses section); and on the Technical Assistance Provider-of-Services form, if applicable to your organization.

The Community Panel will evaluate any technical assistance needs listed here according to:

- 1) **How closely related** the technical assistance needs are to the development of your programming and
- 2) **Feasibility** of the technical assistance costs, based on the clarity and accuracy shown in your budget.

**[Note:** If Technical Assistance needs do not relate to your organization's DAF proposal for this year, you may put **N/A**]. The following types of organizations **may include** technical assistance needs within this application: **non-profit arts organizations; regular non-profit organizations**, and **K-12 institutions**. However, items that **may not be listed** as technical assistance needs and which **will not be funded** under DAF include: costs for permanent administrative or artistic staff; funding for colleges or universities; or funding for individuals not associated with the applicant organization.

## PROVIDER OF SERVICES: PROJECT DIRECTOR

THE PROVIDER OF SERVICES CANNOT BE SUBSTITUTED BY A RESUME OR INFORMATION CONTAINED IN ATTACHMENTS. You may, however, include a complete resume, brochures, and/or videotape, slide or CD or DVD samples of work for the provider as attachments to the application.

- Must be completed for the Project Director.

### 26). Project Director:

\_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### 27). Number/Length of Activities/Services to be Provided:

\_\_\_\_\_

### 28). Professional Fee

\_\_\_\_\_ Per \_\_\_\_\_ (Hour, Session, Activity)

### 29). Travel Costs/Per Diems

\_\_\_\_\_

TOTAL FEE FOR SERVICE \_\_\_\_\_  Check here if total fee is all-inclusive.

### 30). Is the Professional Fee for Service paid for with:

DAF GRANT     CASH     IN-KIND

### 31). BRIEF BIO OR QUALIFICATIONS

*Directions:* Describe the qualifications, including education and training, and related work experience for the Project Director.

### 32). DESCRIPTION OF SERVICES

*Directions:* Detail the services to be provided. This information should relate to Question 17. Proposed Activities.



## PROVIDER OF SERVICES: ARTISTIC PERSONNEL

**THE PROVIDER OF SERVICES CANNOT BE SUBSTITUTED BY A RESUME OR INFORMATION CONTAINED IN ATTACHMENTS.** You may, however, include a complete resume, brochures, and/or videotape, slide, CD or DVD samples of work for the provider as attachments to the application.

- Must be completed for artists, artistic personnel, or other individuals directly involved with the implementation and production of the proposed project.
- Use a separate copy of this form for each person or group. If more than one of these forms is needed, copy & paste
- Contact the CDC of the Arts Council if you do not know how to add additional copies to your application form.

### 33). Person or Group to Provide

Services: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### 34). Number/Length of Activities/Services to be Provided:

\_\_\_\_\_

### 35). Professional Fee

\_\_\_\_\_ Per \_\_\_\_\_ Hour/Session/Activity

### 36). Travel Costs/Per Diems

\_\_\_\_\_

**TOTAL FEE FOR SERVICE** \_\_\_\_\_

Check here if total fee is all-inclusive.

### 37). Is the Professional Fee for Service paid for with:

DAF GRANT     CASH     IN-KIND

### 38). BRIEF BIO OR QUALIFICATIONS

*Directions:* Describe the qualifications, including education and training, and related work experience for the individuals or organizations hired for this project.

### 39). DESCRIPTION OF SERVICES

*Directions:* Detail the services to be provided. This information should relate to Question 17. Proposed Activities.

## PROVIDER OF SERVICES – TECHNICAL ASSISTANCE

THE PROVIDER OF SERVICES CANNOT BE SUBSTITUTED BY A RESUME OR INFORMATION CONTAINED IN ATTACHMENTS. You may, however, include a complete resume, brochures, and/or videotape, slide, or cassette tape samples of work for the provider as attachments.

- Must be completed for the individual(s) or company hired to provide the technical assistance.
- Use a separate copy of this form for each person or group. If more than one of these forms is needed, copy and paste. If you do not know how to do this, contact the CDC. You do not need to fill out this form if it is not applicable.

**Person or Group to Provide Services:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Professional Fee** \_\_\_\_\_

**Travel Costs/Per Diems** \_\_\_\_\_

**TOTAL FEE FOR SERVICE** \_\_\_\_\_

Check here if the Total Fee is all-inclusive.

**Is the Professional Fee for Service paid for with:**

**DAF GRANT**

**CASH**

**IN-KIND**

### BRIEF BIO OR QUALIFICATIONS

**Directions:** Describe the qualifications, including education and training, and related work experience for the individuals or organizations providing the services.

### DESCRIPTION OF SERVICES

**Directions:** Detail the services to be provided.

# THE PROJECT BUDGET: DIRECTIONS AND DEFINITIONS

## *Directions for completing the Project Budget:*

- Round all dollar amounts to the nearest \$1.
- Include **ALL CASH** Revenue and Expenses for the grant as it pertains to the project.
- All donated revenue and expenses for this project should be included under In-kind Support and not in the Cash Budget.
- Total Revenues must match Total Expenses.
- List the source of revenue where indicated.
- Line 51. Decentralized Arts Funding Grant Request must equal Line 68. Total Expenses – Grant column.
- Line 51. Decentralized Grant Request must equal the Cover Page – Question 1.
- If using Line 56, you must answer Questions 15 and 16 on pages 5-6 of this application.
- All columns and rows should total correctly. Forms completed on-line should total automatically.
- You may also attach more detailed budget information, although **it does not substitute** for the information on the Project Budget. This information will be forwarded to the panel with the application budget.
- While a **match** (cash and/or in-kind) is not required under this program, it is **encouraged** and will be considered by the community review panel in their evaluations.

## *Revenue:*

- **40) Admissions, Memberships, Subscriptions** refer to income earned as a result of the project you are applying for, such as individual ticket sales, price charged for involvement, etc. If an admission is charged for this project, applicants are encouraged to include price of admission in the narrative section of the application.
- **41) Contracted Services** refer to income earned from services your agency offers on a contract for services basis, such as touring, school performance, etc.
- **42) Other Applicant Cash** refers to agency cash on hand that will be used towards the project you are applying for. The applicant will provide cash that is not earned as a part of this project.
- **43) Corporate Support** refers to cash contributed by local, national or international businesses that will be used towards the project you are applying for.
- **44) Foundation Support** refers to support provided by local or national foundations.
- **45) Fundraising** refers to any solicitation for donations or contributions from individuals in support of this project.
- **46) – 48) Federal, State, Regional** refers to government support contributed by the United States Government, State of Louisiana, or Parish government.
- **49) Local** refers to cash contributed by a local government or community group.
- **50) Subtotal** refers to the amount of revenue that will be used for the project before DAF funds are included.
- **51) Decentralized Arts Funding Program Grant Request** refers to the amount requested from the applicant organization for this project. This line should be broken down under the Grant Expenses column of the Project Budget to represent what items grant money will support, if funded.
- **52) Total Revenue** represents all cash income that will be used to administer the project.

## *Expenses:*

- **53) – 55) Personnel** refer to permanent employees of the organization who will

be paid for his/her time as a part of this project.

- **56) Fiscal Agent Fees** are defined as fees charged by an organization to act as the applicant for another organization and are intended to offset the cost of personnel, time, and supplies. Fiscal agent fees should not exceed either \$150 or 8% of the total project costs – whichever figure is less.
- **57) Outside Professional Services – Artistic** refers to artistic services by firms or people not considered employees of the applicant (e.g., individual artists, folklorist, curator, etc. whose services are contracted for the project). A provider of services form is required for anyone listed under this category.
- **58) Outside Professional Services – Other** refers to non-artistic services by firms or people not considered employees of the applicant (e.g., project director, consultants, technical director, publisher, etc.). A provider of services form is required for anyone listed under this category.
- **59) Utilities** refer to costs associated with telephone, gas and electric, water, etc.
- **60) Space Rental** refers to the cost to rent a facility, exhibit or performance venue.
- **61) Travel** refers to the cost of travel for outside professional services, per diems, and travel for services outside the area.
- **62) Marketing** refers to the cost associated with advertising, soliciting involvement, or promoting the project and includes design, printing, advertising, flyers, playbills, tickets, etc.

- **63) Equipment Rental** refers to the costs associated with renting equipment for the purpose of producing the project.
- **64) Supplies and Materials** refer to the cost of items that are needed to produce or create the project, such as fabric, paints, disposable cameras, paper, etc. If supplies and materials exceed \$500, a detailed budget breakdown must be included.
- **65) Postage/Shipping** refers to the cost for mailing and shipping related to the project.
- **66) Insurance** refers to the cost of liability insurance related to the project.
- **67) Other** refers to expenses not listed under any other expense category.
- **68) Total Expenses** represents all cash costs involved to administer the project being proposed.

#### ***In-kind Support:***

- **69) In-kind** refers to donated personnel and volunteer time, materials, and services associated with the project.
- **Source** is an organization that is contributing materials, facilities, services, etc. for the project, or an individual contributing volunteer time.
- **Contribution** is the item being donated, such as a facility space or for individuals, the number of hours.
- **Cash Equivalent** is the amount the applicant would pay in cash for items, services or time listed.

# TOTAL PROJECT BUDGET AND GRANT REQUEST

See directions for completing the project budget (lines 40 through 69) on pages 18-19.

| <b>REVENUE</b>   | <b>CASH</b> |
|--|-------------|
| 40). Admissions, Memberships, Subscriptions                        | _____       |
| 41). Contracted Services (workshops, packaged presentations, etc.) | _____       |
| 42) Other Applicant Cash: <i>List Source</i>                       | _____       |
| 43). Corporate Support: <i>List Source</i>                         | _____       |
| 44). Foundation Support: <i>List Source</i>                        | _____       |
| 45). Fundraising   | _____       |
| 46). Federal: <i>List Source</i>                                   | _____       |
| 47). State: <i>List Source</i>                                     | _____       |
| 48). Regional: <i>List Source</i>                                  | _____       |
| 49). Local: <i>List Source</i>                                     | _____       |
| <b>50). SUB-TOTAL</b>  | _____       |
| <b>51). Decentralized Arts Funding Grant Request</b>               | _____       |
| <b>52). TOTAL REVENUE</b> (Must match line 68. Total Expenses)     | _____       |

| <b>EXPENSES</b>  | <b>GRANT</b> | <b>CASH</b> | <b>TOTAL</b> |
|--|--------------|-------------|--------------|
| 53). Personnel – Administrative                                | _____        | _____       | _____        |
| 54). Personnel – Artistic                                      | _____        | _____       | _____        |
| 55). Personnel – Tech/Production                               | _____        | _____       | _____        |
| 56). Fiscal Agent Fees   | _____        | _____       | _____        |
| 57). Outside Professional Services – Artistic                  | _____        | _____       | _____        |
| 58). Outside Professional Services – Other                     | _____        | _____       | _____        |
| 59). Utilities   | _____        | _____       | _____        |
| 60). Space Rental  | _____        | _____       | _____        |
| 61). Travel  | _____        | _____       | _____        |
| 62). Marketing (promotion, print)                              | _____        | _____       | _____        |
| 63). Equipment Rental  | _____        | _____       | _____        |
| 64). Supplies and Materials *                                  | _____        | _____       | _____        |
| 65). Postage/Shipping  | _____        | _____       | _____        |
| 66). Insurance   | _____        | _____       | _____        |
| 67). Other: List   | _____        | _____       | _____        |
| <b>68). TOTAL EXPENSES</b> (Must match line 52. Total Revenue) | _____        | _____       | _____        |

\* If supplies and materials exceed \$500, attach a detailed breakdown of expenses.

| <b>69). IN-KIND SUPPORT (list source, contribution and cash equivalent)</b>  |                              |                      |
|--|------------------------------|----------------------|
| For example: Source: ABC Printing, Inc. / Marketing Contribution: Flyers and Street Banners. Cash Equivalent: \$575.00. The ABC Printing company is donating the materials for flyers that will be used in mailing and street banners that will hang above main street the day of the event. |                              |                      |
| Source (List Budget Category or Company)   | Contribution (Item or Hours) | Cash Equivalent (\$) |
| _____  | _____                        | _____                |
| _____  | _____                        | _____                |
| _____  | _____                        | _____                |
| <b>TOTAL IN-KIND SUPPORT:</b>  |                              |                      |

## ATTACHMENTS (To be sent in by regular mail or hand-delivered)

- Attach an **IRS 501(c)(3) tax-exempt determination letter**. Note: Governmental subdivisions (public schools, parish libraries, municipal governments, state universities, etc.) are not required to submit proof of nonprofit status.
- Proof of parish domicile:** Certificate of Incorporation from the Louisiana Secretary of State, Commercial Division, indicating the city in which the registered office of the applicant is located. This must be the most recent address as indicated on the Annual Report filed with the Secretary of State. Note: Governmental subdivisions (public schools, parish libraries, municipal governments, state universities, etc.) are not required to submit proof of nonprofit status.
- Chapter organizations** must attach IRS documentation for the central organization and chapter organization. A letter of support from the central organization must also be attached.
- A **board of directors listing** that includes **names and addresses, identifying officers, sex, ethnicity, and professional affiliation**. Note: Governmental subdivisions (public schools, parish libraries, municipal governments, state universities, etc.) are not required to submit board of director verification.
- Schools or projects working with schools** must attach a **letter of support** from the **local school board** and/or **principal**.
- Applications requesting the creation of a new work** in the **performing arts, art in public places/ public art, design, or media production (film, video, or radio)** must submit a sample of work that illustrates artistic merit of the artist(s) involved.
- Optional: SUPPORTING MATERIALS** -- E.G., a scrapbook or set of materials to document recent projects, artist samples, extended resumes, brochures/ marketing materials, and letters of recommendation and support. Supporting materials will be made available to the community review panel the day of review, and not before. **Supporting materials MUST BE bound in an easy to read manner. No loose papers or photos will be accepted. Attach in a binder clip, folder, binder, or scrapbook.**

## CHECKLIST

- Project occurs between **October 1** of this year and **September 30** of next year.
- This Application Form with **complete narrative, project budget, attachments, supplemental materials** (if you choose to include these), and **eight (8) copies** of the application and **two (2) copies** of any supplemental materials, **received by the Arts Council by 5:00 p.m. on Wednesday, June 15th, 2016.** **\*\*Remember that if you would like a draft review of your application, that you must get it to the CDC of the Arts Council three (3) weeks prior to the final deadline, or by 5:00 p.m. Wednesday, May 25<sup>th</sup>, 2016.**
- Amount requested does not exceed parish funds available or maximum allowable in the region.** CDC will check.

- Appropriate signatures** signed in **BLUE INK** below (original signatures, not photocopies) submitted with application.
- Do not** fold, staple, bind, or tape the required attachments or the supplemental materials together. **You may put them in a binder clip and/ or submit them in a binder, folder, or scrapbook.**
- A **hard copy** of the **completed application form** should be kept on file for your records.

**ASSURANCES**

The applicant hereby gives assurances to the Louisiana Division of the Arts, the Louisiana State Arts Council, and the **Arts Council of Central Louisiana** that: the applicant has read and understands all information contained in appropriate guidelines; the activities and services proposed in this application will be administered by the applicant organization; and any grant funds received for this application will be used exclusively for payment of allowable expenditures incurred for proposed services, and such grant funds will be administered by the applicant. The applicant will comply with all rules, regulations, laws, terms, and conditions described in the Guidelines. The undersigned have been duly authorized by the governing authority of the applying organization to submit this application to the **Arts Council of Central Louisiana** as authorized by the Louisiana Division of the Arts and the Louisiana State Arts Council. We hereby certify that all figures, statements, and representations made in this application, including any attachments, are true and correct to the best of our knowledge.

Signatures are required and indicate that the signers have read the above “ASSURANCES” and agree to the grant conditions. “Authorizing Official” should be the president of the board or other individual with the authority to enter into a legal contract on behalf of the agency (in the event of an application from a school or school system, a duly authorized representative on behalf of the parish school board or private/parochial school board). “Chief Fiscal Officer” should be the individual immediately responsible for the disbursement of funds for the project. “Project Director” is the individual who will be directly responsible for the implementation of the activities of the above-described project. The application with the signature page constitutes a legal document. The signatures **MUST** be original (not photocopies) and all three spaces must be completely filled in.

70). **Authorizing Official** (usually the President/Chairman or Sub-Applicant)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Typed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (other) \_\_\_\_\_

71). **Chief Fiscal Officer** (may be same as Authorizing Official, usually the Treasurer or Fiscal Sponsor)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Typed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (other) \_\_\_\_\_

72). **Project Director** (Sub-Applicant)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Typed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (other) \_\_\_\_\_

**Please check your final application package carefully. Incomplete applications may not be funded. Remember to keep a copy of the application and all attachments for your files.**