

2011-2012 ORGANIZATIONAL DEVELOPMENT GRANT PROGRAM



Boxtales at Lobero



Sonneblauma Dance

Photo: Am Wu



Music Academy of the West

Photo: D. Bazemore



A Program of the City of Santa Barbara
in partnership with the
Santa Barbara County Arts Commission



SANTA BARBARA COUNTY
Arts Commission

Deadline: Friday, June 17, 2011

2011-12 ORGANIZATIONAL DEVELOPMENT GRANT

GUIDELINES

The Organizational Development Grant Program is designed to encourage the artistic and administrative development, stability, and vitality of Santa Barbara arts-based organizations. By supporting the arts, the City of Santa Barbara furthers its goals of increasing accessibility and participation in the arts and sustaining economic and community development through the arts. Awards to organizations at various levels of development will help them achieve a wide range of objectives. Applicant organizations may request funds for general operations or for specific projects related to their overall development goals. The City of Santa Barbara invites organizations to submit applications for funding, utilizing the attached application. **Attendance at a technical assistance workshop is mandatory for first-time applicants only.** In order to be eligible to apply for this grant program, the organization must meet the following conditions:

1. Application Requirements:

To be eligible for Organizational Development (OD) funding, the applicant must:

- A. Submit **five** (5) copies of application (one original and four copies) assembled in individual letter-size **file** folders. Please include organization name on each tab of file folders.
- B. Type applications in legible 10 or 12 point type.
- C. (First-time applicants only.) Provide proof of non-profit tax-exempt status [**501(c) 3**] by submitting copies of State and Federal determination letters.
- D. Provide evidence of approval by its Board of Directors.
- E. Utilize requested funds to support the organizational development of Santa Barbara based arts organizations.
- F. Have a history of presenting arts programs in Santa Barbara for at least **two** years.
- G. Operate without unlawful discrimination as to age, cultural background, religion, sex, or national origin in the provision of services.
- H. **Organizations currently receiving funds through a line item in the City Budget may only apply for projects unrelated to programs, events, or projects funded by said line item.**

2. Application Review Criteria:

- A. Completed application including necessary attachments.
- B. Clearly demonstrated need for funding.
- C. Quality and creativity of proposed program.
- D. Strategic planning of the organization and ability to document impact of the grant.
- E. Demonstration of a stable management structure and full fiscal accountability.
- F. Innovative collaboration and program partnerships to achieve organization's goals.

3. Restrictions:

- A. An organization may submit a grant application from **only** one of the following City grant categories:
 - Community Events & Festivals**
 - Community Arts**
 - Organizational Development**
- B. Funding cannot be used for capital purchases or improvements.
- C. Funding cannot be used towards trust or endowment campaigns.

2010-11 ORGANIZATIONAL DEVELOPMENT GRANT

4. Application Deadline:

Application must be received by **Friday, June 17, 2011 by 5:00 PM.** Postmarks are **NOT** acceptable. **The City Arts Advisory Organizational Development Grant Committee WILL NOT consider incomplete or late applications.**

5. Mailing Address:

Santa Barbara County Arts Commission
P.O. Box 2369
Santa Barbara, CA 93120

Delivery Address:

Santa Barbara County Arts Commission
County Courthouse, 1100 Anacapa Street
3rd Floor Rotunda Tower
Santa Barbara, CA

6. Total Funds Available:

The maximum award allowed for a single grant is **\$18,000.**

7. Grant Reports:

A self-evaluation report will be required at the end of the project. Forms will be presented to each agency that receives funding under this grant program. Specific details and instructions will be listed on the report forms. Final funding will be withheld until completed forms are received from grantee.

8. APPLICATION CHECKLIST:

- _____ **Submit one original and four copies of the following, in individual letter-size manila file folders. (Mark each tab with organization name in BOLD.)**
- _____ Make sure application form is completed.
- _____ Cover letter from organization sponsoring the grant application or partnership agreement.
- _____ Signature of President of the Board of Directors (*or other authorized signature*).
- _____ Board Information (attach list of board members and appropriate affiliations)
- _____ Completed Budget page (*page 6*).
- _____ Proof of **501(c)3** status. (*One copy of State and Federal tax ID forms attached to original application*). *First time applicants only.*
- _____ Completed financial statement for last completed fiscal year. (*One copy attached to original application*).
- _____ Up to 5 articles, reviews, letters of support, DVDs, or other support material.

Applicants may submit a grant draft electronically by June 1st for review, input and technical assistance from staff. First-time applicants are strongly encouraged to do so.

Arts Commission Staff:

If you have any questions or concerns, please call:

Ginny Brush, Executive Director
Linda Gardy, Financial Analyst

568-3992
568-3990

gbrush@co.santa-barbara.ca.us
gardy@co.santa-barbara.ca.us

APPLICATION

Please limit the narrative to the space provided. Use 10 or 12 pt. type size. Letters of support, reviews, and other supporting materials may be attached.

Annual Organization Budget: \$ _____ **Amount Requested:** \$ _____

I. ORGANIZATION INFORMATION

1. Organization Name:

Mailing Address:

Phone:

Fax:

E-mail Address:

Website:

2. Contact Person Name:

Title:

Phone:

Fax:

E-mail Address:

3. Tax Identification Number:

4. Date Organization Established:

5. Number of Paid Staff:

Full-time: _____ Part-time: _____

(If part-time staff, please indicate what percentage of time.)

6. Board Information - Size of Board of Directors: _____

(Please attach list of Board members and appropriate affiliations.)

Authorized Signature: _____ Date: _____

Name:

Title:

7. Sponsoring Organization: Only applicable if this grant request is with a collaborative agency.

Application must be signed by one authorized officer of the collaborating agency.

Authorized Signature: _____ Date: _____

Name: _____ Title: _____

Organization: _____

II. BACKGROUND INFORMATION

1. **Mission Statement:** (What is the primary purpose of your organization?)

2. **SB County Arts Commission City Art Grant Funding History:**

If you have received funding from City Art Grant Programs please specify CA, OD or E&F below:

	FY 2008-09	FY 2009-10	FY 2010-11
Requested	_____	_____	_____
Granted	_____	_____	_____
Type of Grant	_____	_____	_____

III. PROGRAM INFORMATION

1. Use of Funds:

Describe how this grant funding will help your organization develop in the future. Include short-term and long-term goals of the organization. Be specific about how your organization will use the funding. *(Who, What, When, Where, and How. List any partners and the roles they will play.)*

2. Goals:

What are the measurable goals that will be used to determine the success of your organization and your use of Organizational Development funding?

3. Audience Development:

How is your organization specifically addressing the marketing of programs **to new and more diverse audiences**? What are the organization's plans and strategies for increasing and/or diversifying its core audience?

4. Audience Information:

Size of Annual Audience: _____

Annual audience figures are calculated from: _____ to: _____
 (DATE) (DATE)

A. Subscribers/Members: _____

B. Onsite Educational Programs: _____

C. Outreach Educational Programs: _____

D. Renter(s)/Collaborator(s): _____

E. Other: _____ Specify: _____

F. Other: _____ Specify: _____

5. Demographics:

A. Gender:

Female _____ % Male _____ %

B. Age:

0 - 10 _____ %	50 - 59 _____ %
11 - 18 _____ %	60 - 69 _____ %
19 - 29 _____ %	70 - 79 _____ %
30 - 39 _____ %	80 + _____ %
40 - 49 _____ %	

C. Geographic Information

Santa Barbara South County _____	L.A./Orange County _____
Santa Barbara North County _____	Other California _____
Ventura County _____	Out of State _____
San Luis Obispo County _____	International _____

D. Ethnicity:

African-American _____ %	Latino/Hispanic _____ %
Native-American _____ %	Asian-American _____ %
Anglo-American _____ %	Other _____ %

E. Sources:

What methods did you use to obtain your audience statistics? **Please attach sample of survey format used.**

IV. BUDGET

Fiscal Year: FROM: _____ **TO:** _____

I. INCOME

	<u>2009-10</u>	<u>2010-11</u>	<u>2011-12</u>	
A. Unearned	ACTUAL	ACTUAL/EST.	PROPOSED	
1. Org. Dev. grant	_____	_____	_____	Grant Amount Requested for 11-12
2. Other City grants	_____	_____	_____	
3. State/Federal grants	_____	_____	_____	
4. Individual contributions	_____	_____	_____	
5. Business/Corp. contributions	_____	_____	_____	
6. Foundation grants	_____	_____	_____	
7. Endowment	_____	_____	_____	
8. Line item allocation in City Budget	_____	_____	_____	
Other: _____	_____	_____	_____	
SUBTOTAL	_____	_____	_____	

B. Earned			
9. Ticket sales	_____	_____	_____
10. Org. membership	_____	_____	_____
11. Interest	_____	_____	_____
12. Fund raising events	_____	_____	_____
13. Other	_____	_____	_____
SUBTOTAL	_____	_____	_____

C. In-kind Contributions	_____	_____	_____
(Please list on Page 7.)			
SUBTOTAL	_____	_____	_____

TOTAL: (of A, B&C) _____

II. EXPENSES	<u>2009-10</u>	<u>2010-11</u>	<u>2011-12</u>	
	<u>ACTUAL</u>	<u>ACTUAL/EST.</u>	<u>PROPOSED</u>	
1. Salaries & Wages				
<i>Administrative</i>	_____	_____	_____	_____
<i>Artistic*</i>	_____	_____	_____	_____
<i>Other</i>	_____	_____	_____	_____
2. Administration Overhead**	_____	_____	_____	_____
3. Marketing & Publicity	_____	_____	_____	_____
4. Production Costs	_____	_____	_____	_____
5. Program Costs	_____	_____	_____	_____
6. Equipment Purchase/rental	_____	_____	_____	_____
7. Fundraising Expenses	_____	_____	_____	_____
TOTAL***	_____	_____	_____	***

Net Income (Deficit)**** _____

* If applicable, attach a separate sheet listing all artistic positions and pay scale.

** Rent, utilities, phone, etc.

*** Should equal your proposed request

**** If there is a deficit in any given year, please use the attached "Notes to Budget Page" explaining how the debt was managed.

Notes to Budget:

Please use this page to explain any discrepancies that may appear in your budget. If you have a deficit in any one year, explain how your organization handled the deficit or is handling the deficit in the future.