

City of El Paso Museums and Cultural Affairs Department  
**ARTS DEVELOPMENT AND ENRICHMENT PROGRAM (ADEP) APPLICATION**  
 Fiscal Year 2009-2010

This application is due **90 days before** project implementation. **Hand-written forms will not be accepted.** Download form at [www.elpasotexas.gov/mcad](http://www.elpasotexas.gov/mcad).

Legal Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Physical Address: (if different)		
City:	State:	Zip Code:
<b>Announcements and messages will be communicated via email. Please provide email for a primary contact person who regularly accesses email messages to ensure prompt reply, i.e. Business Manager or Administrative Assistant.</b>		
<b>Primary Contact Person:</b>		<b>Telephone (include area code):</b>
<b>Email:</b>		<b>Website:</b>
<b>Social Security Number (for individual artists only):</b>		
<b>Federal Employer ID Number (for organizations only):</b>		
Is your organization operated for charitable (nonprofit) goals?	YES	NO
Does your organization have administrative offices in El Paso?	YES	NO
Please specify the amount of funding requested: \$		
<b>ELECTED CITY OFFICIAL OF APPLICANT'S ADMINISTRATIVE OFFICES</b> (Available from Municipal Clerk 541-4127 or <a href="http://www.elpasotexas.gov/government">www.elpasotexas.gov/government</a> .)		
City Council Representative:		
District #:		
<b>FOR MCAD USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE</b>		
Check if received:	Qty/Each	Staff Review Completed by (print name):
<input type="checkbox"/> Application		Date Stamp:
<input type="checkbox"/> Strategic Plan		
<input type="checkbox"/> CD/DVD		
<input type="checkbox"/> Photographs		
<input type="checkbox"/> Manuscript/Bio		

Applicant Name: \_\_\_\_\_

**ASSURANCES AND SIGNATURES**

If funding is awarded, the applicant hereby assures the MCAD that:

1. Any funds received as a result of this application will be used solely for the purposes described.
2. The activities and services for which financial assistance is sought will be administered by or under the same supervision of the applicant organization.
3. The applicant organization is a non-profit entity as defined by the Internal Revenue Service, or an educational institution, or a unit of government.
4. The applicant organization will comply with the following: Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990 and City of El Paso Ordinance No. 9779 C.1. regarding accessibility; Drug Free Workplace Act of 1988; Texas Assumed Business or Professional Name Act; Section 5(j) of National Foundation of the Arts and Humanities Act of 1985 regarding labor standards and City of El Paso Ordinance No. 8790 regarding soliciting money or property.
5. The applicant organization officials have read, understand and will conform to the intent outlined in the current Funding Program Guidelines for the City of El Paso.
6. The undersigned have been duly authorized by the applicant organization to submit this application and support material.
7. In addition to the assurances listed above, the applicant organization hereby assures the City of El Paso that the applicant will comply with the following:
  - a. Equity Mandate regarding equitable procedures for the distribution of resources to recipients who reflect the geographical, cultural, and ethnic diversity of the state’s population.
  - b. Obscenity Clause Section 10(7)(b) of the Texas Commission on the Arts Enabling Legislation, which prohibits the Texas Commission on the Arts and its grantees from knowingly fostering, encouraging, promoting, or funding any project, production, workshop, and/or program that includes obscene material as defined in Section 43.21 Penal Code of Texas.

**CERTIFICATION**

I certify that all information contained in this application, including all support material, is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Individual/Organization Contact Person                      Complete Legal Name (print)                      Date

**SECOND SIGNATURE REQUIRED FOR ORGANIZATIONS ONLY:**

\_\_\_\_\_  
Signature of Authorized Official/Board Chair                      Complete Legal Name (print)                      Date

**Please use BLUE INK for signatures and PRINT your complete legal name.**

**NOTE:** For proposals being submitted by two organizations, the authorized official/board chair and project/executive director of each organization certifies that the materials are true and correct to the best of our knowledge. It is understood and agreed that each organization must sign above (make additional copies of this page for each organization’s signatures).

**DEFINITION: Authorized Official.** A principal of the organization with legal authority to certify the information contained in the application and sign contracts for the organization. He/She must read and guarantee the organization’s compliance with all requirements listed above.

Applicant Name: \_\_\_\_\_

**NARRATIVE**

Answer all questions. Use a clear, easy to read font of at least 12-points.

**Use only the space provided. Do not attach additional pages, unless specifically indicated.**

1. Check the type of service you are proposing to provide. **Please select only one choice.**

- Community Partnership/Project Special Initiative
- Technical Assistance
  - Mentoring
  - Workshop
  - Consultation

2. Describe the project or event. Include art form and style. **Please only use space available.**

3. Provide the project objectives and timeline. **Please only use space available.**

4. Describe the project evaluation plan. Explain how data will be collected to demonstrate the success of the project. **Please only use space available.**

Applicant Name: \_\_\_\_\_

**ADEP – BUDGET FORM**

Round off all figures to the nearest dollar. **Do not show in-kind or capital improvements expenses.** Definitions pertaining to this form are provided in Proposal Instructions and Definitions. **Figures should relate to organization’s fiscal year.**

Organization’s Fiscal Year	From:		To:
		xx/xx/xxxx	xx/xx/xxxx
		COLUMN A	COLUMN B
EXPENSES (for this project only):		ADEP Estimated Budget	Other Funding
<b>Professional Services</b>		\$	\$
<b>Artistic</b>		\$	\$
<b>Technical/Production</b>		\$	\$
<b>Program Services</b>		\$	\$
<b>Marketing/Promotion/Printing</b>		\$	\$
<b>Program Supplies/Materials</b>		\$	\$
<b>OTHER (ITEMIZE)</b>			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>TOTAL EXPENSES</b>		\$	\$
<b>TOTAL PROJECT EXPENSES (Add Columns A + B)</b>		\$	