

City of El Paso Museums and Cultural Affairs Department
COMMUNITY ARTS PROGRAM (CAP) APPLICATION
 Fiscal Year 2009-2010

This application is due by 5:00 PM on **April 6, 2009**, or must be postmarked by the deadline date. **Hand-written forms will not be accepted.** Download form at www.elpasotexas.gov/mcad.

Legal Name of Applicant:			
Mailing Address:			
City:	State:	Zip Code:	
Physical Address: (if different)			
City:	State:	Zip Code:	
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.			
Primary Contact Person:		Telephone (include area code):	
Email:		Website:	
Social Security Number (for individual artists only):			
Federal Employer ID Number (for organizations only):			
Is your organization operated for charitable (nonprofit) goals?		YES	NO
Does your organization have administrative offices in El Paso?		YES	NO
ELECTED CITY OFFICIAL OF APPLICANT'S ADMINISTRATIVE OFFICES (Available from Municipal Clerk 541-4127 or www.elpasotexas.gov/government .)			
City Council Representative:			
District #:			
Artistic Discipline of Proposed Service:			
<input type="checkbox"/> Theatre	<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Music	<input type="checkbox"/> Film/Video
<input type="checkbox"/> Literary	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Multi-media (specify):		<input type="checkbox"/> Multi-disciplinary (specify disciplines):	
Title of Service:			
FOR MCAD USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE			
Check if received:		Qty/Each	Staff Review Completed by (print name):
<input type="checkbox"/>	Application		Date Stamp:
<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. Describe the concept of the service you are proposing and would like to make available to the El Paso community. **Please only use space available.**

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2. Describe the scope of services for every one (1) service proposed. **Please use bullet-format and only use space available.**

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

- One time performance/demonstration/class/master class (1 hour)
- Workshop (2 hours)
- Exhibition and lecture (as negotiated with host): 3 weeks 6 weeks
- Residency (long-term as negotiated with host): 2 weeks 4 weeks 6 weeks
- Other:

4. Is the service format can be adapted to suite the needs of various venues? Yes No
(For example one time performance/demonstration/class/master class can be adapted into several 1-hour workshops and/or an exhibition.) If yes, please use a separate sheet to describe.

5. Do you provide curriculum aligned with TEKS? Yes No

6. How many artists will be involved and what is the specific role in the proposed project?

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Applicant Name: _____

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.

7. For what audience will this service be most appropriate and will you be available?

You may check up to four (4).

- Pre-school children (available M-F, 8:00-5:00 pm)
- Grade school children (available M-F, 8:00-5:00 pm)
- Middle/High school students (available M-F, 8:00-5:00 pm)
- Adults (various times as negotiated with Community Host)
- Senior adults (various times as negotiated with Community Host)
- Persons w/disabilities (various times as negotiated with Community Host)
- Other (specify audience and available time)
- Bilingual (specify audience and available time)

8. Explain what you hope your audience or participants will gain or learn from your service.

9. List all special technical requirements and/or restrictions related to the proposed service. (For example, dimensions of stage area, ceiling height, electrical or lighting needs, dressing rooms, class size, supplies, furniture and equipment, etc.)

10. Describe any marketing ideas that you and/or the host may use to promote this service. List any potential community hosts and their contact information.

Applicant Name: _____

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.

11. Summarize your training (formal or informal), background, or previous experience that qualifies you to provide this service.

12. **Proposed Expenses.** Please provide a detailed breakdown of expenses for **ONE** service. Round all figures to the nearest dollar. Total for one service should not exceed \$2,500.00. All set up and preparation costs should be included in the **ONE** service fee.

A. Administrative Personnel \$ _____

B. Artistic Personnel \$ _____

C. Technical Personnel \$ _____

D. Other Expenses: List and explain expenses related to this service including production and marketing \$ _____

\$ _____

TOTAL EXPENSES FOR ONE SERVICE (add A through D) \$ _____

13. List the number of services available to provide between October 1, 2009 and August 31, 2010.

14. Please indicate if you would like for the MCAD to provide your information for inquiries about outside contracting opportunities? Yes No