

City of El Paso Museums and Cultural Affairs Department
OPERATIONAL SUPPORT PROGRAM (OSP) 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 Organization:				
Organization's Fiscal Year:	From:		To:	
		xx/xx/xxxx		xx/xx/xxxx
Amount of Funds Requested (this program only):		\$		
Projected Total Attendance for FY 2009-2010:				
Mailing Address:				
City:		State:		Zip Code:
Website:				
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:				
Executive Director:			Telephone (include area code):	
Email:				
Authorized Official/Board Chair:			Telephone (include area code):	
Email:				
ELECTED CITY OFFICIAL OF APPLICANT'S ADMINISTRATIVE OFFICES (Available from Municipal Clerk 541-4127 or www.elpasotexas.gov/government .)				
City Council Representative:				
District #:				
Is the applicant a 501(c)(3) non-profit, tax-exempt organization?			YES	NO
FOR MCAD USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE				
Check if received:		Qty/Each	Staff Review Completed by (print name): Date Stamp:	
<input type="checkbox"/>	Application			
<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 Authorized Official/Board Chair	_____ Complete Legal Name (print)	_____ Date
_____ Signature of Project/Executive Director	_____ Complete Legal Name (print)	_____ Date

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

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. Provide your organization's Mission Statement.

2. Describe the history and development of your organization. Include information about the organization's artistic and/or cultural achievement.

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.

3. Describe how the organization and proposed activities address the evaluation criteria. Please use only the space provided.

3. (a) Impact/Services to El Paso Residents

3. (b) Artistic Excellence and Innovation

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.

3. (c) Administrative Health Capacity – May be demonstrated with the support of a Strategic Plan

3. (d) Proposed Scope of Services – List the type and **number of services** to be provided to the City

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.

3. (e) Diversity and Outreach

3. (f) Audience Development - Please indicate primary focus of organization. If your organization addresses both Audience Development and Tourism Promotion, also address question 3. (g).

3. (g) Tourism Promotion – Only address if applicable.

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.

4. Describe how your organization ensures that programs and facilities are accessible to individuals with disabilities.

5. Provide a description of the organization's outreach activities, including educational programs and audiences served. List activities that include attracting underserved audiences and visitors to your events or facilities, as well as visibly representing a variety of communities.

FOR PERFORMING ARTS ORGANIZATIONS ONLY

Provide the following information based on the most recently completed fiscal year.

Total # of seats available:		Total # of tickets sold:	
Ticket Price Range:	For Adults \$	For Children \$	

FOR ALL APPLICANTS

Total attendance at organization's activities from September 2008 through August 2009 (projection for current fiscal year)	
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Applicant Name: _____

FORM A – OPERATING INCOME

Please itemize income sources as indicated below. Attach supplemental breakdowns for any line item totaling \$50,000 or more (other than City of El Paso MCAD support, memberships and individual contributions). Round off all figures to the nearest dollar. **Do not show in-kind contributions nor revenue for capital improvements.** 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
	2 YRS PRIOR FY ACTUAL	PREVIOUS FY ACTUAL	CURRENT FY ESTIMATE	NEXT FY PROJECTION
CITY OF EL PASO – MCAD				
Operational Support	\$	\$	\$	\$
Other MCAD Support (CAP/ADEP)	\$	\$	\$	\$
EARNED REVENUE				
Admissions	\$	\$	\$	\$
Tuition/Class/Workshop Fees	\$	\$	\$	\$
Contracted Service Revenue	\$	\$	\$	\$
Auxiliary Activities	\$	\$	\$	\$
Memberships	\$	\$	\$	\$
Fundraisers/Special Events	\$	\$	\$	\$
RESTRICTED CONTRIBUTIONS				
Individuals	\$	\$	\$	\$
Corporations	\$	\$	\$	\$
Foundations	\$	\$	\$	\$
UNRESTRICTED CONTRIBUTIONS				
Individuals	\$	\$	\$	\$
Corporations	\$	\$	\$	\$
Foundations	\$	\$	\$	\$
GOVERNMENT GRANTS				
Federal (NEA, NEH, etc.)	\$	\$	\$	\$
State (TCA)	\$	\$	\$	\$
Other	\$	\$	\$	\$
ENDOWMENTS	\$	\$	\$	\$
INTEREST	\$	\$	\$	\$
PRIOR YEAR SURPLUS	\$	\$	\$	\$
OTHER INCOME (ITEMIZE)				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL (Carry forward to Form C)				

* Amount requested from MCAD

Applicant Name: _____

FORM B – OPERATING EXPENSES

Please itemize operating expenses as indicated below. Attach supplemental breakdowns for any line item totaling \$50,000 or more (other than salaries or utilities). 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
	2 YRS PRIOR FY ACTUAL	PREVIOUS FY ACTUAL	CURRENT FY ESTIMATE	NEXT FY PROJECTION
PERSONNEL				
SALARIES/BENEFITS *				
Administrative/General	\$	\$	\$	\$
Artistic	\$	\$	\$	\$
Technical/Production	\$	\$	\$	\$
Program Services	\$	\$	\$	\$
OUTSIDE/PROFESSIONAL				
Administrative/General	\$	\$	\$	\$
Artistic	\$	\$	\$	\$
Technical/Production	\$	\$	\$	\$
Program Services	\$	\$	\$	\$
TRAVEL	\$	\$	\$	\$
SHIPPING	\$	\$	\$	\$
TELEPHONE	\$	\$	\$	\$
EQUIPMENT RENTAL	\$	\$	\$	\$
SPACE RENTAL*	\$	\$	\$	\$
UTILITIES				
Electric	\$	\$	\$	\$
Natural Gas	\$	\$	\$	\$
Water and Sewer	\$	\$	\$	\$
OTHER RENTALS	\$	\$	\$	\$
MARKETING/PROMOTION/PRINT	\$	\$	\$	\$
POSTAGE	\$	\$	\$	\$
SUPPLIES/MATERIALS	\$	\$	\$	\$
INSURANCE	\$	\$	\$	\$
OTHER (ITEMIZE)				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL (Carry forward to Form C)				

* This program requires organizations to have a minimum of one half-time paid employee and administrative offices permanently located in the El Paso City limits.

Applicant Name: _____

FORM C – OPERATING BUDGET SUMMARY

Totals indicated below should be carried forward from Forms A and B. 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
	2 YRS PRIOR FY ACTUAL	PREVIOUS FY ACTUAL *	CURRENT FY ESTIMATE	NEXT FY PROJECTION
TOTAL INCOME (from Form A)	\$	\$	\$	\$
TOTAL EXPENSES (from Form B)	\$	\$	\$	\$
NET DIFFERENCE (if any)	\$	\$	\$	\$

If there is a net difference in any fiscal year, please indicate below how the deficit or surplus was, or will be handled.

Total operating support amount requested from MCAD for FY 2009-2010: \$ _____
(Amount should be the same as MCAD Operational Support for Next Fiscal Year in Form A.)

* Are PREVIOUS FISCAL YEAR ACTUAL figures based on Audited Financial Statement? YES NO

If YES, and Audited Financial Statement differs in any way from the PREVIOUS FISCAL YEAR figures in the proposal, organization must submit Form F – Financial Audit Reconciliation.

If NO, when will PREVIOUS FISCAL YEAR Audited Financial Statement be completed? _____

FORM D – STATUS OF OPERATING ENDOWMENT(S)

Does your organization maintain an operating endowment? YES NO

If YES, please report the following information. If NO, please enter zeros.

These figures are based on: Cost of original investments
 Current market value (as of end of PREVIOUS FISCAL YEAR)

	2 YRS PRIOR FY ACTUAL	PREVIOUS FY ACTUAL *	CURRENT FY ESTIMATE	NEXT FY PROJECTION
OPERATING ENDOWMENT	\$	\$	\$	\$

Explain changes in your operating endowment, if any. Give a brief description of your organization’s efforts to further develop operating endowments. Use additional page if necessary.

Applicant Name: _____

FORM E – STATUS OF ACCUMULATED OPERATING DEFICIT*

Does your organization have an accumulated operating deficit? YES NO

If YES, please report the following information. If NO, please enter zeros.

	2 YRS PRIOR FY ACTUAL	PREVIOUS FY ACTUAL	CURRENT FY ESTIMATE	NEXT FY PROJECTION
ACCUMULATED OPERATING DEFECIT	\$	\$	\$	\$

Explain changes in your accumulated operating deficit, if any. Give a brief description of your organization’s efforts to reduce or eliminate it. Use additional page if necessary.

FORM F – FINANCIAL AUDIT RECONCILIATION

This form is to be completed **only** by organizations whose audited financial statement differs in any way from the PREVIOUS FISCAL YEAR ACTUAL figures provided in this proposal. Submission of this form will enable the City to reconcile the total income/loss figures shown in the audited financial statement to the income/loss figures shown on Form C-Operating Budget Summary.

If the figures shown on Form C-Operating Budget Summary for PREVIOUS FISCAL YEAR ACTUAL, are based on the audited financial statement, **this form and its attachment should be submitted with the funding proposal only if the figures vary.** If the PREVIOUS FISCAL YEAR ACTUAL figures are un-audited, this form and its attachments along with the final figures (both operating income and expenses for PREVIOUS FISCAL YEAR ACTUAL) must be submitted to the City as soon as the audit is complete **only if the figures vary.**

INSTRUCTIONS:

1. Photocopy and attach the section of your audited financial statement entitled "Statement of Revenue, Expenses and Changes in Fund Balances" to this form.
2. In the space provided below, use a footnote format to reference specific figures on the "Statement." In as concise a manner as possible, explain how the PREVIOUS FISCAL YEAR ACTUAL figures shown on Form C-Operating Budget Summary relate to the total income/loss figures shown on the audited financial statement. Attached additional sheets if necessary.

Applicant Name: _____

FORM G – CULTURAL DIVERSITY SUMMARY

Current Board Makeup (should correlate for Form I – Board of Directors Information)

	#	# Male	# Female
African-American			
Asian			
Latino/Hispanic			
Native-American			
Native Hawaiian/Other Pacific Islander			
White, non-Latino/Hispanic			
Other			

Current Personnel/Employees (should correlate Addendum – Personnel Summary Sheet)

	#	# Male	# Female
African-American			
Asian			
Latino/Hispanic			
Native-American			
Native Hawaiian/Other Pacific Islander			
White, non-Latino/Hispanic			
Other			

Personnel/Contract (should reflect most recently completed fiscal year)

	#	# Male	# Female
African-American			
Asian			
Latino/Hispanic			
Native-American			
Native Hawaiian/Other Pacific Islander			
White, non-Latino/Hispanic			
Other			

Please give percentage where applicable. Type N/A where not applicable. The following should be based on totals for the most recently completed fiscal year.

Audience Regular Season Event/Exhibitions		Audience Outreach Events	
Total Attendance		Total Attendance	
African-American	%	African-American	%
Asian	%	Asian	%
Latino/Hispanic	%	Latino/Hispanic	%
Native-American	%	Native-American	%
Native Hawaiian/Other Pacific Islander	%	Native Hawaiian/Other Pacific Islander	%
White, non-Latino/Hispanic	%	White, non-Latino/Hispanic	%
Other	%	Other	%
Season Suscribers/Memberships		Volunteers/Docents	
Total Attendance	%	Total Attendance	%
African-American	%	African-American	%
Asian	%	Asian	%
Latino/Hispanic	%	Latino/Hispanic	%
Native-American	%	Native-American	%
Native Hawaiian/Other Pacific Islander	%	Native Hawaiian/Other Pacific Islander	%
White, non-Latino/Hispanic	%	White, non-Latino/Hispanic	%
Other	%	Other	%