

City of El Paso Museums and Cultural Affairs Department
PROJECT SUPPORT PROGRAM (PSP) 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):		\$		
Project Title:				
Exact Project Dates:	From:		To:	
		xx/xx/xxxx		xx/xx/xxxx
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):	
<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 Authorized Official/Board Chair	_____ Complete Legal Name (print)	_____ Date
_____ Signature of Project/Executive Director	_____ 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. 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/Cultural 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.

Applicant Name: _____

FORM A – BUDGET: INCOME

Round off all figures to the nearest dollar. **Do not show in-kind contributions nor revenue in this form.** 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
Please check only one (Anticipated or Confirmed) for each item:	ANTICIPATED	CONFIRMED	CASH INCOME
A. EARNED INCOME			
Ticket/Box Office Receipts			\$
Tuition/Class/Workshop Fees			\$
Contracted Service Revenue			\$
Concessions			\$
Other (specify):			\$
TOTAL EARNED INCOME			\$
B. CONTRIBUTED INCOME			
Fundraising/Special Events			\$
Individual Contributions			\$
Membership Fees			\$
Other (specify):			\$
Grants:			\$
State Government			\$
Federal Government			\$
Corporate & Business			\$
Foundations			\$
Other (specify):			\$
			\$
			\$
TOTAL CONTRIBUTED INCOME			\$
C. OTHER ORGANIZATIONAL FUNDS			\$
D. AMOUNT REQUESTED FROM MCAD (for this project only)			\$
TOTAL INCOME (A + B + C + D)*			\$

* Total Income must equal Total Expenses

Applicant Name: _____

FORM B – BUDGET: EXPENSES

Round off all figures to the nearest dollar. **Include in-kind expenses on this form.** 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
EXPENSES (for this project only):	COLUMN A	COLUMN B	COLUMN C
	MCAD REQUEST	CASH EXPENSES	IN-KIND SERVICES
ORGANIZATIONAL PERSONNEL			
Administrative	\$	\$	\$
Artistic	\$	\$	\$
Technical/Production	\$	\$	\$
FRINGE BENEFITS	\$	\$	\$
OUTSIDE/OTHER SERVICES			
Administrative	\$	\$	\$
Artistic	\$	\$	\$
Technical/Production	\$	\$	\$
LOCAL TRAVEL	\$	\$	\$
PRINTING/COPYING	\$	\$	\$
POSTAGE	\$	\$	\$
TELEPHONE	\$	\$	\$
EQUIPMENT RENTAL	\$	\$	\$
FACILITY RENTAL	\$	\$	\$
OTHER RENTAL	\$	\$	\$
PUBLICITY/PROMOTION	\$	\$	\$
SUPPLIES/MATERIALS	\$	\$	\$
INSURANCE	\$	\$	\$
OTHER (ITEMIZE)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL EXPENSES*	\$	\$	\$
TOTAL PROJECT EXPENSES (Add Columns A + B)		\$	

* Total expenses must equal total income. Do not include in-kind services.

Estimate the size of the audience or number of participants to be served by this project: _____

Estimate the number of artists to be employed by this project: _____

Does the organization plan to continue this project after the proposed funding period? YES NO

If YES, please explain future project phases of development in the space below.

Applicant Name: _____

FORM C – OPERATIONAL BUDGET

Please itemize operating budget as indicated below. 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.

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	\$	\$	\$	\$

* This program requires organizations to have administrative offices permanently located in the El Paso City limits.