GPS/SCP Application

Summary/Application Wizard

1. **Please describe the applicant:**
   o Individual (SCP – Artist Projects, Artist Performances on Tour or Teaching Artists only)
   o Organization (GPS or SCP)

2. **Select one: (Individual)**
   o Artist Projects – Florida-based practicing professional artists creating and/or presenting original works of art
   o Teaching Artists – Florida-based artists providing educational services in Florida public schools
   o Artist Performances on Tour – Florida-based performing artists for touring activities to underserved communities

   Select one: (Organization)
   o I am an eligible arts and cultural organization seeking funding for my year-round programming (GPS)
   o I am an eligible organization seeking to fund a specific project that is related to arts and culture (SCP)

3. **Please select the statement that best describes your organization's programming: (GPS)**
   o Educational – cultivating the learning and artistic development by promoting, encouraging, and supporting arts and culture as an integral part of education and lifelong learning (Arts in Education)
   o Arts and cultural programming such as conducting, creating, producing, staging, or presenting cultural exhibits, performances, educational programs, or events (Discipline-Based)
   o Providing professional services to a county or counties as the *designated* Local Arts Agency (Local Arts Agency)
   o Providing professional services to individuals, and/or arts and cultural organizations in at least 40 counties (State Service Organization)

   Please select the statement that best describes the purpose of your project: (SCP)
   o Promote arts and culture in education (Arts in Education)
   o Conducting, creating, producing, staging, or presenting a cultural exhibit, performance, educational program, or event (Discipline-Based)

o   Salary assistance, capacity building, or technical assistance for my Underserved Organization (Underserved Cultural Community Development – UCCD)

4. **Please select the type of Arts in Education you are requesting funding for? (AIE)**

   o   Artist Residency - Artist residencies place professional Florida artists in a variety of education and community settings.
   o   Arts Partnership - projects that will advance arts education and the development of long-term partnerships through effective collaboration between community arts and cultural organizations, social service agencies, and educational entities.
   o   Artist Performances on Tour - provides funding to Florida-based performing artists for touring activities to underserved communities; touring activities include both a performance and an educational component.
   o   Teaching Artists - provides funding to Florida-based artists providing educational services in Florida public schools.

Please select the type of technical assistance your Underserved organization is looking for? (UCCD)
   o   Capacity Building - for projects that increase administrative or artistic capacity.
   o   Consultant - for retaining consultants that can provide specific administrative or artistic needs.
   o   Salary Assistance - for the full or partial salary support for one or more positions. The positions must be critical to the mission of the organization.

Select your discipline

   o   Dance
   o   Traditional Arts
   o   Literature
   o   Media Arts
   o   Multidisciplinary
   o   Museum
   o   Music
   o   Presenter
   o   Theatre (Community)
   o   Theatre (Professional)
   o   Visual Arts

5. Are you a first-time applicant?

6. Is your organization a multipurpose institution? *eligibility

Ongoing arts and cultural programs within larger, multipurpose public or private non-profit institutions where the parent organization is not eligible for funding may apply on their own, provided that they meet the following requirements

- have a full season or year-round programming*
- have a distinct, itemized budget within that of the parent institution*
- have an independent advisory board that governs the activities of the program*
- be able to separately fulfill the Basic Eligibility and discipline-specific requirements*

7. **Proposal Title** _____

A – Contacts (Applicant Information)

<table>
<tr><td>

<Display applicant information *read only*>
    a. Applicant Name (org or individual)
    b. DBA
    c. FEID
    d. Phone number (with extension if applicable)
    e. Principal Address
    f. Mailing Address
    g. Website
    h. Org Type (e.g. non-profit, school board, etc.)
    i. Org Category (e.g. public library, SOE, etc.)
    j. County
    k. Fiscal Year End Date

</td></tr>
</table>

1. **Grant Contact**

   The Grant Contact is the primary contact for your grant. This is the person that will be contacted if there are any issues with your application. The contact may be different from the authorizing official who is typically the executive director or a board member. Provide an email address and phone number that will go directly to the contact (if possible), not one for the general organization.

       <Select from Organization Contacts>
       First & Last Name
       Phone Number + Extension
       Email Address

2. **Additional Contact**
       <Select from Organization Contacts>
       First & Last Name

Phone Number + Extension

Email Address

3. **Authorized Official**

Provide the name and contact information for the person authorized to sign contracts on behalf of the organization. This is usually the Executive Director or a board member.

<Select from Organization Contacts>

First & Last Name

Phone Number + Extension

Email Address

4. **National Endowment for the Arts Descriptors: (selection drop box, use the same options as last year)**

4.1 Applicant Status _____

4.2 Institution Type _____

4.3 Applicant Discipline _____

B – Eligibility

1. **What is the legal status of your organization?***
   - o Florida Public Entity
   - o Florida Non-profit, Tax-Exempt

2. **Are all grant activities accessible to all members of the public regardless of sex, race, color, national origin, religion, disability, age or marital status?***
   - o Yes (required for eligibility)
   - o No

3. **Project start date: (MM-DD-YYYY) - Project End Date: (MM-DD-YYYY) ****
   - o Yes
   - o No

4. **How many years of completed programming does your organization have?***
   - o Less than 1 year (not eligible)
   - o 1-2 years (required for eligibility for GPS and SCP)
   - o 3 or more years (required minimum to request more than $50,000 in GPS)

5. **Local Arts Agency: Is your organization designated as the Local Arts Agency by the local county commission per s. 265.32, F.S.?***
   - o Yes (required for eligibility)
   - o No

5. **Traditional Arts: Does your project involve the following? (All required for eligibility)**
   - a. **Living Traditions?**
     - i. **Yes**
     - ii. **No**
   - b. **A Folk Community?**
     - i. **Yes**
     - ii. **No**
   - c. **Arts shared informally via oral tradition or observation?**
     - i. **Yes**
     - ii. **No**

5. **Underserved Cultural Community Development: How is your organization underserved?*** (select all that apply)
   Select the statements that are true for your organization.
   - ☐ Applicant is rural (See definition)
   - ☐ Applicant is minority (See definition)
   - ☐

6. **Underserved Cultural Community Development: Total Cash Income***

What is your organization's Total Cash Income for your last completed fiscal year?_____ **(**include validation error: Total Cash Income must be $150,000 or less for program eligibility)

7. **Underserved Cultural Community Development - Consultant:**

Select the statements that are true for your organization.*

☐ Consultant is NOT a member of the applicant's staff or board.

☐ Consultant is NOT in the immediate family of any staff or board members

5. **Arts in Education: Does your organization have an arts education mission and primarily conduct arts in education programming?* (GPS AIE Only)**

○ Yes (required for eligibility)

o No

6. **Arts in Education - Residency: How many contact hours does this residency include?***

_____

7. **Arts in Education – Teaching Artists: Applicant is Florida-based practicing professional?***

o Yes (required for eligibility)

o No

8. **Arts in Education – Teaching Artists: Applicant provides an extensive arts education program with activities?***

o Yes (required for eligibility)

o No

9. **Arts in Education – Teaching Artists: Applicant provides study guides, learning materials, or sample lesson plans?***

o Yes (required for eligibility)

o No

5. **Arts in Education – Artist Performances on Tour (all required for eligibility)**

o **Solo artist or 50% of duo/ensembles is a Florida resident (proof of residency required).**

o **At least 18 years of age.**

5. **Not enrolled in a degree or certificate program. Discipline-based - Professional Theatre:**

Does your organization compensate artistic staff and actors based on www.equityactors.org?

o Yes (required for eligibility)

o No

5. **Discipline-based - Museum:**
The following statements must be true for you to be eligible to apply in the Museum discipline. Check all that apply.*
  - ☐ My organization is open to the public for at least 180 days each year.
  - ☐ My organization owns or utilizes collections, including works of art, historical artifacts, or other tangible objects (live or inanimate).
  - ☐ My organization exhibits these collections, including works of art, historical artifacts, or other tangible objects to the public on a regular schedule.

5. **Discipline-based – Multidisciplinary: Is your organization producing 50% or more of your programming?***
  - o Yes (required for eligibility)
  - o No (You should apply to the Presenting discipline)

5. **State Service Organization: ***

   Do your organization's services and activities reach at least 40 Florida counties?
  - o Yes (required for eligibility)
  - o No

5. **Artist Projects and Teaching Artists:***
Check all that apply.*
  - ☐ I am a Florida resident (proof of residency required).
  - ☐ I am at least 18 years of age.
  - ☐ I am not enrolled in a degree or certificate program.

5. **Teaching Artists: Do you have a Florida Professional Educator's Certificate?***
   Yes
   No

   What are your certifications?

7. **Teaching Artists: What is your artistic discipline(s)?**

  - o Dance
  - o Digital/Media Arts
  - o Literature
  - o Music
  - o Theater
  - o Visual Arts

8. **Teaching Artists: Do you have experience working with students of different socioeconomic backgrounds?***

Different cultures?

Special needs?

   o
10. Teaching Artists: What arts integration practices have you employed?*
   o Drawing on students' prior knowledge
   o Providing active hands-on learning with authentic problems for students to solve in different ways
   o Arranging opportunities for students to learn from each other to enrich their understandings
   o Engaging students in reflection about what they learned, how they learned it, and what it means to them
   o Using student assessment of their own and peers' work as part of the learning experience
   o Providing opportunities for students to revise and improve their work
   o Building a positive classroom environment where students are encouraged and supported to take risks, explore possibilities, and where a social cooperative learning community is created and nurtured

   In what content areas and grade levels?

8. **Teaching Artists: Do you have experience teaching alone in a classroom? If yes, briefly describe***

9. **Teaching Artists: Do you have experience co-teaching or collaborating with the classroom teacher? If yes, briefly describe***

10. **Teaching Artists: How do you assess student learning?***
   o Built into assignment
   o Exam
   o Class observation
   o Concept mapping
   o Concept tests
   o Assessment of group work
   o Rubrics
   o Other (please specify)

11. **Teaching Artists: What are your top priorities/goals/outcomes?***
   o to share my art discipline
   o to use my art discipline to teach another subject or concept
   o for our student to enjoy the learning process

- to expose our students to new thoughts and ideas
- to give our students new tools for self-expression

C – Quality of Offerings

1. Applicant Mission Statement (Organization) or Artist Statement (Individual)*

2. Programming (GPS)/Project (SCP) Description*
Briefly describe the project or program for which you are requesting funding. If you are an LAA or SSO, please include a statement that describes the services provided to your audience (including membership) and how those services are provided.

2.1 Programming or Project Goals *
Please list at least three goals associated with the project or program you are for which you are requesting funding.

    Goals: Broad statements that are usually general, abstract, issue oriented with realistic priorities. Goals are a long-term end to which programs and activities are developed and should reflect the organization's mission statement. Goals can be listed in priority order and ranked.

    Sample goal: To provide residents and visitors with increased opportunities to view local art and meet local artists.

2.2 Programming or Project Objectives *
Please list the three corresponding objectives for the goals listed above.

    Objectives: Specific, measurable ends that are achievable within a time frame and mark progress towards achieving goals.

    Sample Objective: At least 300 residents and visitors will view local art and be invited to a "meet the artist reception"

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2.3 Programming or Project Activities*
Please list the project or program activities.
        Activities: These are the specific activities that achieve the objectives.
        Sample Activities: Work with local arts and tourism organizations to promote art
shows. Communicate with local art teachers to encourage students to attend shows.
Schedule artist commentaries and news articles to promote the shows.

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2.4 Partnerships & Collaborations*
Describe any partnerships and/or collaborations with organizations directly related to
General Programming (GPS) or the Specific Cultural Project (SCP). Discuss the
responsibilities and benefits of the relationship and whether any formal agreements are
in place.

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3. **Project/Program Evaluation***
   How will you determine if your Goals and Measurable Objectives are achieved? Who will
   conduct the evaluation, and who will the evaluation target? What methods will be used
   to collect participant feedback? (Surveys, evaluation forms, interviews, etc.)
   When will you collect the information, and how will it be used to inform future
   programming? Skip for Artist Project, Artist Performances on Tour and Teaching Artists

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   Artist Projects, Artist Performances on Tour and Teaching Artists only

Describe the expected outcomes of the project. How will you determine the success of the project?

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4. **Collection Summary (museum)***

Provide a summary of the collection (live or inanimate) and the collection policy including: 1) Size and scope of collection(s) the museum owns or uses; 2) Conservation and care; and 3) Overview/brief list of inventory/registration methods. If you are not a collecting institution answer Not Applicable.

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4. Individual Artist Project*

What makes your project artistically strong? What is your motivation for this project, how will it advance your career and creative practice? What is the artistic context of this project to your creative practice?

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D – Impact - Reach
Instructions
Do not count individuals reached through TV, radio, cable broadcast, the Internet, or other media. Include actual audience numbers based on paid/free admissions or seats filled. Avoid inflated numbers, and do not double-count repeat attendees.

1. **Total number of individuals who will be engaged?* (auto populate – this field should be calculated the same way as last year: add numbers from questions 4, 5, 6, and 7). Do not add the number of Florida artists to the total, because that figure is already accounted for as a portion of the total number of artists.)**

2. **What is the estimated number of events related to this proposal?***
    How many different events will be produced or presented within the grant period as a part of this proposal? Be sure to list different events, not performances. For example: 1) a musical performed 10 times is only one event; 2) a workshop performed one time is one event.

    _____

3. **What is the estimated number of opportunities for public participation for the events?***
    Each event will have one or more opportunities for public participation. For example a musical performed 10 times is one event with 10 opportunities for public participation.

    _____

    4. UCCD SALARY ASSITANCE ONLY - How many positions are being supported through the salary assistance grant?

4. **How many Adults will participate in the proposed events?***
    Enter the number of individuals over 18 who will be directly engaged with the arts, whether through attendance at cultural events or participation in cultural learning or other types of activities in which people will be directly involved with artists or the arts. This figure should reflect a portion of the total individuals benefiting.

    _____

5. **How many K-12 students will participate in the proposed events through their school?***
    Enter the number of individuals under the age of 18 that are expected to be directly engaged with the cultural activities through their school, whether through attendance at cultural events or participation in cultural learning or other types of activities in which people will be directly involved with artists or the arts and cultural events through their school. This figure should reflect a portion of the total individuals benefiting.

    _____

6. **How many individuals under the age of 18 will participate in the proposed events outside of their school?***
Enter the number of individuals under the age of 18 and over that are expected to be directly engaged with the cultural activities not through their school, whether through attendance at cultural events or participation in cultural learning or other types of activities in which people will be directly involved with artists or the arts not through their school. This figure should reflect a portion of the total individuals benefiting.

_____

_____

7. **How many artists will be directly involved?***
Enter the estimated number of professional artists that will be directly involved in providing artistic services specifically identified with the proposal. Include living artists whose work is represented in an exhibition regardless of whether the work was provided by the artist or by an institution. This figure should reflect a portion of the total individuals benefiting. If no artists were directly involved in providing artistic services enter 0.

Number of artists directly involved? This figure should reflect a portion of the total individuals benefiting. It includes the number of Florida artists directly involved (below)

Number of Florida artists directly involved? This figure should reflect a portion of the total artists directly involved.

Total number of individuals who will be engaged?* (auto populate – this field should be calculated the same way as last year: add numbers from questions 3, 4, 5, and 6a (number of artists). Do not add the number of Florida artists to the total, because that figure is already accounted for as a portion of the total number of artists.**)**
8.
How many individuals will benefit through media? (Media Arts applicants only)
Enter the number of individuals who will benefit through TV, radio, cable broadcast, the internet, or other media.

_____

7. Proposed Beneficiaries of Project – Select all groups of people that your project intends to serve directly. For each group, you can select more than one answer if applicable. If your project/program served the general public without a specific focus on reaching distinct populations, then select the "No Specific Group" options.

8.1 Race Ethnicity: (Choose all that apply)
- American Indian or Alaskan Native
- Asian
- Black or African American

- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other racial/ethnic group
- No specific racial/ethnic group

8.2 Age Ranges (Choose all that apply)
- Children/Youth (0 – 17 years)
- Young Adults (18 – 24)
- Adults (25 – 64 years)
- Older Adults (65+ years)
- No specific age group

8.3 Underserved/Distinct Groups:
- Individuals with Disabilities
- Individuals in Institutions
- Individuals below the Poverty Line
- Individuals with Limited English Proficiency
- Military Veterans/Active Duty Personnel
- Youth at Risk
- Other underserved/distinct group
- No specific underserved/distinct group

8. Describe the demographics of your service area.

9. Number of individuals your members/organizations are serving? (required, only for LAA and SSO)

10. Select all that apply to your organization? (required, only for SSO and LAA)

- ☐ Advocacy
- ☐ Arts Education
- ☐ Convening of Arts & Culture
- ☐ Community Building
- ☐ Cross-Sector Collaborations
- ☐ Manage/Operate Cultural Facilities
- ☐ Cultural Planning

- ☐ Cultural Tourism
- ☐ Access for All Initiatives
- ☐ Grant Maker – Artists
- ☐ Grant Maker - Organizations
- ☐ Marketing
- ☐ Mentoring/Internships
- ☐ Present Programming
- ☐ Produce Programming
- ☐ Professional Development/Technical Assistance – Artists
- ☐ Professional Development/Technical Assistance – Organizations
- ☐ Professional Development/Technical Assistance - Teachers
- ☐ Public Art

11. **Additional impact/participation numbers information** (optional)
    Use this space to provide the panel with additional detail or information about the impact/participation numbers. Describe what makes your organization/programming unique.

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12. **In what counties will the project/program actually take place?***
    Select the counties in which the project/programming will actually occur. For example, if your organization is located in Alachua county and you are planning programming that will take place in Alachua as well as the surrounding counties of Clay and St. Johns, you will list all three counties. Please do not include counties served unless the project or programming will be physically taking place in that county.

    - ☐ <list of Florida counties>

14. **What counties does your organization serve?**

    Select the counties in which your organization provides services. For example, if your organization is located in Alachua County and you provide resources and services in Alachua as well as the surrounding counties of Clay and St. Johns, you will list all three counties. This might include groups that visit your facility from other counties.

    [List of Florida counties]

15. Describe your virtual programming.
Briefly describe any virtual programming that you provide to the public. This information should include who is able to access the programming and any payment structure.

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16. Proposal Impact*

How is your organization benefitting your community .What is the economic impact of your organization?
Solo or Individual Artists: Include any positive social elements and community engagement anticipated from the project.

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17. Marketing and Promotion*

How are you marketing and promoting your organizations offerings?

- ☐ Billboards
- ☐ Brochures
- ☐ Collaborations_____
- ☐ Direct Mail
- ☐ Email Marketing
- ☐ Magazine
- ☐ Newsletter
- ☐ Newspaper
- ☐ Pay Per Click (PPC) Advertising
- ☐ Podcast
- ☐ Radio
- ☐ Organic Social Media
- ☐ Paid Social Media
- ☐ Television
- ☐ Other_____

E – Impact – Access for All

18.   Describe how the facilities and proposal activities are accessible to all audiences and any plans that are in place to improve accessibility.*
In addition to your facility, what step are you taking to make your programming accessible to persons of all abilities and welcoming to all members of your community?
For example, explain use of accessibility symbols in marketing materials, accessibility of facilities and programming and/or target population. You can find resources on accessibility at http://dos.myflorida.com/cultural/info-and-opportunities/resources-by-topic/accessibility/. We encourage all applicants to include images in the support materials showing the use of accessibility symbols in marketing materials.

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Individual or Solo Artists: Skip questions 2-5 and move on to section H.

19. Policies and Procedures*
Does the applicant have policies and procedures (including a complaint process) that address non-discrimination on the basis of sex, race, color, national origin, religion, disability, age, or marital status.?
   o Yes
   o No

20. **Staff Person for Accessibility Compliance***
Does the applicant have a staff person that is responsible for compliance with Section 504 of the Rehabilitation Act, Americans with Disabilities Act, and Florida Statutes 553?

The Americans with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities in employment, state and local government services, public accommodations, transportation and telecommunication. The ADA extends the requirements under Section 504 of the Rehabilitation Act of 1973, as amended, to all activities of state and local governments and places of public accommodations operated by private entities, including places of public display.
    a. Yes
    b. No

If yes, what is the name of the staff person responsible for accessibility compliance?
   _____

21. **Section 504 Self Evaluation***

Has the applicant completed the Section 504 Self Evaluation Workbook or the Abbreviated Accessibility Checklist (only for first time self-evaluations) from the National Endowment for the Arts?

You can find the workbook and checklist at http://dos.myflorida.com/cultural/info-and-opportunities/resources-by-topic/accessibility/.

    a. Yes, the applicant has completed the Section 504 Self Evaluation Workbook from the National Endowment for the Arts.

    b. Yes, the applicant completed the Abbreviated Accessibility Checklist.

    c. No, the applicant has not conducted an accessibility self-evaluation of its facilities and programs.

    If yes, when was the evaluation completed?

    For maximum points, the evaluation must have been completed in the last 2 years.

    _____ (month/year)

22. **Accessibility includes other factors besides physical. What efforts has your organization made to provide programming for all?**

23. **Artist Project:**

Please identify Division Goals addressed by your project (check all that apply)*

    a. Building the economy and creative industries

    b. Enhancing education through arts and culture

    c. Advancing leadership in arts and culture in the state and nation

    d. Promoting healthy, vibrant, and thriving communities

    e. Advancing a sense of place and identity

    Explain:

F – Management and Operating Budget

Artist Performances on Tour and Teaching Artists applicants should move on to Section G of the application.

1. Fiscal Condition and Sustainability*

    Describe the fiscal condition of the organization as it relates to the successful completion of the proposal. Also describe plans to sustain the proposal activities after the grant period. Skip question for Artist Projects, Artist Performances on Tour and Teaching Artists

    Artist Projects, Artist Performances on Tour and Teaching Artist only
    Describe your ability to complete the proposed project. Include examples of successfully completed projects.

2. Completed Fiscal Year End Date*
    What is the end date for the applicant's last completed fiscal year? Fiscal year must be completed by the application deadline.

    _____

3. Operating Budget Summary*
Summarize organization operating expenses and income in the listed budget categories using actual numbers from your last completed fiscal year, expected numbers from your current fiscal year, and projections for your next fiscal year. The last completed fiscal year should reflect the actual budget.

<Insert operating budget in table provided>

4. Additional Operating Budget Information*
    Use this space to provide the panel with additional detail or information about the operating budget. Please explain any deficits, excess revenue, or major changes to any line items or budget totals. If not applicable, then write "not applicable."

5. Paid Staff*

Select the statement that is most true about your organization.

- o   Organization has no paid management staff.
- o   Organization has at least one part-time paid management staff member (but no full-time)
- o   Organization has one full-time paid management staff member
- o   Organization has more than one full-time paid management staff member

6. Hours*

- o   Organization is open full-time
- o   Organization is open part-time

7.   Does your organization have a strategic or long range plan?

G – Management and Proposal Budget

1. **Rural Economic Development Initiative (REDI) Waiver***
   Applicants located in counties or communities that have been designated as a rural community in accordance with Section 288.0056 and 288.06561, Florida Statutes, may request a waiver of matching requirements. [Am I in a REDI community?](#)

   Are you in a REDI community and requesting a waiver?
   - Yes
   - No

2. **Proposal Budget Expenses**
   Detail estimated proposal expenses in the budget categories listed below. Include only expenses that specifically related to the proposal. You can find a list of non-allowable and match only expenses at http://dos.myflorida.com/cultural/grants/grant-programs/ Proposal Budget expenses must equal the Proposal Budget income.

   The expense section contains three columns:
   a. Grant funds (these are the funds you are requesting from the state)
   b. Cash Match (theses are earned or contributed funds supplied by your organization
   c. In-kind (the value of donated goods and services)

   Do not include any non-allowable expenses in the proposal budget. (see non-allowable expenses).

   For General Program Support the Proposal Budget should match the operating budget minus any non-allowable expenses (see non-allowable expenses).
   <Insert proposal budget expenses in table provided>

   Amount of Grant Funding Requested: _____
   Match Amount: _____

3. **Proposal Budget Income**
   Detail the expected source of the cash match (middle column) your organization will be using in order to match the state funds (first column) outlined in the expense section. Use the budget categories listed below. Do not include your grant request (first column) or in-kind (third column). Include only income that specifically relates to the proposal. The Proposal Budget income must equal to the Proposal Budget cash match in the expenses.

   <Insert match sources in table provided>

4. **Additional Proposal Budget Information (optional)**

   Use this space to provide the panel with additional detail or information about the proposal budget. For example, if you have more in-kind than you can include in the proposal budget you can list it here.

H – Attachments and Support Materials

Complete the support materials list using the following definitions.

- **Title**: A few brief but descriptive words. Example: "Support Letter from John Doe".

- **Description**: (optional) Additional details about the support materials that may be helpful to staff or panelists. Identify any works or artists featured in the materials. For larger documents, please indicate page number for DCA credit statement and/or logo.

- **File**: The file selected from your computer. For uploaded materials only. The following sizes and formats are allowed.

Content Type	Format/extension	Maximum size
Images	.jpg, .gif, .png, or .tiff	5 MB
documents	.pdf, .txt, .doc, or .docx	10 MB
audio	.mp3	10 MB
video	.mp4, .mov, or .wmv	200 MB

MacOS productivity files such as Pages, Keynote, and Numbers are not acceptable formats. Please save files into .pdf format before submission.

1. **Required Attachments List**
   Please upload your required attachments in the spaces provided.
   Substitute W-9 Form (you can get the form at https://flvendor.myfloridacfo.com/)*
   Do not upload a Federal W-9 Form.

Choose file:	Upload file

   Federal 990 Form (most recently completed)*
   (you can get the form at https://www.irs.gov/forms-pubs/about-form-990)

   Organizations with an annual gross income of $50,000 or less can upload the 990N Form. https://www.irs.gov/charities-non-profits/annual-electronic-filing-requirement-for-small-exempt-organizations-form-990-n-e-postcard.

Choose file:	Upload file

   Consultant's Resume*

Choose file:	Upload file

Work Sample*

Choose file:	Upload file

Resumes of Significant Personnel*

Choose file:	Upload file

List of Recent Tours*

Include city/county/state, venue, and audience impact numbers.

Choose file:	Upload file

Educational Materials*

Samples of study guides, materials, hand-outs, lesson plans, and other educational materials used in activities and residencies.

Choose file:	Upload file

Standard Contract*

Provide a copy of the artist's standing touring contract with all riders.

Choose file:	Upload file

Promotional Materials/Press Kit*

Choose file:	Upload file

Documentation of official Local Arts Agency designation*

All Local Arts Agency applicants must provide documentation (letter, proclamation or official meeting minutes) of official designation by one or more county commissions. This includes county arts councils established in accordance with section 265.32, Florida Statutes.

Choose file:	Upload file

2. **Support Materials (required)***

At least one (1) Support Material is required to be submitted with the application. Attachments and support materials will not be accepted by any other method including email and fax. See the guidelines for additional information.

Title

_____

File

To add a support material enter a title and optional description. Then select a file and click the Upload File button.

Choose file:	Upload file

Description (optional)
Additional details about the support materials that may be helpful to staff or panelists.
_____

I – Notification of International Travel

In accordance with Section 15.182, *Florida Statutes*, the grantee shall notify the Department of State of any international travel at least 30 days before the date the international travel is to commence or, when an intention to travel internationally is not formed at least 30 days in advance of the date the travel is to commence, as soon as feasible after forming such travel intention. Notification shall include date, time, and location of each appearance.

☐ I hereby certify that I have read and understand the above statement and will comply with Section 15.182, *Florida Statutes*, International travel by state-funded musical, cultural, or artistic organizations; notification to the Division of Arts and Culture.

J – Single Audit Act

In accordance with 2 CFR 200, Subpart F - Audit Requirements; Section 215.97(2)(a) and 215.97(8)(a), *Florida Statutes*; and the policies and procedures established by the Division of Arts and Culture, the grantee is required to certify annually if your organization with FEIN (insert FEIN here) expended $750,000 or more from all combined state sources and all combined federal sources during your organization's fiscal year. If your organization has exceeded the threshold of $750,000, your organization will be required to comply with the Single Audit Act. You will be required to complete a separate certification form in dosgrants.com following the close of your fiscal year.

☐ I hereby acknowledge that I have read and understand the above statement and will comply with: 2 CFR 200, Subpart F - Audit Requirements; Section 215.197, Florida Statutes, Florida Single Audit Act; and the policies and procedures established by the Division of Arts and Culture.

K – Review & Submit

1. Guidelines Certification

☐ I hereby certify that I have read and understand the guidelines and all application requirements for this grant program outlined under section 265.286, *Florida Statutes* and incorporated by reference into Rule 1T-1.036, Florida Administrative Code.

2. Review and Submit

☐ I hereby certify that I am authorized to submit this application on behalf of **[Organization Name]** and that all information indicated is true and accurate. I acknowledge that my electronic signature below shall have the same legal effect as my written signature. I am aware that making a false statement or representation to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S., punishable as provided for by ss. 775.082, 775.083, and 775.084.

Signature (enter first and last name)