

CITY OF PORTSMOUTH
PORTSMOUTH MUSEUM AND FINE ARTS
COMMISSION
GRANT APPLICANT COVER PAGE

Applicant Organization's Name:

Organization or Project Director:

Federal Employer ID #:

Address:

City:

State:

Zip Code:

Email:

Phone:

Fax:

Website:

Person to Contact For More Information About This Grant:

Name:

Title:

Email:

Phone:

**Grant Application
For
Hampton Roads Fine Arts and Humanities Commissions**

Chesapeake Fine Arts Commission

City of Portsmouth

Hampton Arts Commission

Portsmouth Museum & Fine Arts Commission

Newport News Arts Commission

521 Middle Street

Portsmouth Museum & Fine Arts Commission

Portsmouth, VA 23704

Suffolk Fine Arts Commission

Virginia Beach Arts and Humanities Commission

757-393-8983

Williamsburg Area Arts Commission

www.portsmouthva.gov

York County Arts Commission

Provide all information requested below in the order listed. Deliver one (1) original and six (6) copies to the Portsmouth Museum & Fine Arts Commission at the address shown above no later than 5:00 p.m., Friday, January 15, 2016.

The Commission will not accept faxed or e-mailed applications; original signatures are required.

Please type answers to all of the following sections using a typeface of 12 points.

Use no more than *six* (6) 8½" by 11" pages (excluding supporting documentation) typed on one side.

Be sure to number the questions, answer them in order, double space between questions and include all attachments.

The Cover Sheet will be in front of your application and does not count as one of the six pages.

Please do not use binders or folders.

Please use a 3-hole punch for each application packet.

Keep in mind that a well-designed proposal narrative is thorough and succinct while addressing all of the questions.

For more information, see the City of Portsmouth, *Portsmouth Museum and Fine Arts Commission Guide to Funding* (available at <http://www.childrensmuseumva.com/portsmouth-fine-arts-commission.html>).

We look forward to receiving your grant application.

**PORTSMOUTH MUEUM & FINE ARTS COMMISSION
PROJECT SUPPORT GRANT APPLICATION**

- 1. Applicant organization's name, address, zip code, telephone, fax, e-mail and URL.**

- 2. Federal employer ID number.**

- 3. Name, title, telephone number, and e-mail of contact person.**

- 4. Organization or project director (if different from contact person).**

- 5.**
 - a. What is your total estimated **project** budget?
 - b. What is your total **operational** budget?
 - c. What amount are you requesting for the **project** from this **Commission**?
 - d. Amount requested is what percentage of estimated **project** budget?

- 6. What is the organization's mission statement?**

f. Describe how the proposed project will benefit the citizens of Portsmouth.

9. Check any of the following that apply to your project:

- 1. _____ This is a new project, one-time only.
- 2. _____ This is an expansion of a project already in existence.
- 3. _____ This is a pilot for a future program.

10a. If this is a new project or a pilot for a future program, who is your primary audience? (artists, general public, children, special constituencies, etc)? How does this project serve the needs of the community/audience that you have targeted?

10b. If this is a recurring project, use the below form to indicate the audience and artists participating in the most recently completed project.

Project/Performance	Paid Audience	Unpaid Audience	Paid Artists	Unpaid Artists
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

11. Describe the financial role and responsibility of Board Members. What percentage of your Board financially supports the organization?

12. How will you modify your plans if you receive partial or no funding rather than full funding? What other funding will you use? Describe your fund-raising efforts.

13. Marketing and Outreach: Describe your marketing and outreach efforts, including both advertising and publicity for the targeted market for this project. Include any special efforts to reach those in your targeted audience who might be unable to attend due to financial circumstances, lack of transportation, etc.

14. Evaluation: Describe how the effectiveness and impact of the project/programs will be evaluated and measured. Describe how they achieve the state goals as detailed in Question 8d.

15. Do you envision growing this project in the future? If so, in what way?

16. How many people are currently employed and/or volunteering their efforts to your organization? Provide an estimate of the number of volunteer hours.

Staff:

Volunteers:

Volunteer Hours:

17. Describe your Board of Directors.

- a. What are the trustees major functions?

- b. How are the members chosen?

- c. What is the average length of board service?

- d. What skills and community groups are represented by board members?

- e. Describe any unique features of your organization’s structure that help achieve its mission.

18. Does your organization have a strategic plan (a multi-year organizational plan that shows organizational goals and the plan to achieve them.) If yes, please attach one copy to the original application. If no, please describe plans to develop one.

Please type the following statement:

“I hereby certify that to the best of my knowledge, all information, including the budgetary information, in this application is true and correct and that the governing body of the applicant has duly authorized the filing of this application. I certify that the applying organization is in compliance with Title VI (42 USC Section 2000D) and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 (29 USC Section 794), Title IX of the Education Amendment of 1972, the Age Discrimination in Employment Act of 1967, the Immigration and Control Act of 1986 and all other applicable state and federal acts.”

(Print Name)

(Signature)

(Date)

Note: Be sure to include all attachments as indicated on the Grant Attachment checklist. Please note that while the Portsmouth application is very similar to all of the other Hampton Roads grants, there have been changes this year. Be sure to review this application carefully.

**GRANT APPLICATION
ATTACHMENTS**

Attach in the following order, if applicable.

Description of the Attachment	Required	Optional	# of copies
1. Letter of Determination from the Internal Revenue Service [(501)(c)(3) Status].	X		1
2. Names and addresses of board members and officers.	X		1
3. List of paid staff (names, titles, addresses, and work phone numbers).	X		1
4. Organization's bylaws, ONLY if not previously submitted or changed since last submission.		X	1
5. Last fiscal year's audited financial statement. If an audited statement is not available, attach a copy of the Form 990 or a final treasurer's report.*	X		1
6. Application Budget Sheets (Budget and Summary Financial Statement- Revenue and Expenses).	X		6
7. Long range plan (if organization has one).	X		1
8. Annual Report (if available).		X	1
9. List grant requests during the last five years to this Commission and award amounts.	X		6
10. Resumes of principal staff members, including Program Director.		X	1
11. Resumes of principal artist involved.	X		1
12. Examples of appropriate recognition of locality or Commission's past support of your organization.	X		6
13. Example of your organization's programs, brochures, press clippings or a description of last year's programs and accomplishments.	X		1
14. Documents in support of project (3 max).		X	6
15. If this project represents a partnership or collaboration with another organization or institution, include a letter from the other organization(s) endorsing the project, as one of the three documents (from #14 above).	X		6