



Dear Arts Grant Applicant,

Please review the application guidelines to determine if your organization meets the criteria for funding and all other grant requirements.

Only complete applications will be reviewed. Please submit Original plus five (5) collated and 3-hole punch application packages.

APPLICATION DEADLINE

JANUARY 14, 2022 by 5:00 p.m.

Submit to: Portsmouth Museum & Fine Arts Commission

521 Middle Street

Portsmouth, VA 23704

Attention: Debra McDuffie

1. Submit Original plus five (5) collated, complete application packages. A check-list has been provided for your convenience.
2. Application packets **MUST** be submitted by the appropriate deadline. Only complete applications that are received on or before the stated deadline will be reviewed and considered. All attachments must be submitted in full to include organizational budgets, expenses, and financial disclosure in the formats requested in these guidelines.
3. Please do not submit copies in report covers, stapled or with extraneous materials.
4. Keep a copy of your application and all attachments.
5. If you have any questions, please contact Debra McDuffie at 757-393-8983 or mcduffied@portsmouthva.gov

Grant Application Procedures

For

**City of Portsmouth
Portsmouth Museum & Fine Arts Commission
521 Middle Street
Portsmouth, VA 23704**

757-393-8983

www.portsmouthva.gov

Provide all information requested below in the order listed. Deliver one (1) original and five (5) copies to the Portsmouth Museum & Fine Arts Commission at the address shown above no later than 5:00 p.m., Friday, January 14, 2022.

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.

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

The completed application includes:

- Cover sheet
- Narrative, not to exceed six, single sided pages
- Project/organizational budget
- Three letters of support including those of any partners
- One copy of the attachments with the original of the application

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://portsmouthartcenter.com/pmfac-arts-commission/>). The grant application can also be downloaded at this site.

We look forward to receiving your grant application.

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:

**PORTSMOUTH MUSEUM & FINE ARTS COMMISSION
PROJECT SUPPORT GRANT APPLICATION NARRATIVE**

1. Project director. List title and principal qualifications (you may include bio in the attachments).

2. What is the organization's mission statement?

3. Description of the project.

a. Title of Project. Title should specify the nature of the activity for which funding is requested.

b. Start and end dates.

c. Include information on the nature of the activity, venue/location, and artists involved.

d. What are the specific goals of this project and their relationship to your organization's mission or purpose?

e. Describe the plan for the implementation of this project. Include any collaborative efforts with other partners. Include letters of support from your partners in the attachments.

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

g. What is the estimated project budget?

h. What amount are you requesting from the Commission for this project?

4. Has your organization applied to any of the following for potential funding services?

	Yes	No	Amount
Business Consortium			\$
Virginia Commission for the Arts			\$
Virginia Foundation for the Humanities			\$
Other cities' granting organization			\$
Individuals			\$
Corporations			\$

5. List grant awards from this commission over the past three years

Fiscal Year	Amount Awarded
FY2019-2020	\$
FY2018-2019	\$
FY2017-2018	\$

6. If you do not receive full funding, how will you complete the work as discussed in question three?

7. Marking and Outreach: Describe your marketing and outreach strategies and how you will reach your identified audience.

8. Describe any special efforts to reach youth, seniors, ethnic minorities, people with disabilities, other special audiences or those unable to attend due to financial circumstances.

9. Evaluation: Provide evidence of effective, appropriate and objective evaluation that will be used for this project. Describe how you will use these evaluations for future improvements. (Please include in attachments a sample of your evaluation instrument)

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

11. Does your organization have a strategic plan (a multi-year organizational plan

that shows organizational goals and the plan to achieve them)? If no, please describe plans to develop one. If yes, describe what your organization will look like in five (5) years. Please include a copy in the attachments.

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.

**ORGANIZATIONAL BUDGET
REVENUES**

City of Portsmouth/Portsmouth Museum & Fine Arts Commission Grant Application FY 2022-2023

Organization: _____

This document should reflect revenues/expenditures for the ENTIRE ORGANIZATION. The project budget for which this grant request is being made should be reflected on the project budget form.

>Except as indicated, do not include donated or in-kind services, materials, facilities, or income legally restricted for acquisitions or capital expenditures.

>Colleges, universities, and other large organizations should include figures only for the applying unit or division within the larger organization.

Revenue	20-21 Actual	21-22 Estimate	22-23 Proposed
A. Contributed			
1. Portsmouth Commission	_____	_____	_____
2. Local Grants			
a. Chesapeake	_____	_____	_____
b. Hampton	_____	_____	_____
c. Newport News	_____	_____	_____
d. Norfolk	_____	_____	_____
e. Suffolk	_____	_____	_____
f. Virginia Beach	_____	_____	_____
g. Williamsburg	_____	_____	_____
h. York County	_____	_____	_____
3. Business Consortium for the Arts	_____	_____	_____
4. State (VCA, VFH)	_____	_____	_____
5. Federal	_____	_____	_____
6. Membership Fees/Subscriptions	_____	_____	_____
7. Individual Contributions	_____	_____	_____
8. Corporate Contributions	_____	_____	_____
9. Board Contributions	_____	_____	_____
10. Other (specify) _____	_____	_____	_____
B. Earned			
11. Admissions/Ticket sales (inc. Tax)	_____	_____	_____
12. Concessions/Merchandising Sales	_____	_____	_____
13. Interest Income	_____	_____	_____
14. Tuition, Classes, Workshops, Camps, etc.	_____	_____	_____
15. Other (specify) _____	_____	_____	_____
C. Fundraising Events/Activities (gross income)			
16. (specify) _____	_____	_____	_____
17. (specify) _____	_____	_____	_____
D. Other Revenue			
18. (specify) _____	_____	_____	_____
19. (specify) _____	_____	_____	_____
E. Total Income	_____	_____	_____
19. In-Kind Contributions (dollar value; do not include above)			
a. Services	_____	_____	_____
b. Goods and Materials	_____	_____	_____
c. Space	_____	_____	_____
F. Total In-Kind	_____	_____	_____

ORGANIZATIONAL BUDGET

EXPENDITURES

City of Portsmouth/Portsmouth Museum & Fine Arts Commission Grant Application FY 2022-2023

Organization: _____

This document should reflect revenues/expenditures for the ENTIRE ORGANIZATION. The project budget for which this grant request is being made should be reflected on the project budget form.

>Except as indicated, do not include donated or in-kind services, materials, facilities, or income legally restricted for acquisitions or capital expenditures.

>Colleges, universities, and other large organizations should include figures only for the applying unit or division within the larger organization.

Personnel Expenses	20-21 Actual	21-22 Estimate	22-23 Proposed
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A. Salaries/Wages/Honoraria*

- | | | | |
|---------------------------------|-------|-------|-------|
| 1. Full time (Include #) | _____ | _____ | _____ |
| 2. Part time (Include #) | _____ | _____ | _____ |
| 3. Artists/Performers/Lecturers | _____ | _____ | _____ |
| 4. Consultants | _____ | _____ | _____ |
| 5. Other (specify)_____ | _____ | _____ | _____ |

B. Non-Personnel

- | | | | |
|---|-------|-------|-------|
| 1. Administrative/ Office Supplies (includes Printing, Duplicating and Postage) | _____ | _____ | _____ |
| 2. Marketing and Advertising | _____ | _____ | _____ |
| 3. Fundraising/Development Expenses | _____ | _____ | _____ |
| 4. Equipment Rental | _____ | _____ | _____ |
| 5. Equipment Purchase | _____ | _____ | _____ |
| 6. Office Costs (Rental/ Purchase) | _____ | _____ | _____ |
| 7. Facility Costs for Performances/Programs | _____ | _____ | _____ |
| 8. Repairs and Maintenance | _____ | _____ | _____ |
| 9. Utilities and Telephones | _____ | _____ | _____ |
| 10. Insurance and Bonding | _____ | _____ | _____ |
| 11. Bank/Credit Card Fees | _____ | _____ | _____ |
| 12. Admission Taxes** | _____ | _____ | _____ |
| 13. Real Estate Taxes** | _____ | _____ | _____ |
| 14. Travel/Lodging/Meals** | _____ | _____ | _____ |
| 15. Educational Materials/Supplies | _____ | _____ | _____ |
| 16. Other (specify)_____ | _____ | _____ | _____ |
| 17. TOTAL EXPENSES | _____ | _____ | _____ |
| 18. NET INCOME <DEFICIT> | _____ | _____ | _____ |

* Include fringe benefits and payroll taxes

PROJECT BUDGET FORMAT 2022-2023

Portsmouth Museum and Fine Arts Commission (PMFAC)

List the estimated costs and revenues of the project. **The project budget must balance.** Do not include general operating costs. Include only those expenses which are directly related to the project and which will be incurred only if the project occurs. This attachment will not count against the number of narrative pages.

<i>Estimated Expenses</i>	<i>Estimated Revenue Description</i>	
General		
Personnel salaries, wages, honoraria, benefits (includes administration, marketing, development, education as it relates to this grant, etc.). _____	Grant Amount Requested _____	
Office/Administrative costs (such as postage, printing, office supplies, bank and credit card charges) _____	Other Municipality Grants _____	
Marketing (costs associated with social media, flyers, print ads, program booklets) _____	Business Consortium Grant _____	
Fundraising/Development (costs associated with event invitations, collateral materials, food, etc.) _____	State (VCA, VFH) _____	
Other (Specify) _____	Federal _____	
	Individual Contributions _____	
Direct Program/Project Expense		
Project director if not listed above _____	Board Contributions _____	
Artistic, Performers, Lecturer Fees _____	Business/ Corporate Contributions _____	
Technical Fees (production, stage hands, lighting, sound) _____	Admissions/Ticket Sales _____	
Program/Project Supplies _____	Concession/Merchandise Sales _____	
Program/Project Equipment Purchases/Rentals _____	Fundraising/Special Event/Development Revenue _____	
Travel, Lodging, Meals _____	Other (Specify) _____	
Facility Rental for program/project Admission Taxes _____	Other (Specify) _____	
Other (Specify) _____	Other (Specify) _____	
Total Expenses _____		
In Kind Contributions* (Not included in Expense Total) _____	Total Revenue _____	
NET PROFIT/LOSS _____	In Kind Contributions* (Not included in Revenue Total) _____	

*Only include administrative expenses directly related to the project the organization is presenting.

ATTACHMENTS

Description of the Attachment	
1. Letter of Determination from the Internal Revenue Service [(501)(c) (3) Status].	
2. Organization's bylaws, only if not previously submitted or changes since last submission.	
3. 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.*	
4. Long range plan (if organization has one).	
5. Annual report (if available).	
6. Short bios of principal staff members.	
7. Short bios of principal artists involved.	
8. Names and addresses of board members and officers.	
9. Example of your organization's programs, brochures, press clippings or a description of last year's programs and accomplishments that include appropriate recommendation of locality support.	
10. Sample of your evaluation instrument	