



# City of Kent Arts Commission 2010 Community Arts Support Application

Please complete and return to the City of Kent Arts Commission, 220 Fourth Avenue South, Kent, WA 98032 by October 16, 2009. Application must be typed or printed legibly.

## Applicant Organization

Legal Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ZIP + Addition \_\_\_\_\_ Area Code & Phone \_\_\_\_\_

Organization's IRS No. \_\_\_\_\_ 501(C)3 Nonprofit? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_

Organization Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Project Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Organization Authorizing Official \_\_\_\_\_ Phone \_\_\_\_\_

Authorizing Official Title \_\_\_\_\_

## Program or Project Description

Project Title \_\_\_\_\_

2010 Project Dates \_\_\_\_\_

Estimated number of people to be served by this project \_\_\_\_\_

**Program/Project Description:** Include a specific description of how Arts Commission funds will be used in this project. Additional pages may be attached.

Most Recently Completed Annual Operating Budget:\* Income: \$ \_\_\_\_\_ Expenses: \$ \_\_\_\_\_

Current Year Operating Budget:\* Income: \$ \_\_\_\_\_ Expenses: \$ \_\_\_\_\_

\*Organizations only; individual artists may leave these questions blank and fill out the project budget on pages 4 and 5.

**Amount requested from Kent Arts Commission 2009 Budget** \$ \_\_\_\_\_

It is understood and agreed that any funds awarded as a result of this application are to be used for the purposes set forth herein.

Furthermore, it is understood that the organization receiving city funds agrees to comply with:

1. Federal laws governing Fair Labor Standards.
2. **Title VI of the Civil Rights Act of 1964**, which prohibits discrimination on the basis of race, national origin, or color.
3. **The Civil Rights Act of 1991**.
4. **Section 504 of the Rehabilitation Act (ADA) of 1990** which prohibits discrimination on the basis of disability in employment, government services, and places of public accommodation and commercial services.

**Authorizing Official** \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Individual authorized to commit organization in financial matters.)

**Project Contact Person** \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of person named in section one.)

# Application Review Criteria

- A. Artistic Quality of the Project:** Describe the artistic accomplishments of the primary artists engaged in this project. Enclose information (resumes, reviews, or references) that demonstrate the level of professionalism of the artists and organizations involved. How will this project encourage arts development in the community?
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- B. Need for services:** Provide evidence of public interest or demand for the project (audience survey responses, reports on similar past projects, requests from community, reviews). How does the project differ from comparable activities in the area?
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- C. Public Benefit/Participation:** The project must be reasonably accessible. Describe the intended audience, i.e., age group, special populations, new audiences, season subscribers, or patrons. How does your project involve the community, other than attendance? How has access for special populations (low-income, disabled) been facilitated?
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- D. Feasibility:** Briefly describe the mission and goals of your organization. Describe the credentials of the project director, staff, and board. Cite examples of other successful projects. Attach resumes when appropriate.

## Application Review Criteria

- E. Encouragement of Other: Funding Sources:** Detail the results of your search for other sources of income and your efforts to increase earned income. Will this project proceed if funding is not received from the Kent Arts Commission? Please explain. **Attach one copy of your current year's operation budget. (Organizations only, individual artists complete project budget on pages 4 and 5).**

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- F. Promotion Plan:** Describe your plan to publicize the event.

Promotion of Events: **All of your printed materials must credit the City of Kent Arts Commission as sponsor.** The Kent Arts Commission publicizes all sponsored events in the Kent Arts Newsletter, web site and in the Parks, Recreation and Community Services Department Quarterly Brochure. It is the responsibility of successful applicants to submit publicity materials regarding their event to the Kent Arts Commission a minimum of eight weeks prior to the event date.

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- G. Evaluation:** How will you measure the success of the project?

## Checklist *(The following materials should be enclosed)*

### All applicants:

- Signed Application
- Support materials  
*(Resumes, newsletters, etc.)*
- Sample of work  
*(Video, DVD, CD, photos)*
- SASE (for return of work)

### Organizations:

- List of Board of Directors
- Current fiscal year operating budget
- Audit or financial statement from last year
- IRS letter of nonprofit status (if applicable)

### Independent Artists:

- Resume

# Project Budget

## EXPENSES

Personnel:	(Describe)	Cash Expense	In-Kind* Contributions
Administrative	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Artistic	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Technical and Production	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
<b>Outside Fees and Services:</b>			
Artistic	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
<b>Space Rental</b>	_____	\$ _____	\$ _____
<b>Supplies &amp; Equipment</b>	_____	\$ _____	\$ _____
<b>Marketing &amp; Promotion</b>	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
<b>Other Project Expenses</b>	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	<b>Total Cash Expenses</b>	\$ _____	\$ _____
	<b>(Must Equal Total Cash Income)</b>		Total In-Kind

*\*In-kind contributions are the estimated fair market value of goods and services contributed to the project by volunteers or outside parties at no cash cost to the applicant organization.*

# Project Budget

## INCOME

	(Describe)	Cash Income	Confirmed or Anticipated
<b>Admissions</b> (i.e. from tickets, memberships, subscriptions etc.)	_____	\$ _____	C _____ A _____
	_____	\$ _____	C _____ A _____
	_____	\$ _____	C _____ A _____
<b>Contracted Services Revenue</b> (e.g. Concessionaire percentage)	_____	\$ _____	C _____ A _____
	_____	\$ _____	C _____ A _____
<b>Corporate Support</b>	_____	\$ _____	C _____ A _____
	_____	\$ _____	C _____ A _____
<b>Private Foundation Support</b>	_____	\$ _____	C _____ A _____
<b>Other Private Support</b>	_____	\$ _____	C _____ A _____
<b>Government Support</b> (Federal, State, County—do not include this grant request)	_____	\$ _____	C _____ A _____
	_____	\$ _____	C _____ A _____
<b>Other Revenue</b> (i.e. catalog or gift shop sales ad space in programs, etc.)	_____	\$ _____	C _____ A _____
	_____	\$ _____	C _____ A _____
<b>Applicant Cash</b> (i.e. funds from accumulated resources)	_____	\$ _____	C _____ A _____
	_____	\$ _____	C _____ A _____
	Applicant Income Total	\$ _____	
	Grant Request	\$ _____	
	<b>Total Cash Income</b> <b>(Must Equal Total Cash Expenses)</b>	\$ _____	