

FY2019 Application
Kentucky Arts Partnership Grant
Application Deadline: Jan. 16, 2018

This form must be typed; no handwritten applications will be accepted. Please refer to the guidelines and instructions.

<p>Organization Info.</p> <p>U.S. Congressional District _____</p> <p>KY Senate District _____</p> <p>KY House District _____</p> <p>For district info, call your County Clerk's office.</p>	Organization's Legal Name: _____			
	DBA (doing business as): _____			
	Street or Rural Address (do not use P.O. Box): _____			
	City	State	ZIP	County
	Mailing Address: _____			
	City	State	ZIP	County
	Email: _____		Web Address: _____	
	FEIN (XX-XXXXXXX): _____		Date of 501(c)3: _____ A copy of your IRS Determination Letter must be included with this application.	
<p>DUNS Number: _____</p> <p><i>A DUNS number is a unique nine-digit identifier for single business entities, which also links corporate family structures together. DUNS numbers are free, these do not open you up to solicitation or risk, and in today's global economy, they are the standard for keeping track of the world's businesses. Your organization must acquire, and provide us with, a Dun & Bradstreet DUNS number to help measure the scope and impact of Kentucky's creative industry. To get your free DUNS number and be counted, visit AmericansForTheArts.org</i></p>				
<p>Primary Contact</p>	Salutation			
	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.			
	First Name: _____		Last Name: _____	
	Title: _____			
	Phone: _____			
	Email: _____			

KAC staff use only:					
FY: 2019	APP #: _____	CLIST #: _____			
Grant Program: KAP	Activity: 11	Pop by Race: G			
App Status: 02	Arts Education: _____	Pop by Age: 99			
App Institution: _____	NEA Outcome: B	Pop by Group: G			
	App Discipline: _____	Date Received: _____			

Organization Name: _____
 Kentucky Arts Partnership Grant

Executive Director or Chief Administrator Contact Info.	Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.
	First Name: _____ Last Name: _____
	Title: _____
	Phone: _____ Email Address: _____

Brief Bio

(Maximum characters: 1,200)

Beneficiaries

Population Benefited	
Select all categories that, by your best estimate, made up 25% or more of the population that directly benefited from your organization's activities.	
Race/Ethnicity:	<input type="checkbox"/> (N) American Indian/Alaska Native <input type="checkbox"/> (A) Asian <input type="checkbox"/> (P) Native Hawaiian/Other Pacific Islander <input type="checkbox"/> (B) Black/African American <input type="checkbox"/> (H) Hispanic/Latino <input type="checkbox"/> (W) White <input type="checkbox"/> (G) No single race/ethnic group
Age Groupings:	<input type="checkbox"/> (1) Children/Youth (0-18 years) <input type="checkbox"/> (4) Older Adults (65+ years) <input type="checkbox"/> (2) Young Adults (19-24 years) <input type="checkbox"/> (9) No Single Group <input type="checkbox"/> (3) Adults (25-64 years)
Distinct Groups:	<input type="checkbox"/> (D) Individuals with disabilities <input type="checkbox"/> (I) Individuals in institutions (includes people living in hospitals, hospices, nursing homes, assisted care facilities, correctional facilities, homeless shelters) <input type="checkbox"/> (P) Individuals below the poverty line <input type="checkbox"/> (E) Individuals with limited English proficiency <input type="checkbox"/> (M) Military veterans/Active duty personnel <input type="checkbox"/> (Y) Youth at Risk <input type="checkbox"/> (G) No single distinct group

Activity Information

Institution type:

Arts Education Percent:

Engagement in “In-person” Arts Events

Number of Youth _____

Number of Adults _____

Number of artists participating _____

Total of paid attendees/participants in your programs last year _____

Total of free attendees/participants in your programs last year _____

Event Information

Give examples of your programming that demonstrate the year-round nature of your activities. Include typical figures at individual events.

Event Name and Date (e.g., May 2016)	Attendance Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

Organization Name: _____
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Event Name and Date (e.g., My Event, May 2016)	Attendance Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Membership Information

If your organization has members/subscribers, indicate the membership categories and how many in each.

Membership Category Name	Membership Cost	Number of Members
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Brief Overview

Provide a brief overview of your organization's history and purpose, including its artistic objectives.

(Maximum characters: 1,000)

Facility

Describe the facility/facilities your organization uses most often.

(Maximum characters: 1,000)

Do you own your facility/facilities? Yes No

Do you rent your facility/facilities? Yes No

Is the use of your facility/facilities donated? Yes No

What is the seating capacity? If your organization uses more than one venue, provide the capacity of each venue (e.g., "100/200/500"). _____

How many running feet of exhibit wall space are available, if applicable? _____

Provide a brief timeline of your program planning for the grant period.

(Maximum characters: 2,000)

Organization Name: _____
Kentucky Arts Partnership Grant

Description of your Community and Audience(s)

Describe your community, its demographics and artistic environment.

(Maximum characters: 2,000)

Describe your organization's service area; meaning the area you primarily serve.

(Maximum characters: 1,000)

Board List

On a separate 8 ½ x 11 sheet of paper, please indicate your board members (maximum 30 members). Place your organization's name in the top right hand corner of each page and provide the following information:

Salutation, First Name, Last Name, Occupation, Street Address, City, State, ZIP, Phone, Email, Community Affiliations. In addition, please indicate if the listed member is an Officer, an Advocacy Contact and if the member is one or more of the following racial/ethnic minorities, per the U.S. Census: American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Black/African American, or Hispanic/Latino.

Use the Community Affiliations area to list examples of other organizations with which board members are affiliated, either as volunteers or in a governing capacity, to demonstrate the networking strength of your board.

The arts council requires all Kentucky Arts Partnership organizations to identify a member of the board as the board advocacy contact who will be responsible for engaging in advocacy, in cooperation with the organization's staff on behalf of the arts.

Organization Name: _____
Kentucky Arts Partnership Grant

Board Diversity Question

Describe your board's representation of diverse communities defined by, but not limited to, race, ethnicity, gender, age and disabilities.

(Maximum characters: 1,000)

Number of board meetings per year: _____

Average attendance at board meetings (%): _____

Length of board terms (years) : _____

Average tenure of board members (years): _____

Does the board elect its own members? Yes No

Is the board elected by the organization's membership? Yes No

Indicate any board advisory committees, such as artist advisory, civil rights or advocacy.

(Maximum characters: 1,000)

Describe the board's major functions (e.g., fundraising, policy setting, etc.).

(Maximum characters: 1,000)

Staff List

Please indicate your key administrative and program staff members (maximum 10 members).

The arts council requires all Kentucky Arts Partnership organizations to identify a member of their staff or board as an accessibility coordinator who will be responsible for ensuring that all of the organization's activities are programmatically and physically accessible to participants. This coordinator will also receive periodic correspondence from the arts council regarding accessibility information and opportunities. For more information on accessibility, see [Accessibility and the Arts](#).

1. Salutation: Miss Ms. Mrs. Mr. Dr.

First Name: _____ Last Name: _____

Position/Area of Responsibility: _____

Phone: _____ Email: _____

Employment Status:
(can include full-time, part-time, contract, etc.) _____

Accessibility Coordinator: YES NO

2. Salutation: Miss Ms. Mrs. Mr. Dr.

First Name: _____ Last Name: _____

Position/Area of Responsibility: _____

Phone: _____ Email: _____

Employment Status:
(can include full-time, part-time, contract, etc.) _____

Accessibility Coordinator: YES NO

3. Salutation: Miss Ms. Mrs. Mr. Dr.

First Name: _____ Last Name: _____

Position/Area of Responsibility: _____

Phone: _____ Email: _____

Employment Status:
(can include full-time, part-time, contract, etc.) _____

Accessibility Coordinator: YES NO

4. Salutation: Miss Ms. Mrs. Mr. Dr.

First Name: _____ Last Name: _____

Position/Area of Responsibility: _____

Phone: _____ Email: _____

Employment Status:
(can include full-time, part-time, contract, etc.) _____

Accessibility Coordinator: YES NO

Organization Name: _____
Kentucky Arts Partnership Grant

5. Salutation: Miss Ms. Mrs. Mr. Dr.
First Name: _____ Last Name: _____
Position/Area of Responsibility: _____
Phone: _____ Email: _____
Employment Status:
(can include full-time, part-time, contract, etc.) _____
Accessibility Coordinator: YES NO

6. Salutation: Miss Ms. Mrs. Mr. Dr.
First Name: _____ Last Name: _____
Position/Area of Responsibility: _____
Phone: _____ Email: _____
Employment Status:
(can include full-time, part-time, contract, etc.) _____
Accessibility Coordinator: YES NO

7. Salutation: Miss Ms. Mrs. Mr. Dr.
First Name: _____ Last Name: _____
Position/Area of Responsibility: _____
Phone: _____ Email: _____
Employment Status:
(can include full-time, part-time, contract, etc.) _____
Accessibility Coordinator: YES NO

8. Salutation: Miss Ms. Mrs. Mr. Dr.
First Name: _____ Last Name: _____
Position/Area of Responsibility: _____
Phone: _____ Email: _____
Employment Status:
(can include full-time, part-time, contract, etc.) _____
Accessibility Coordinator: YES NO

Organization Name: _____
Kentucky Arts Partnership Grant

9. Salutation: Miss Ms. Mrs. Mr. Dr.
First Name: _____ Last Name: _____
Position/Area of Responsibility: _____
Phone: _____ Email: _____
Employment Status:
(can include full-time, part-time, contract, etc.) _____
Accessibility Coordinator: YES NO

10. Salutation: Miss Ms. Mrs. Mr. Dr.
First Name: _____ Last Name: _____
Position/Area of Responsibility: _____
Phone: _____ Email: _____
Employment Status:
(can include full-time, part-time, contract, etc.) _____
Accessibility Coordinator: YES NO

Staff Diversity Question

Describe your staff's representation of diverse communities defined by, but not limited to, race, ethnicity, gender, age and disabilities.

(Maximum characters: 1,000)

Number of volunteers: _____

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Indicate the kinds of activities in which your volunteers are involved.

(Maximum characters: 1,000)

Describe your volunteers' representation of diverse communities defined by, but not limited to, race, ethnicity, gender, age and disabilities.

(Maximum characters: 1,000)

Estimated number of artists involved last year in providing services for your programs as exhibitors, performers, costumers, guest directors, consultants et al., either paid or unpaid. _____

Instructions for Completing Application Narrative

Please respond to each of the Performance Expectations in the narrative on no more than six standard-size (8 ½ inches x 11 inches) single-sided pages with minimum 1-inch margins on all sides. Use minimum 11-point type. Standard fonts such as Times, Helvetica, Arial or Courier are recommended.

To assist panelists in reading your application, duplicate the Performance Expectation and the number of each item before your response. Include complete information for each item, in the order listed, when completing your narrative. Place the organization's name and the words "Kentucky Arts Partnership Grant Program" in the upper right-hand corner of each page. Please note that line spaces between responses to the narrative items make the narrative much easier to read.

Performance Expectations

Delivery (40%)

1. Describe the ways in which you plan for the organization's administration and programming, including attention to organizational capacity and provision/allocation of resources. Indicate who is involved in that planning.
2. Describe the means your organization will use to determine and ensure artistic and/or programming quality.

3. Describe your policies and procedures for ensuring fiscal control and responsibility. Explain how the board will be involved in financial review and how often financial plans will be reviewed.
4. Describe what efforts your organization will make to obtain new sources of funding, including planned fundraising activities such as benefit events and membership drives.
5. Describe the methods your organization will use for the data collection, analysis and maintenance necessary for the organization's efficient arts delivery and participation building.
6. Describe the methods by which your organization will assess its programs. Give specific examples. Include your criteria for measuring success and who will be involved in the assessment of your programs.

Networking and Collaborations (30%)

1. Describe how the organization will be involved in, or cooperate with, local arts and non-arts organizations.
2. Describe your arts education programs or services and their benefit to students and educators.
3. Describe how the organization will involve, or cooperate with, artists, particularly local or Kentucky artists.
4. Describe how the organization will be involved in, or cooperate with, statewide, regional, national and international organizations.

Diversity (15%)

1. Describe what efforts your organization will make to build diversity in the organization's leadership and program participants. (Diversity, as understood by the arts council, should promote positive relations among the state's various communities including: persons of minority ethnic and racial groups; persons with disabilities; geographically or economically isolated communities; disadvantaged and at-risk persons; the elderly; institutionalized persons; women; and the gay, bisexual, lesbian and transgender community.)
2. Describe how the organization will promote diverse arts and culture.
3. Give specific examples of any of your programs or services that will take your artistic product to new or broader audiences (e.g., touring, partnerships, special programming, residencies, etc.). Indicate what groups you plan to reach with these programs.
4. Describe your programming plans for inclusion of, and outreach to, underserved populations and persons with disabilities.

Value/Role of the Arts (15%)

1. Describe your understanding of the community's need for the arts, and how the organization will respond to that need.
2. Describe how the organization's programs and partnerships will provide public value, meaning positive impact on the community such as cultural enhancement, community identity, economic development, etc.
3. Describe how you plan to distribute information about your programs, including your marketing or audience development strategy/strategies.
4. Describe the organization's arts advocacy strategies. Explain how your organization will be involved in the public life of your community, and how you plan to involve your public officials in the activities of your organization.

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Organizational Financial Summary

Line Items	Most Recently Completed FY	This Year (projected)	Next Year (projected)
Total Revenues (\$)	_____	_____	_____
Total Expenses (\$)	_____	_____	_____
Net (Rev. - Exp.) (\$)	_____	_____	_____
Total Net Assets (\$)	_____	_____	_____

End date of your current fiscal year (mm/dd/yyyy) _____

Has your organization operated with a deficit in recent years? YES NO

If your organization has a deficit or other financial problems, describe them and your plans to restore the organizational financial health. If applicable, explain what portion of the deficit is non-cash depreciation.

(Maximum characters: 1,000)

Does your organization have an accumulated cash surplus or operating reserve? YES NO

If your organization has an accumulated cash surplus or operating reserve, describe your plans for the surplus.

(Maximum characters: 1,000)

Amount of accumulated cash surplus or operating reserve, if applicable (\$) _____

Have you applied for or been a beneficiary of line-item funding designated in the Governor's Executive Budget? YES NO

If yes, where in the budget is the funding located? _____

What is the amount? (\$) \$ _____

Local Government Funding for the Last Fiscal Year

Sources	Amounts
_____	\$ _____
_____	\$ _____
_____	\$ _____

Accessibility

The Kentucky Arts Council believes that arts programs and services should be accessible to all people of the Commonwealth. Cultural programs must be fully accessible to and inclusive of every individual, including citizens with disabilities and older adults.

Check the accessibility services provided by the facility/facilities that you own or rent. Services and accommodations must be based on the 2010 Americans with Disabilities Act Standards for Accessible Design.

For Persons with Mobility Disabilities:

- | | |
|---|---|
| <input type="checkbox"/> Appropriate number of accessible parking spaces with at least one van parking space | <input type="checkbox"/> Accessible-height drinking fountains |
| <input type="checkbox"/> Accessible route from parking area to the entrance | <input type="checkbox"/> Accessible-height mirrors in restrooms |
| <input type="checkbox"/> Wheelchair-compatible outdoor surfaces (i.e., even, non-grass surface) | <input type="checkbox"/> Accessible-height paper towel/dryers in restrooms |
| <input type="checkbox"/> Facility doors that can be opened without twisting or grasping, using only five pounds of pressure or less | <input type="checkbox"/> Accessible-height sinks in restrooms |
| <input type="checkbox"/> Access to all building areas - including entrance - without use of stairs | <input type="checkbox"/> Appropriate number of accessible seats free of sight-line barriers |
| <input type="checkbox"/> Sufficient doorway widths (32" minimum) including bathroom stalls | <input type="checkbox"/> Appropriate service counter height |
| <input type="checkbox"/> Wheelchair-compatible indoor carpet and mats (less than half-inch and secured to the floor) | <input type="checkbox"/> ADA-compliant ticketing policies |
| <input type="checkbox"/> Signage regarding accessible entrances, exits and restrooms | <input type="checkbox"/> Accessible dressing rooms for performers |
| <input type="checkbox"/> Grab bars in restrooms at appropriate heights | <input type="checkbox"/> Accessible stage for performers |

For Persons with Visual Disabilities:

- | | |
|---|--|
| <input type="checkbox"/> Braille signage on restroom doors at appropriate height | <input type="checkbox"/> Readily available large-print materials |
| <input type="checkbox"/> Braille signage on elevator controls at appropriate height | <input type="checkbox"/> Audio description |
| <input type="checkbox"/> Braille room name/numbers at appropriate height | <input type="checkbox"/> Recorded audio text |
| <input type="checkbox"/> Braille exit signs at appropriate height | <input type="checkbox"/> Touch tours |

For Persons with Hearing and/or Speech Disabilities:

- | | |
|---|--|
| <input type="checkbox"/> Assistive listening system (preferably T-coil-compatible) | <input type="checkbox"/> American Sign Language interpretation |
| <input type="checkbox"/> Captioning and/or CART (computer-assisted real time translation) | <input type="checkbox"/> Effective communications (e.g., TTY, email, etc.) |

Other Accommodations:

- | | |
|---|---|
| <input type="checkbox"/> Notice in publicity materials of availability of access services (e.g., sign language interpretation, audio description, captioning, etc.) | <input type="checkbox"/> Regular training for volunteers concerning persons with disabilities |
| <input type="checkbox"/> Regular training for staff concerning persons with disabilities | <input type="checkbox"/> Regular training for board concerning persons with disabilities |

Checklist

The mandatory and supplementary items listed below must be delivered to the arts council to complete your application submission. Do not submit original or one-of-a-kind materials.

- One printed copy of the application signature page and signed in red ink.

- Three copies of the following mandatory items (collated in three sets):

- Organizational chart
- Financial statement or audit, as required by the program guidelines, for the most recently completed fiscal year in 8 ½ inches x 11 inches format
- Operating budget for current fiscal year
- Long-range or other type of strategic plan
- Development or fundraising plan
- Board List

- Three copies of the following supplementary items

- Staff resumes/bios

Supporting materials, such as artists' promotional materials, letters of support, favorable reviews, sample programs, organizational brochures, subscription or membership brochures, CDs, DVDs, exhibition catalogs, etc. It is recommended that supporting materials be limited to 15 pages/pieces of any combination of the above. Letters of support, reviews and other photocopied materials must be on standard-size (8 ½ inches x 11 inches), single-sided white paper only. Supporting materials will not be returned.

Organization Name: _____
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Final Submission

Please read the following directions carefully. You must complete the following steps to properly submit your application for panel review.

1. Review your application to ensure all fields have been completed and are correct.
2. Have the application signature page of your application signed in red ink.
3. Mail or deliver the application, signed signature page and any mandatory or supplementary items to the arts council by Jan. 16, 2018.

Applicant Signature

I acknowledge that I have read and met the eligibility requirements as stated in the guidelines, and that all foregoing statements and enclosures herein are true and complete to the best of my knowledge. I agree to allow the Kentucky Arts Council to duplicate any materials submitted with this application.

Applicant Signature: _____

Date: _____

*All signatures must be in **RED** ink.*

Mailing Address

Kentucky Arts Council
1025 Capital Center Drive
Third Floor
Frankfort, KY 40601

If you have any questions, please contact Tamara Coffey, toll free, at 1-888-833-2787.
