

Fast Track Grant Program Application

A – Contacts (Applicant Information)

<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. nonprofit, school board, etc.)
- i. Org Category (e.g. public library, SOE, etc.)
- j. County
- k. UEI #
- l. Fiscal Year End Date

1. Grant Contact

Select a person from your organization to serve as the primary contact for this grant application. The contact should be able to answer direct questions about the application, provide update information or materials if requested by the Division, and complete required reports. 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:

4.1 Applicant Status _____

4.2 Institution Type _____

4.4 Applicant Discipline _____

B – Eligibility

1. Proposal Title _____

2. What is the legal status of the applicant?*

Select the legal status of the applicant. Applicants must be either a Florida public entity or a Florida nonprofit, tax exempt corporation to be eligible. See program guidelines for details.

- Public Entity
- Nonprofit, Tax-Exempt
- Other (not an eligible response)

3. Are proposed activities accessible to all members of the public?*

Proposals for activities that will not be open and accessible to all members of the public, regardless of sex, race, color, national origin, religion, disability, age, or marital status are not eligible for this publicly funded grant.

- Yes (required for eligibility)
- No

4. Do proposed activities occur between July 1 through December 31 (Cycle 1) or January 1 through June 30 (Cycle 2)?*

- Yes (required for eligibility)
- No

5. How many years of completed programming does the applicant have?*

- Less than 1 year (ineligible)
- 1-2 years (required for eligibility)
- 3 or more years

6. Does your organization have a last completed fiscal year operating budget of \$150,000 or less?*

- Yes (required for eligibility)
- No

C – Quality of Offerings

1. Applicant Mission Statement* (500 characters)

2. Proposal Description* (4500 characters)

Describe the proposal for which you are requesting funding. Include goals, fully measurable objectives, activities, partnerships/collaborations, and education and outreach plans.

D – Impact

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. Do not double-count repeat attendees.

1. 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: a musical performed 10 times is only one event; a workshop performed one time is one event.

2. 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.

3. 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.

4. 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, participation in cultural learning or other direct contact with artists or the arts. This figure should reflect a portion of the total individuals benefiting.

5. 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.

6. 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?

Number of Florida artists directly involved?

Total number of individuals who will be engaged?* (auto populate)

7. How many individuals will benefit through media?

Enter the number of individuals who will benefit through TV, radio, cable broadcast, the internet, or other media.

8. 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

9. Describe the demographics of your service area. (2000 characters)

Demographics are distinct characteristics of a population. Examples include, but are not limited to: age, race, ethnicity, religion, gender, income, family status, education, veteran, disability status and employment.

10. Additional impact/participation numbers information (optional) (1000 characters)

Use this space to provide the panel with additional detail or information about the impact/participation numbers.

Proposal Location

11. 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>

12. Describe any virtual programming your organization provides.* (1500 characters)

- 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.

Accessibility

Policies and Procedures*

1. 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.

Does the applicant have policies and procedures (including a complaint process) that address non-discrimination on the basis of disability?

- Yes

- No

2. 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? There should be a designated staff person at your organization even if the program will be at a facility that you do not own or rent.

- Yes
- No

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

1. Section 504 Self Evaluation*

Has the applicant completed the Section 504 Self Evaluation Workbook or the Abbreviated Accessibility Checklist from the National Endowment for the Arts? You should complete the workbook or checklist even if the program will be held at a facility that you do not own or rent.

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

- Yes, the applicant has completed the Section 504 Self Evaluation Workbook from the National Endowment for the Arts.
- Yes, the applicant completed the Abbreviated Accessibility Checklist.
- 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)

2. Does your organization have a diversity/equity/inclusion statement?

- Yes
- No

If yes, what is it? (500 characters)

E - Track Record

Narrative

1. Project/Program Evaluation* (2000 characters)

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?

2. Describe the expected outcomes of the project. How will you determine the success of the project? (2000 characters)

F - Operating Budget

1. **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.

2. **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>

G - Proposal Budget Detail

1. Proposal Budget Expenses

Detail estimated proposal expenses in the budget categories listed below. **The request amount allowed is \$1,000 to \$2,500. Include only expenses that specifically relate to the proposal.** You can find a list of in the Non-Allowable Expenses section of the guidelines. You are only required to have 50% match (cash or in-kind). The Proposal Budget expenses must equal the Proposal Budget income.

<Insert proposal budget expenses in table provided>

Amount of Grant Funding Requested: _____

Match Amount: _____

2. Proposal Budget Income

Detail the expected source of the cash match recorded in the expenses table in the budget categories listed below. Include only income that specifically relates to the proposal. The Proposal Budget income must equal the Proposal Budget expenses.

<Insert match sources in table provided>

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.

Federal 990 Form (most recently completed)*

Choose file:	Upload file
--------------	-------------

Substitute W-9 Form (you can get the form at flvendor.myfloridacfo.com)*

Choose file:	Upload file
--------------	-------------

2. Support Materials*

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) (XXX characters)

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* (International travel by state-funded musical, cultural, or artistic organizations; notification to the Department of Economic Opportunity), 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 – Florida Single Audit Act

In accordance with 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 Florida 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 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 265.701, *Florida Statutes* and incorporated by reference into Rule 1T-1.040, 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)