

# GPS/SCP Application

A. Cover Page: Summary/Application Wizard

1. Applicant Name

2. Arts & Cultural Discipline as Defined in F.S. 265.283(1) (Select from Dropdown)

**3. Please describe the applicant:**

- ☐ ~~Individual (SCP – Artist Projects, Artist Performances on Tour or Teaching Artists only)~~
- ☐ Organization (GPS or SCP)
- ☐ Individual (SCP – Artist Projects, Teaching Artists or Artists Performances on Tour only)

**4. Select: GPS or SCP**

**Select one: (Individual)**

- ☐ Artist Projects – Florida-based practicing professional artists creating and/or presenting original works of art
- ☐ Teaching Artists – Florida-based artists providing educational services in Florida public schools
- ☐ Artist Performances on Tour – Florida-based performing artists for touring activities in Florida to underserved communities

**Select one: (Organization)**

- ☐ I am an eligible arts and cultural organization seeking funding for my year-round programming (GPS)
- ☐ I am an eligible organization seeking to fund a specific project that is related to arts and culture (SCP)

**5. Is the applicant classified as one of the following as provided for in F.S. 265.286(8)? Yes/No**

**(a) A nonprofit, tax-exempt Florida corporation; or**

**(b) A local or state governmental entity, school district, community college, college, university, agency of state government, or artist engaged in or concerned with arts and cultural activities.**

**6. Please select the statement that best describes your organization's programming: (GPS)**

General Program Support and Specific Cultural Projects GPS and SCP Program Application (CA2E145), eff. XX/202X 07/2023

Rule Chapter 1T-1.036, Florida Administrative Code

- ☐ ~~Educational – cultivating the learning and artistic development by promoting, encouraging, and supporting arts and culture as an integral part of education and lifelong learning (Arts in Education)~~
- ☐ (Discipline-Based) Arts and cultural programming such as conducting, creating, producing, staging, or presenting cultural exhibits, performances, educational programs, or events ~~(Discipline-Based)~~
- ☐ (Local Arts Agency) Providing professional services to a county or counties as the **designated** Local Arts Agency ~~(Local Arts Agency)~~
- ☐ (State Service Organization) Providing professional services to individuals, and/or arts and cultural organizations in at least 40 counties ~~(State Service Organization)~~
- ☐ (Arts in Education) Educational programming – cultivating the learning and artistic development by promoting, encouraging, and supporting arts and culture as an integral part of education and lifelong learning

**Please select the statement that best describes the purpose of your project: (SCP)**

- ☐ ~~Promote arts and culture in education (Arts in Education)~~
- ☐ (Discipline-Based) Conducting, creating, producing, staging, or presenting a cultural exhibit, performance, educational program, or event ~~(Discipline-Based)~~
- ☐ (Arts in Education) Promote arts and culture in education
- ☐ ~~Salary assistance, capacity building, or technical assistance for my Underserved Organization (Underserved Cultural Community Development – UCCD)~~

**7. Please select the type of Arts in Education you are requesting funding for? (AIE)**

- ☐ ~~Artist Residency – Artist residencies place professional Florida artists in a variety of education and community settings.~~
- ☐ Arts Partnership - projects that will advance arts education and the development of long-term partnerships through effective collaboration between community arts and cultural organizations, support social service agencies, and educational entities in alignment with state policy.
- ☐ Artist Residency - Artist residencies place professional Florida artists in a variety of education and community settings.
- ☐ ~~Artist Performances on Tour – provides funding to Florida-based performing artists for touring activities to underserved communities; touring activities include both a performance and an educational component.~~
- ☐ Teaching Artists - provides funding to Florida-based artists providing educational services in Florida public schools.

- Artist Performances on Tour - provides funding to Florida-based performing artists for touring activities in Florida; touring activities include both a performance and an educational component.

**~~Please select the type of technical assistance your Underserved organization is looking for? (UCCD)~~**

- ~~Capacity Building for projects that increase administrative or artistic capacity.~~
- ~~Consultant for retaining consultants that can provide specific administrative or artistic needs.~~
- ~~Salary Assistance for the full or partial salary support for one or more positions. The positions must be critical to the mission of the organization.~~

**Select your discipline**

- Dance
- ~~Traditional Arts~~
- Literature
- Media Arts
- Multidisciplinary
- Museum Programming
- Music
- Presenter
- Theatre (Community)
- Theatre (Professional)
- Traditional Arts
- Visual Arts

8. Are you a first-time applicant?

Yes/No

9. Is your organization a multipurpose institution? \*eligibility

Ongoing arts and cultural programs within larger, multipurpose public or private non-profit institutions where the parent organization is not eligible for funding may apply on their own, provided that they meet the following requirements

- have a full season or year-round programming\*  
Yes/No
- have a distinct, itemized budget within that of the parent institution\*  
Yes/No

- have an independent advisory board that governs the activities of the program\*  
Yes/No
- be able to separately fulfill the Basic Eligibility and discipline-specific requirements\*  
Yes/No

**10. Proposal Title** \_\_\_\_\_

**B 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. non-profit, school board, etc.)
- i. Org Category (e.g. public library, SOE, etc.)
- j. County
- k. Fiscal Year End Date

**1. Grant Contact**

The Grant Contact is the primary contact for your grant. This is the person that will be contacted if there are any issues with your application. 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: (selection drop box, use the same options as last year)**

**4.1 Applicant Status** \_\_\_\_\_

**4.2 Institution Type** \_\_\_\_\_

**4.3 Applicant Discipline** \_\_\_\_\_

C B – Eligibility

**1. What is the legal status of your organization?\***

- ☐ ~~Florida Public Entity~~
- ☐ Active Florida Non-profit, Tax-Exempt
- ☐ Florida Public Entity

**2. Are any of the applicant's activities, from the date of application through the end of the grant period, including non-grant funded activities, of such a nature that the applicant would be in violation of Chapter 847, Florida Statutes, if a minor, as defined in Section 847.001, F.S., were to be present.**

- ☐ Yes
- ☐ No (required for eligibility)

**3. Do all applicant's activities comply with all state and federal laws.**

- ☐ Yes (required for eligibility)
- ☐ No

**4. Are all grant activities compliant with state and federal discrimination and conflicts of interest laws?\*** ~~Are all grant activities accessible to all members of the public regardless of sex, race, color, national origin, religion, disability, age or marital status?\*~~

- ☐ Yes (required for eligibility)
- ☐ No

**5. Project start date: (MM-DD-YYYY) - Project End Date: (MM-DD-YYYY) \*\***

- ☐ Yes (required for eligibility)
- ☐ No

**6. How many years of completed programming does your organization have?\***

- ☐ Less than 1 year (not eligible)
- ☐ 1-2 years (required for eligibility for GPS and SCP)
- ☐ 3 or more years (required minimum to request more than \$50,000 in GPS)

**7. Local Arts Agency: Is your organization designated as the Local Arts Agency by the local county commission per s. 265.32, F.S.?\***

- ☐ Yes (required for eligibility)
- ☐ No

**8. Traditional / Folk Arts: Does your project involve Florida's history, heritage, traditions and way of life ~~the following?~~ (All required for eligibility)**

General Program Support and Specific Cultural Projects GPS and SCP Program Application (CA2E145),  
eff. ~~XX/202X~~ 07/2023

Rule Chapter 1T-1.036, Florida Administrative Code

a. **Living Traditions?**

Yes

No

b. **A Folk Community?**

Yes

No

c. **Arts shared informally via oral tradition or observation?**

Yes

No

**~~5. Underserved Cultural Community Development: How is your organization underserved?\*~~** (select all that apply)

Select the statements that are true for your organization.

- ☐ ~~Applicant is rural (See definition)~~
- ☐ ~~Applicant is minority (See definition)~~
- ☐ ~~\_\_\_\_\_~~

**~~6. Underserved Cultural Community Development: Total Cash Income\*~~**

~~What is your organization's Total Cash Income for your last completed fiscal year? \_\_\_\_\_ (include validation error: Total Cash Income must be \$150,000 or less for program eligibility)~~

**~~7. Underserved Cultural Community Development – Consultant:~~**

Select the statements that are true for your organization.\*

- ☐ ~~Consultant is NOT a member of the applicant's staff or board.~~
- ☐ ~~Consultant is NOT in the immediate family of any staff or board members~~

If Questions 9-14 are answered affirmatively, Arts in Education applicants that conduct programming or activities in a public school district, charter school, state college or university, private school (K-College), or a homeschool community shall provide a letter of support from the educational facilities at which activities are to be conducted expressing that facilities support for the applicant's programming or activities.

**9. Arts in Education: Does your organization have an arts education mission and primarily conduct arts in education programming?\* (GPS AIE Only)**

- ☐ Yes (required for eligibility)
- ☐ No

**10. Arts in Education - Residency: How many contact hours does this residency include?\***

\_\_\_\_\_

**11. Arts in Education – Teaching Artists: Applicant is Florida-based practicing professional?\***

- ☐ Yes (required for eligibility)
- ☐ No

**12. Arts in Education – Teaching Artists: Applicant provides an extensive arts education program with activities?\***

- ☐ Yes (required for eligibility)
- ☐ No

**13. Arts in Education – Teaching Artists: Applicant provides study guides, learning materials, or sample lesson plans?\***

- ☐ Yes (required for eligibility)
- ☐ No

**14. Arts in Education – Artist Performances on Tour (all required for eligibility)**

- ☐ Solo artist or 50% of duo/ensembles is a Florida resident (proof of residency required).
- ☐ At least 18 years of age.
- ☐ Not enrolled in a degree or certificate program.
- ☐ Compliant with F.S. 265.286(5)c

**15. Discipline-based - Professional Theatre:**

**Is your organization current in compensating all artistic staff and actors?**

- ☐ Yes (required for eligibility)
- ☐ No

~~Does your organization compensate artistic staff and actors based on [www.equityactors.org](http://www.equityactors.org)?~~

- ~~☐ Yes (required for eligibility)~~
- ☐ ~~No~~

**16. Discipline-based - Museum:**

The following statements must be true for you to be eligible to apply in the Museum discipline. Check all that apply.\*

- ☐ My organization is open to the public for at least 180 days each year.
- ☐ My organization owns or utilizes collections, including works of art, historical artifacts, or other tangible objects (live or inanimate).
- ☐ My organization exhibits these collections, including works of art, historical artifacts, or other tangible objects (live or inanimate) to the public on a regular schedule.



16.b. Please check the following box if the description is accurate for your organization.

- ☐ My organization offers programming that focuses on Florida heritage and history.

**17. Discipline-based – Multidisciplinary: Is your organization producing 50% or more of your programming?\***

- ☐ Yes (required for eligibility)
- ☐ No (You should apply to the Presenting discipline)

**18. State Service Organization: \***

Do your organization's services and activities reach at least 40 Florida counties?

- ☐ Yes (required for eligibility)
- ☐ No

**19. Artist Projects and Teaching Artists (all required for eligibility):\***

Check all that apply.\*

- ☐ I am a Florida resident (proof of residency required).
- ☐ I am at least 18 years of age.
- ☐ I am not enrolled in a degree or certificate program.

**20. Teaching Artists: Do you have a Florida Professional Educator's Certificate?\***

Yes

No

20b. What are your certifications?

20c. Have you ever been subject to a disciplinary action by the Florida Department of Education?

**21. Teaching Artists: What is your artistic discipline(s)?**

- ☐ Dance
- ☐ Digital/Media Arts
- ☐ Literature
- ☐ Music
- ☐ Theater
- ☐ Visual Arts

**~~8. Teaching Artists: Do you have experience working with students of different socioeconomic backgrounds?\*~~**

~~Different cultures?~~

~~Special needs?~~



**22. Teaching Artists: What arts integration practices have you employed?\***

- Drawing on students' prior knowledge
- Providing active hands-on learning with authentic problems for students to solve in different ways
- Arranging opportunities for students to learn from each other to enrich their understandings
- Engaging students in reflection about what they learned, how they learned it, and what it means to them
- Using student assessment of their own and peers' work as part of the learning experience
- Providing opportunities for students to revise and improve their work
- Building a positive classroom environment where students are encouraged and supported to be creative ~~take risks~~, explore possibilities, and where a social cooperative learning community is created and nurtured

In what content areas and grade levels?

**23. Teaching Artists: Do you have experience teaching alone in a classroom? If yes, briefly describe\***

**24. Teaching Artists: Do you have experience co-teaching or collaborating with the classroom teacher? If yes, briefly describe\***

**25. Teaching Artists: How do you assess student learning?\***

- Built into assignment
- Exam
- Class observation
- Concept mapping
- Concept tests
- Assessment of group work
- Rubrics
- Other (please specify)

**26. Teaching Artists: What are your top priorities/goals/outcomes?\***

- to share my art discipline
- to use my art discipline to teach another subject or concept
- for our students student to enjoy the learning process
- ~~to expose our students to new thoughts and ideas~~
- to give our students new tools for creative self-expression
- to enhance Florida's quality of life

D € – Quality of Offerings

**1. Applicant Mission Statement (Organization) or Artist Statement (Individual)\***

**1.1** (For Individual Artist applicants) Applicant Residency: How long has the applicant lived, worked and operated in Florida?

**2. Programming (GPS)/Project (SCP) Description\***

Briefly describe the program or project or program for which you are requesting funding, including project goals objectives, and activities. If you are an LAA or SSO, please include a statement that describes the services provided to your audience (including membership) and how those services are provided.

**~~2.1 Programming or Project Goals \*~~**

~~Please list at least three goals associated with the project or program you are for which you are requesting funding.~~

~~Goals: Broad statements that are usually general, abstract, issue-oriented with realistic priorities. Goals are a long-term end to which programs and activities are developed and should reflect the organization's mission statement. Goals can be listed in priority order and ranked.~~

~~———— Sample goal: To provide residents and visitors with increased opportunities to view local art and meet local artists.~~

**~~2.2 Programming or Project Objectives \*~~**

~~Please list the three corresponding objectives for the goals listed above.~~

~~Objectives: Specific, measurable ends that are achievable within a time frame and mark progress towards achieving goals.~~

~~Sample Objective: At least 300 residents and visitors will view local art and be invited to a “meet the artist reception”~~

**~~2.3 Programming or Project Activities\*~~**

~~Please list the project or program activities.~~

~~Activities: These are the specific activities that achieve the objectives.~~

~~Sample Activities: Work with local arts and tourism organizations to promote art shows. Communicate with local art teachers to encourage students to attend shows. Schedule artist commentaries and news articles to promote the shows.~~

**2.1 Partnerships & Collaborations\***

Describe any partnerships and/or collaborations with organizations directly related to General Programming (GPS) or the Specific Cultural Project (SCP). Discuss the responsibilities and benefits of the relationship and whether any formal agreements are in place.

**~~3. Project/Program Evaluation\*~~**

General Program Support and Specific Cultural Projects GPS and SCP Program Application (CA2E145),  
eff. ~~XX/202X~~ 07/2023

Rule Chapter 1T-1.036, Florida Administrative Code

~~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? Skip for Artist Project, Artist Performances on Tour and Teaching Artists~~

~~Artist Projects, Artist Performances on Tour and Teaching Artists only  
Describe the expected outcomes of the project. How will you determine the success of the project?~~

## **2.2 Collection Summary (museum)\***

Provide a summary of the collection (live or inanimate) and the collection policy including: 1) Size and scope of collection(s) the museum owns or uses; 2) Conservation and care; and 3) Overview/brief list of inventory/registration methods. If you are not a collecting institution answer Not Applicable.

## **4. Individual Artist Project\***

~~What makes your project artistically strong? What is your motivation for this project, how will it advance your career and creative practice? What is the artistic context of this project to your creative practice?~~

## E D – Impact – Reach

### Instructions

~~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, and do not double count repeat attendees.~~

~~1. Total number of individuals who will be engaged?\*~~ ~~(auto populate – this field should be calculated the same way as last year: add numbers from questions 4, 5, 6, and 7). Do not add the number of Florida artists to the total, because that figure is already accounted for as a portion of the total number of artists.)~~

1. The Rural Economic Development Initiative (REDI) was established to better serve Florida's economically distressed rural communities by providing a more focused and coordinated effort among state and regional agencies that provide programs and services for rural areas.

1.a. Is your organization located in a REDI county or community as outlined in F.S. 288.0656?  
Yes/No

1.b. Do your programming or project activities take place in or serve REDI counties or communities?  
Yes/No

2. Will your project support a rural community, rural area of opportunity or a Florida heritage site?

### **3. 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: 1) a musical performed 10 times is only one event; 2) a workshop performed one time is one event.

\_\_\_\_\_

### **4. 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.

\_\_\_\_\_

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~~5. UCCD SALARY ASSISTANCE ONLY – How many positions are being supported through the salary assistance grant?~~

**Total number of individuals who will be engaged?\* (this auto populates from questions 5, 6, 7 and 8 below).**

**5. 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.

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**6. 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 or participation in cultural learning or other types of activities in which people will be directly involved with artists or the arts and cultural events through their school. This figure should reflect a portion of the total individuals benefiting.

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**7. 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.

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**8. 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. An artist is defined as a person who practices any of the various creative arts (artistic directors, directors, conductors, conservators, curators, dance masters, composers, choreographers, designers, video artists, filmmakers, painters, poets, authors, sculptors, graphic artists, actors, dancers, singers,

General Program Support and Specific Cultural Projects GPS and SCP Program Application (CA2E145), eff. XX/202X 07/2023

Rule Chapter 1T-1.036, Florida Administrative Code



musicians, teachers, instructors, and puppeteers). 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? This figure should reflect a portion of the total individuals benefiting. It includes the number of Florida artists directly involved (below)

Number of Florida artists directly involved? This figure should reflect a portion of the total artists directly involved.

~~**Total number of individuals who will be engaged?\*** (auto populate — this field should be calculated the same way as last year: add numbers from questions 3, 4, 5, and 6a (number of artists). Do not add the number of Florida artists to the total, because that figure is already accounted for as a portion of the total number of artists.)~~

~~8.~~

~~**How many individuals will benefit through media? (Media Arts applicants only)**  
**Enter the number of individuals who will benefit through TV, radio, cable broadcast, the internet, or other media.**~~

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~~7. 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)~~

General Program Support and Specific Cultural Projects GPS and SCP Program Application (CA2E145),  
eff. XX/202X 07/2023

Rule Chapter 1T-1.036, Florida Administrative Code

- ~~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~~

~~8. Describe the demographics of your service area.~~

9. Number of individuals your members/organizations are serving? (required, only for LAA and SSO)

10. Select the services all that ~~apply to~~ your organization provides? (required, only for SSO and LAA)

- ☐ Advocacy
- ☐ Arts Education
- ☐ Convening of Arts & Culture
- ☐ Community Building
- ☐ Cross-Sector Collaborations
- ☐ Manage/Operate Cultural Facilities, such as Lighthouses, Museums, Historic & Heritage Sites
- ☐ Cultural Planning
- ☐ Cultural or Heritage Tourism
- ☐ ~~Access for All Initiatives~~
- ☐ Grant Maker – Artists
- ☐ Grant Maker - Organizations
- ☐ Marketing
- ☐ Mentoring/Internships
- ☐ Present Programming, including re-enactors
- ☐ Produce Programming

- ☐ Professional Development/Technical Assistance – Artists
- ☐ Professional Development/Technical Assistance – Organizations
- ☐ Professional Development/Technical Assistance - Teachers
- ☐ Public Art

**10b. For Permanent Public Art, does the proposal include a permanent installation that promotes or enhances Florida’s history, heritage, traditions, ways of life or state symbols, which are defined as one of the symbols designated by the Florida Legislature in Chapter 15, Florida Statutes?**

**11. Additional impact/participation numbers information (optional)**

Use this space to provide ~~the panel with~~ additional detail or information about the impact/participation numbers. Describe what makes your organization/programming unique.

**12. 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 or project will be physically taking place in that county.

- ☐ <list of Florida counties>

**13. What counties does your organization serve?**

Select the counties in which your organization provides services. For example, if your organization is located in Alachua County and you provide resources and services in Alachua as well as the surrounding counties of Clay and St. Johns, you will list all three counties. This might include groups that visit your facility from other counties.

[List of Florida counties]

**14. Describe your virtual programming.**

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.

**15. Proposal Impact\***

How is your organization or project benefitting your community? What is the economic impact of your organization or project?

~~Solo or Individual Artists: Include any positive social elements and community engagement anticipated from the project.~~

**16. The law requires all grantees to meet the standards of sections 553.501-553.513, Florida Statutes and the Americans with Disabilities Act of 1990, (ADA), as amended, and Section 504 of the Rehabilitation Act of 1973 as amended. Are your facilities and proposal activities accessible to people with disabilities?**

Yes/No

**If No, are you exempt or have plans to increase accessibility for disabled or impaired individuals?**

**17. For projects in which minors are present, are all employees or volunteers that interact with minors subject to screenings and background checks?**

Yes

No

**17. Marketing and Promotion\***

How are you marketing and promoting your organizations offerings?

- ☐ ~~Billboards~~
- ☐ ~~Brochures~~
- ☐ ~~Collaborations~~ \_\_\_\_\_
- ☐ ~~Direct Mail~~
- ☐ ~~Email Marketing~~
- ☐ ~~Magazine~~
- ☐ ~~Newsletter~~
- ☐ ~~Newspaper~~

General Program Support and Specific Cultural Projects GPS and SCP Program Application (CA2E145),  
eff. XX/202X 07/2023

Rule Chapter 1T-1.036, Florida Administrative Code

- ☐ ~~Pay Per Click (PPC) Advertising~~
- ☐ ~~Podcast~~
- ☐ ~~Radio~~
- ☐ ~~Organic Social Media~~
- ☐ ~~Paid Social Media~~
- ☐ ~~Television~~
- ☐ ~~Other \_\_\_\_\_~~
- ☐ ~~Impact – Access for All~~

**~~18. Describe how the facilities and proposal activities are accessible to all audiences and any plans that are in place to improve accessibility.\*~~**

**~~In addition to your facility, what step are you taking to make your programming accessible to persons of all abilities and welcoming to all members of your community?~~**

~~For example, explain use of accessibility symbols in marketing materials, accessibility of facilities and programming and/or target population. You can find resources on accessibility at <http://dos.myflorida.com/cultural/info-and-opportunities/resources-by-topic/accessibility/>. We encourage all applicants to include images in the support materials showing the use of accessibility symbols in marketing materials.~~

**~~Individual or Solo Artists: Skip questions 2-5 and move on to section H.~~**

**~~19. Policies and Procedures\*~~**

~~Does the applicant have policies and procedures (including a complaint process) that address non-discrimination on the basis of sex, race, color, national origin, religion, disability, age, or marital status.?~~

- ☐ ~~Yes~~
- ☐ ~~No~~

**~~20. 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?~~

~~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.~~

- a. ~~Yes~~
- b. ~~No~~

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

\_\_\_\_\_

**18. Section 504 Self Evaluation\***

Has the applicant completed the Section 504 Self Evaluation Workbook or the Abbreviated Accessibility Checklist (only for first time self-evaluations) from the National Endowment for the Arts?

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

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

**19. Accessibility includes other factors besides physical. What efforts has your organization made to provide programming for all?**

**25. ~~Artist Project:~~**

Please identify Division Goals addressed by your project (check all that apply)\*

- a. ~~Building the economy and creative industries~~
- b. ~~Enhancing education through arts and culture~~
- c. ~~Advancing leadership in arts and culture in the state and nation~~
- d. ~~Promoting healthy, vibrant, and thriving communities~~
- e. ~~Advancing a sense of place and identity~~

Explain:

## F – History and Heritage Promotion

**Does your activities or project promote or enhance Florida’s history, heritage, traditions, ways of life, or state symbols, which are defined as one of the symbols designated by the Florida Legislature in Chapter 15, Florida Statutes? (If yes, please explain below)**

- ☐ **Yes**  
☐ **No**

## G F – Governance Management and Operating Budget

~~Artist Performances on Tour and Teaching Artists applicants should move on to Section G of the application.~~

### **1. Fiscal Condition and Sustainability\***

Describe the fiscal condition of the organization as it relates to the successful completion of the proposal. Also describe plans to sustain the proposal activities after the grant period. Skip question for Artist Projects, Artist Performances on Tour and Teaching Artists

Artist Projects, Teaching Artist, and Artist Performances on Tour ~~and Teaching Artist~~ only

Describe your ability to complete the proposed project. Include examples of successfully completed projects.

Artist Projects, Teaching Artists, and Artist Performances on Tour applicants should move on to Section H of the application.

### **1.1 Are your board members compensated with direct or indirect resources?**

### **2. Completed Fiscal Year End Date\***

General Program Support and Specific Cultural Projects GPS and SCP Program Application (CA2E145),  
eff. ~~XX/202X~~ 07/2023  
Rule Chapter 1T-1.036, Florida Administrative Code

What is the end date for the applicant's last completed fiscal year? Fiscal year must be completed by the application deadline.

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### 3. 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>

### 4. Additional Operating Budget Information\*

Use this space to provide the panel with additional detail or information about the operating budget. Please explain any deficits, excess revenue, or major changes to any line items or budget totals. If not applicable, then write "not applicable."

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### 5. Paid Staff\*

Select the statement that is most true about your organization. Staff can be an outside contractor.

- ☐ Organization has no paid management staff.
- ☐ Organization has at least one part-time paid management staff member (but no full-time)
- ☐ Organization has one full-time paid management staff member
- ☐ Organization has more than one full-time paid management staff member

### 6. Hours\*

- ☐ Organization is open full-time
- ☐ Organization is open part-time

### 7. Does your organization have a strategic or long range plan?

Yes/No



## H ~~G~~ – Management and Proposal Budget

### 1. Rural Economic Development Initiative (REDI) Waiver\*

Applicants located in counties or communities that have been designated as a rural community in accordance with Section 288.0056 and 288.06561, Florida Statutes, may request a waiver of matching requirements. [Am I in a REDI community?](#)

If your organization is located ~~Are you~~ in a REDI county or community ~~are you~~ and requesting a waiver?

- ☐ Yes
- ☐ No

### 2. Proposal Budget Expenses

Detail estimated proposal expenses in the budget categories listed below. Include only expenses that specifically related to the proposal. You can find a list of non-allowable and match only expenses at [http://dos.myflorida.com/cultural/grants/grant-programs/](http://dos.myflorida.com/cultural/grants/grant-programs/Proposal Budget expenses must equal the Proposal Budget income) Proposal Budget expenses must equal the Proposal Budget income.

The expense section contains three columns:

- a. Grant funds (these are the funds you are requesting from the state)
- b. Cash Match (theses are earned or contributed funds supplied by your organization)
- c. In-kind (the value of donated goods and services)

Do not include any non-allowable expenses in the proposal budget. (see non-allowable expenses).

For General Program Support the Proposal Budget should match the operating budget minus any non-allowable expenses (see non-allowable expenses).

<Insert proposal budget expenses in table provided>

**Amount of Grant Funding Requested:** \_\_\_\_\_

**Match Amount:** \_\_\_\_\_

### 3. Proposal Budget Income

Detail the expected source of the cash match (middle column) your organization will be using in order to match the state funds (first column) outlined in the expense section. Use the budget categories listed below. Do not include your grant request (first column) or in-kind (third column). Include only income that specifically relates to the proposal. The Proposal Budget income must equal to the Proposal Budget cash match in the expenses.

<Insert match sources in table provided>

**4. Additional Proposal Budget Information (optional)**

Use this space to provide the panel with additional details or information about the proposal budget. For example, if you have more in-kind than you can include in the proposal budget you can list it here.

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## I 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.

**Substitute W-9 Form (you can get the form at <https://flvendor.myfloridacfo.com/> )\***

**Do not upload a Federal W-9 Form.**

Choose file:	Upload file
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### **Federal 990 Form (most recently completed)\***

(you can get the form at <https://www.irs.gov/forms-pubs/about-form-990>)

Organizations with an annual gross income of \$50,000 or less can upload the 990N Form. <https://www.irs.gov/charities-non-profits/annual-electronic-filing-requirement-for-small-exempt-organizations-form-990-n-e-postcard>.

Choose file:	Upload file
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### **Consultant's Resume\***

General Program Support and Specific Cultural Projects GPS and SCP Program Application (CA2E145),  
eff. XX/202X 07/2023

Rule Chapter 1T-1.036, Florida Administrative Code

Choose file:	Upload file
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**Work Sample\***

Choose file:	Upload file
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**Resumes of Significant Personnel\***

Choose file:	Upload file
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**List of Recent Tours\***

Include city/county/state, venue, and audience impact numbers.

Choose file:	Upload file
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**Educational Materials\***

Samples of study guides, materials, hand-outs, lesson plans, and other educational materials used in activities and residencies.

Choose file:	Upload file
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**Standard Contract\***

Provide a copy of the artist's standing touring contract with all riders.

Choose file:	Upload file
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**Promotional Materials/Press Kit\***

Choose file:	Upload file
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**Documentation of official Local Arts Agency designation\***

All Local Arts Agency applicants must provide documentation (letter, proclamation or official meeting minutes) of official designation by one or more county commissions. This includes county arts councils established in accordance with section 265.32, Florida Statutes.

Choose file:	Upload file
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**Letter of support from governing board, local arts agency, or local governmental entity\***

Applicants shall provide a letter of support from the governing board of the organization expressing support for the programming or activities sought to be performed through the requested grant funding. Individual Artists shall provide a letter of support from either the facility where the activities are to be conducted or a local arts agency or local governmental entity that covers the region where grant activities will occur.

Choose file:	Upload file
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**For Arts in Education applicants: Letter of support from educational facilities\***

Letter of support from the educational facilities at which activities are to be conducted expressing the facilities support for the applicant's programming or activities.

Choose file:	<u>Upload file</u>
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## 2. Support Materials (required)\*

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**

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**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
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**~~Description (optional)~~**

~~Additional details about the support materials that may be helpful to staff or panelists.~~

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## J – Notification of International Travel

In accordance with Section 15.182, *Florida Statutes*, 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.

## K – Single Audit Act

General Program Support and Specific Cultural Projects GPS and SCP Program Application (CA2E145),  
 eff. ~~XX/202X~~ 07/2023  
 Rule Chapter 1T-1.036, Florida Administrative Code

In accordance with 2 CFR 200, Subpart F - Audit Requirements; 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 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: 2 CFR 200, Subpart F - Audit Requirements; Section 215.197, Florida Statutes, Florida Single Audit Act; and the policies and procedures established by the Division of Arts and Culture.

#### L K – Compliance with Laws

Programming and projects funded with state funds must be in strict conformity with all applicable state and federal laws and regulations.

☐ I hereby acknowledge and attest under penalty of perjury that the applicant's activities, regardless of connection to grant funding, are in strict conformity with all applicable, state and federal laws and regulations and that failure to ensure applicant's activities remain in compliance with all applicable, state and federal laws and regulations will result in revocation of grant funding and disallowance of grant expenditures.

☐ I hereby acknowledge and attest under penalty of perjury that as required in Section 265.286(6), Florida Statutes, the applicant is in compliance with all relevant antidiscrimination laws, including the anti-boycott rules of this state pursuant to ss. 215.4725 and 287.135, and will not engage in antisemitic discrimination as defined by s. 1.015, including refusals to deal based on an individual's or entity's real or perceived connection to the State of Israel, or engage in antisemitic speech as defined in s. 1.015, in conjunction with the program or project for which their grant is awarded. The applicant understands that a grant applicant found to be engaging in any boycott action, antisemitic discrimination, or antisemitic speech in conjunction with the program or project for which the grant is awarded shall be disqualified from grant eligibility until 10 years after any such action has ceased. A grant recipient found to have engaged in a boycott of Israel or antisemitic discrimination during the duration of the project or program for which its grant was awarded shall be subject to a penalty payable to the State Treasury of three times the amount of the grant received for which the false certification was submitted.

## M. 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 265.286, *Florida Statutes* and incorporated by reference into Rule 1T-1.036, 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)**