

# FY 2019 Grant Application 04.04.2018 (Project Period – October 1, 2018 – September 30, 2019)

Carefully review the program guidelines and instructions before filling out the application form. Incomplete and illegible forms may invalidate your application. All applications must be typed or computer generated. Supplemental information is limited to one page only. Please double-check all information to ensure that it is correct.

A. Applicant/ Organization Name:				
SSN:				
DUNS Number and TIN (Organizations only):				
Mailing Address:				
City:	Guam	Zip Code:		
Are you a permanent resident of	of Guam?			
How long have you resided in the Territory of Guam?				
Contact Person:		Phone:		
Email Address:		Title:		
Authorizing Official:				
Project Title:				
Type of Grant Applying for:				
Start Date:		End Date:		
Individuals to Benefit (#): Youth(s) Benefiting (#):		Artist(s) Involved (#):		
Provider of Services (Organization	ations Only):			
Name:				
Mailing Address:				
City:	State:	Zip Code:		
Grant Amount Requested:				
List other funding source(s) so	ught:			
	SSN:         DUNS Number and TIN (Orga         Mailing Address:         City:         Are you a permanent resident of         How long have you resided in the         Contact Person:         Email Address:         Authorizing Official:         Project Title:         Type of Grant Applying for:         Start Date:         Individuals to Benefit (#):         Youth(s) Benefiting (#):         Provider of Services (Organization)         Name:         Mailing Address:         City:         Grant Amount Requested:	SSN:         DUNS Number and TIN (Organizations only)         Mailing Address:         City:       Guam         Are you a permanent resident of Guam?         How long have you resided in the Territory of C         Contact Person:         Email Address:         Authorizing Official:         Project Title:         Type of Grant Applying for:         Start Date:         Individuals to Benefit (#):         Youth(s) Benefiting (#):         Provider of Services (Organizations Only):         Name:         Mailing Address:         City:       State:	SSN:         DUNS Number and TIN (Organizations only):         Mailing Address:         City:       Guam         Are you a permanent resident of Guam?         How long have you resided in the Territory of Guam?         Contact Person:       Phone:         Email Address:       Title:         Authorizing Official:       Project Title:         Project Title:       Type of Grant Applying for:         Start Date:       End Date:         Individuals to Benefit (#):       Artist(s) Involved (#):         Youth(s) Benefiting (#):       Provider of Services (Organizations Only):         Name:       Mailing Address:         City:       State:       Zip Code:         Grant Amount Requested:       State:       Zip Code:	

GCAHA USE ONLY:				
Application No.:	Date Received:			
CHECKLIST (Did you include the following?)	CHECKLIST (Did you include the following?)			
INDIVIDUALS	ORGANIZATIONS			
1. Complete detailed budget breakdown (cash expense, in-kind contribution & cash income)	1. Detailed budget breakdown (cash expense, in- kind contribution & cash income)			
2. Resume / Biography	2. Recent annual audit			
3. Three letter (s) of personal recommendation and/or letters of support specific to the project	<ul> <li>Copy of your organization's Certificate of</li> <li>Incorporation and IRS letter granting Federal Tax Exempt Status</li> </ul>			
4. Samples of artwork (i.e., photographs, cd, etc.)	4. Articles of Incorporation / By-Laws			
	5. DUNS Number Registration			
<b>**NOTE:</b> Grant Applications submitted without NOT be accepted.	the required documents by the grant deadline will			

# **PROJECT DESCRIPTION**

1. What is the project and it's purpose. What do you plan to do? When? Where? Please be as specific as possible.

2. How will the project be accomplished and by whom? Identify participating artists by name whenever possible.

# **PROJECT DESCRIPTION** (continued)

**3.** If your project involves a performance(s), where will performances be held and what is the seating capacity of the location(s)?

4. Specific community involvement (Identify committees, arts groups, volunteers, schools, etc. who will be involved in any way in carrying out your project).

5. Specific communities to be served by the project.

## **PROJECT DESCRIPTION** (continued)

6. How will the requested funds be spent? What other sources of funds are being sought for the project described in this application?

7. What are the anticipated results or effects of the project?

Organizations	As verification of non-profit status, all applicants must submit the organization's	
Only	Certificate of incorporation and a copy of their Internal Revenue Service 501	
	(c)(3) Federal Tax Exempt Status for GCAHA files.	
	Does the organization have an annual audit?	
	If yes, please forward a copy for GCAHA Files and review.	
	Please give a brief description of the organization and the service it provides.	
	Describe the organization's plans for the next two (2) years.	

Year organization established:	
Date of Incorporation:	
Does the organization have a membership or subscription program?	
If so, briefly describe number of members/subscribers, benefits, fees,	etc.

## **PROJECT BUDGET** – Refer to Guide for Programs & Services pg. 15-17 CASH EXPENSES – MUST provide details of budget breakdown. DO NOT SUMMARIZE

A.	Personnel / Artistic (Provide description and rate(s)	
		_ \$
		- <del>\$</del>
	SUB TOTAL:	
B.	Personnel / Administrative (Provide description and rate(s)	
		_ \$
	SUB TOTAL:	
	50 <b>5</b> 101AL.	
C.	Personnel / Technical-Production (Provide description and rate(s)	
		\$
		\$
		\$
	SUB TOTAL:	
D.	Outside Artistic Ecos & Services / Artistic (Provide description and rote(s) i.e. 10	
υ.	Outside Artistic Fees & Services / Artistic (Provide description and rate(s) i.e., 10 musicians for 10 hrs/ea. @ \$10/hr)	
		\$
		\$
		\$
-	SUB IOTAL:	
Е.	Outside Other Fees & Services (Provide description and rate(s).	¢
	<u>-</u>	- \$ 
		- \$ 
	SUB TOTAL:	_
F.	Studio & Space Rental (Identify location and rate(s).)	
		\$
		<u></u> ه
G.	<b>SUB TOTAL:</b> Travel & Per Diem (Identify who, where and why; may include mileage)	
0.	Traver et le Diem (Idenary wile, where and wily, may merade infeage)	
	SUB TOTAL:	
H.	Marketing & Promotion (Include publicity / promotion)	
I.	SUB TOTAL: Remaining Operating Expenses (Itemize) i.e., phone, postage, supplies/materials, others	
	SUB TOTAL:	
	TOTAL PROJECT CASH EXPENSES	\$

(LINE ITEM A TO I)

## **PROJECT BUDGET – CASH INCOME** MUST provide details of budget breakdown. DO NOT SUMMARIZE

A. Admission (Provide in the space below description of each type of event and amount)

	_ \$
SUB TOTAL:	_ \$ \$
Contracted Services Revenue (Provide description and rate(s), i.e., revenue derived from sale of services.)	¢
<b>SUB TOTAL:</b> Business / Corporate Support (If possible, itemize source and amount(s).	
	_ \$
SUB TOTAL: Foundation Support (If possible, itemize source and amount(s).	φ
	\$
	\$
SUB TOTAL: Other Private Support (If possible, itemize source and amount(s).	
	_ \$
SUB TOTAL:	\$
Government Support (Indicate specific agency or source. Do not include amount requested in this application or other GCAHA grants.) Federal	\$
State / Regional	\$
State / Regional Local SUB TOTAL:	\$
SUB TOTAL: Dther Revenue (Itemize source and amount(s), i.e., how many catalogs do you blan to sell and at what price each?)	\$
	\$
	_ \$
	_ \$
SUB TOTAL:	_ ⊅
Applicant Cash (Funds from accumulate resources or saving)	\$
	_ \$ \$
SUB TOTAL:	
TOTAL APPLICANT INCOME (SUB TOTAL OF LINE ITEM A to H)	\$
GRANT AMOUNT REQUESTED	\$
(must not exceed Total Applicant Income)	φ
	\$\$

## \*NOTE: Total Project Cash Income *must equal* Total Project Cash Expense

## **IN-KIND CONTRIBUTIONS**

(Do not add In-Kind Contributions to the Cash Income or Cash Expenses sections of your Budget.) Be sure to include rate information showing how you calculated dollar value for in-kind contributions. (Financial or Service contributions of an indirect nature donated to the completion of your project from corporate sponsorships or individuals involving goods, materials, studio/exhibit space and the like.)

Services Rendered/Materials Contributed: (Identify <i>source and rate</i> to determine dollar value)	Dollar Value
	\$
TOTAL In-Kind Contributions	\$
PROJECT MATCHING REOUIREMENTS	

A. TOTAL In-Kind Contributions plus TOTAL Applicant Cash equals Matching Resources:

B. TOTAL Matching Resources *must be greater* than *or equal* to the Grant Amount Requested:

 $\frac{1}{\text{Matching Resources}} > \text{or} = \$$ 

> or = \$ \_\_\_\_\_\_ Grant Amount Requested

### Legal Assurances

In the event that a grant is awarded as a result of this application, *the following terms and conditions shall be complied with* as signified by the applicant's signature. This application shall become a part of the legally binding contract between the applicant and the Guam Council on the Arts and Humanities Agency.

- 1. The grant cannot be assigned to a different project or transferred *without prior written approval* of GCAHA.
- 2. The **grantee** shall submit to GCAHA the dates, times and locations of the project to take place for on-site review by GCAHA. The grantee is requested to provide free admission to projects/events for review.
- 3. The grantee shall submit the completed Final Project Report form summarizing the project and expenditures to GCAHA within fifteen (15) days of the project's competition. The final 25% of the grant award will be made upon approval by GCAHA of the Final Project Report.
- 4. The grantee agrees to keep careful attendance and participation records of the project herein.
- 5. The financial accounts shall be subject to audit by appropriate agencies of the Territory of Guam and /or the Federal Government. The **grantee** shall be responsible for the safe keeping and identification of records maintained to account for funds awarded herein. Said records must be kept in the grantee's files for a period of three (3) years after completion of the project.
- 6. Credit is to be given as such "This project is supported in part by a grant from the National Endowment for the Arts, Guam Council on the Arts and Humanities Agency, a division of the Department of Chamorro Affairs, Government of Guam, and the Office of the Governor", in all brochures, press releases, programs, publications, tickets, and other printed materials. When no printed matter is utilized, *verbal credit* shall be given prior to each performance or presentation.

It is mutually agreed that all parties shall comply with the Fair Labor Standards under Section 5(l) and Section 7(g) of the National Foundation on the Arts and Humanities Act of 1965; Title VI of the Civil Rights Act of 1964, as amended; Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency; Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; The Americans with Disabilities Act of 1990, as amended; The Age Discrimination Act of 1975, as amended; The National Environmental Policy Act of 1969, as amended; The National Historic Preservation Act (NHPA) of 1966, as amended; other National Policies such as debarment and suspension, the Drug Free Workplace Act, lobbying, Davis-Bacon and Related Acts (DBRA), as amended, the Native American Graves Protection and Repatriation Act of 1990, U.S. Constitution Education Program, Arts Endowment Enabling Legislation and Prohibition on use of funds to ACORN and The National Environmental Policy Act (NEPA) of 1969.

### Authorizing Signature

I, the undersigned, do certify that the information contained within this application including all attachments and supporting materials is correct and true to the best of my knowledge.

Name (Please Print):	Applicant Signature:
Fiscal Officer/Second Responsible:	Contact with Organization:
Date of Application:	