

The San Francisco Arts Commission

**ARTS & COMMUNITIES:
INNOVATIVE PARTNERSHIPS**

A Three-Year Pilot Initiative

2007-2008 APPLICATION





APPLICATION CHECKLIST

To be submitted as your application packet cover sheet.

GRANT APPLICANT: _____

Submit two (2) sets in the following order; copied double-sided and three-hole-punched.

- Eligibility Form – two pages
- Fiscal Sponsor Form, if necessary – one page

Submit seven (7) sets in the following order; copied double-sided and three-hole-punched.

- Application Form – one page
 - » Please attach **Annual Budget** (most recent completed fiscal year) if applicable.
- Partners Information & Commitment Form – one page with attachments.
 - » Please attach, for each partner, **Annual Budget** (most recent completed fiscal year) if applicable.
- Project Narrative for *either* the Exploration Grant or Realization Grant.
- For Realization Grant Applications: A Letter of Commitment from the venue where your public activity will take place.
- Short biographies of key project team members (of all the partners)
- Artist's current *c.v.* (if applicant is an individual artist)
- Two (2) Letters of Recommendation for the Artist/Organization that attest to artistic quality and ability to work within a neighborhood/community. Letter writers should indicate how they have come to know the artist/arts organization's work.
- Up to three (3) recent press reviews or articles regarding the work or the artist or organization, if available.
- Project Budget. Project budget notes are strongly suggested.
- Work Sample Sheet

Samples of Artistic Work. Submit one (1) set.

- Samples of Artistic Work - See Appendix C for instructions on preparing samples.

Promotional Materials. Submit two (2) sets clipped together or in separate envelopes.

- Up to three samples of promotional materials for Artist/Organization, such as brochures, fliers, catalogues, etc.
- Up to three samples of promotional materials for Community Partner Organization/Group, such as brochures, fliers, catalogues, etc.

UPDATES AND CHANGES

Email CEG staff with any significant updates or changes relevant to your project after submission. This information is helpful to panelists in the review process.

APPLICANT ELIGIBILITY FORM

GRANT REQUEST AMOUNT _____ TOTAL PROJECT BUDGET _____

GRANT APPLICANT _____

LEGAL NAME, IF DIFFERENT _____

ADDRESS IN SAN FRANCISCO _____

THE NUMBER OF THE SUPERVISOR'S DISTRICT IN WHICH YOUR ORGANIZATION IS LOCATED _____

YOUR DISTRICT NUMBER CAN BE FOUND AT: [HTTP://GISPUBWEB.SFGOV.ORG/WEBSITE/NUVIEWER/MONSMAP.ASP](http://GISPUBWEB.SFGOV.ORG/WEBSITE/NUVIEWER/MONSMAP.ASP).

THE NUMBER OF THE SUPERVISOR'S DISTRICT(S) WHERE YOUR ACTIVITIES WILL TAKE PLACE _____

DUNS NUMBER (DATA UNIVERSAL NUMBERING SYSTEM) (SEE APPENDIX A) _____

LIST 3 MOST RECENT SFAC GRANTS RECEIVED

GRANT NAME OR NUMBER	FROM WHAT PROGRAM AND CATEGORY?	YEAR AWARDED	REPORTING COMPLETED?

NOTE: IF YOU HAVE NOT MET YOUR REPORTING REQUIREMENTS, STATE THE CURRENT STATUS ON A SEPARATE SHEET OF PAPER.

DATES/LOCATIONS OF LAST TWO PUBLICLY ACCESSIBLE ARTS ACTIVITIES IN SAN FRANCISCO:

DATE	BRIEF ACTIVITY DESCRIPTION	PLACE

IF APPLICANT IS AN ARTS ORGANIZATION OR IMMIGRANT SERVICE ORGANIZATION

ARTS ORGANIZATIONS: DOES YOUR ORGANIZATION'S MISSION STATEMENT INVOLVE **MAINLY AND CLEARLY** THE DEVELOPMENT, PRODUCTION AND/OR PRESENTATION OF ARTS ACTIVITIES IN SAN FRANCISCO? YES NO

IMMIGRANT SERVICE ORGANIZATIONS: DOES YOUR ORGANIZATION HAVE AN ESTABLISHED ARTS PROGRAM WHICH INVOLVES THE DEVELOPMENT, PRODUCTION AND/OR PRESENTATION OF ARTS ACTIVITIES IN SAN FRANCISCO? YES NO

CHECK THE BOX IF YOUR GROUP IS A 501(C)(3) ORGANIZATION:

IF NOT A 501(C)(3) ORGANIZATION, STATE OTHER EXEMPT CATEGORY: _____

IF YOU ARE USING A FISCAL SPONSOR, PLEASE FILL OUT THE FISCAL SPONSOR FORM.



3-YEAR AVERAGE. INDICATE INCOME AND EXPENSE FOR THE LAST THREE COMPLETED FISCAL YEARS AND INDICATE WHETHER YOU ARE ON A FISCAL YEAR OR A CALENDAR YEAR AND WHICH YEARS THEY ARE.

CHECK <input type="checkbox"/> CY OR <input type="checkbox"/> FY	YEAR ____	YEAR ____	YEAR ____	3 YEAR AVERAGE
INCOME				
EXPENSE				

IF APPLICANT IS AN INDIVIDUAL ARTIST

IF YOU HAVE NOT RESIDED AT THE ABOVE ADDRESS SINCE JULY 2005 PLEASE LIST OTHER ADDRESSES SINCE MARCH 2005:

DO YOU HAVE AT LEAST A TWO-YEAR HISTORY OF WORK IN THE PROJECT ART FORM? YES NO

ARE YOU/DO YOU EXPECT TO BE A FULL-TIME STUDENT AT ANY TIME UP TO JULY 2007? YES NO

DATE OF BIRTH _____

DEMOGRAPHIC INFORMATION

THIS INFORMATION IS VOLUNTARY. IT IS NOT INTENDED FOR THE REVIEW PANEL, BUT WILL HELP US IN MEETING CERTAIN MANDATES. PLEASE CHECK EACH ONE THAT APPLIES TO YOU.

ORGANIZATIONS: INDICATE IF PART OF YOUR REGULAR ACTIVITIES FOSTER ARTISTIC EXPRESSION DEEPLY ROOTED IN AND REFLECTIVE OF THE FOLLOWING COMMUNITIES. **INDIVIDUALS:** CHECK THE APPROPRIATE BOX(ES) THAT APPLY TO YOU.

- AFRICAN ASIAN DISABLED EUROPEAN/CAUCASIAN
- L/G/B/T LATINO NATIVE AMERICAN PACIFIC ISLANDER
- WOMAN BI-/MULTI-RACIAL

FOR PROGRAM PURPOSES, ASIAN INCLUDES ALL PEOPLES WHOSE ETHNIC OR RACIAL ORIGINS ARE IN ASIA, INCLUDING THE FAR EAST, SOUTHEAST ASIA (INCLUDING THE PHILIPPINES), SOUTH ASIA (BANGLADESH, INDIA, PAKISTAN, SRI LANKA), CENTRAL ASIA, AND THE MIDDLE EAST.

CERTIFICATION (REQUIRED FOR ALL APPLICANTS)

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE APPLICANT FULLY MEETS ALL THE ELIGIBILITY REQUIREMENTS FOR **ARTS & COMMUNITIES: INNOVATIVE PARTNERSHIPS INITIATIVE**, AND THE DATA IN THIS APPLICATION AND ANY ATTACHMENTS ARE TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT ORGANIZATION HAS DULY AUTHORIZED THIS APPLICATION.

AUTHORIZED SIGNATURE OF **APPLICANT** _____

PRINT NAME _____

DATE _____



EXPLORATION GRANT

APPLICATION NARRATIVE INSTRUCTIONS

Use 12 point font with 1" margins and spacing of 1½ spaces, and follow the page limitations. Please describe the proposed planning process/project as completely as possible, using the following questions as a guide.

I. Description of the Applicant: Artist or Organization (up to one page):

1. Medium or major artistic focus. Brief description of artistic philosophy.
2. Brief description of history. If an Artist, describe length of career, training, major accomplishments, experience in projects similar to this proposal, etc. NOTE: If an Organization, see II below.

II. Description of the Arts Organization Partner(s), if identified (up to one page):

1. Official mission statement, medium or major artistic focus, brief description of artistic philosophy, date of beginning operations
2. Brief description of programming. The specific neighborhoods, communities and/or constituencies served.

III. Description of the Community Partner(s), if identified (up to one page):

1. Mission and/or purpose of your group, brief history, date of beginning operations
2. Brief description of programming, services and/or activities. The specific neighborhoods, communities and/or constituencies served.

IV. Description of the Project (up to four pages):

1. If you know at this point, briefly describe the possible nature of the project including the public activity.
2. Describe the proposed planning process, and what you hope to gain from it.
3. What motivates you to do this project? How/why does your current or historic work make this project a logical next step? What impact will this process have on you as an artist/arts organization; how will you grow artistically through it?
4. Describe the process of selecting this neighborhood/community or this community partner.
Note: In order to be eligible, you must have selected the neighborhood/community AND/OR the community partner.
5. A. If the specific San Francisco *neighborhood/community* has been identified:
 - » What are the characteristics, social assets, issues and challenges of the neighborhood/community?
 - » How will you go about finding a suitable community partner for the project?
 - » Why is this proposed project a fit for this specific neighborhood/community at this time?
 - » How do you see this process or project strengthening this neighborhood/community?
- B. If the *community partner* has been identified:
 - » How will you work with your partner to develop the project for the selected neighborhood/community?
 - » What has been the focus of your conversations with the potential partner(s) to date?
 - » What resources—knowledge, neighborhood/community connections, etc.—does your partner(s) bring?
 - » What potential impact will this process and project have on your community partner(s)?
6. Outline the work plan with an approximate timeline.

REALIZATION GRANTS

APPLICATION NARRATIVE INSTRUCTIONS

Use 12 point font with 1" margins and spacing of 1½ spaces, and follow the page limitations.

Please describe the proposed planning process/project as completely as possible, using the following questions as a guide.

I. Description of the Applicant: Artist or Organization (up to one page):

1. Medium or major artistic focus. Brief description of artistic philosophy.
2. Brief description of history. If an *Artist*, describe length of career, training, major accomplishments, experience in projects similar to this proposal, etc. NOTE: If an Organization, see II below.

II. Description of the Arts Organization Partner(s), if appropriate (up to one page):

1. Official mission statement, medium or major artistic focus, brief description of artistic philosophy, date of beginning operations
2. Brief description of programming. The specific neighborhoods, communities and/or constituencies served.

III. Description of the Community Partner(s), if appropriate (up to one page):

1. Mission and/or purpose of your group, brief history, date of beginning operations
2. Brief description of programming, services and/or activities. The specific neighborhoods, communities and/or constituencies served.

IV. Description of the Proposed Project (up to four pages):

1. Listing of the project goal(s) and method(s) of measuring them.
2. Description of the project. Please also include discussion of the following:
 - » Describe the possible nature of the project, including the public events. What are the activities that make up the project? If they are not yet determined, how will you decide on the design? Please provide examples of current possible kinds of activities, or describe your exploration and decision-making process.
 - » What motivates you to undertake this project? How/why does your current or historic artistic work or artistic programming make this project a logical next step? Why are you the suitable artist/arts organization to work with this neighborhood/community, i.e. what do you bring?
 - » What was your planning process and considerations, specifically in selecting the neighborhood/community and your community partner(s)? What role will the community partner(s) and members of the neighborhood/community play in the creative process?
 - » What are the characteristics, social assets, issues and challenges of the selected constituency and neighborhood/community? Why is this specific project a fit for this specific neighborhood/community at this time?
 - » How do you hope this project will impact each of the partners? What is the capacity of your partner(s) to be an effective partner?
3. Description of how members of the neighborhood/community will be reached, e.g. plans for engagement, activities, marketing/publicity, community relations, etc.
4. Timeline and work plan.
5. Plans for evaluation and documentation of the project.

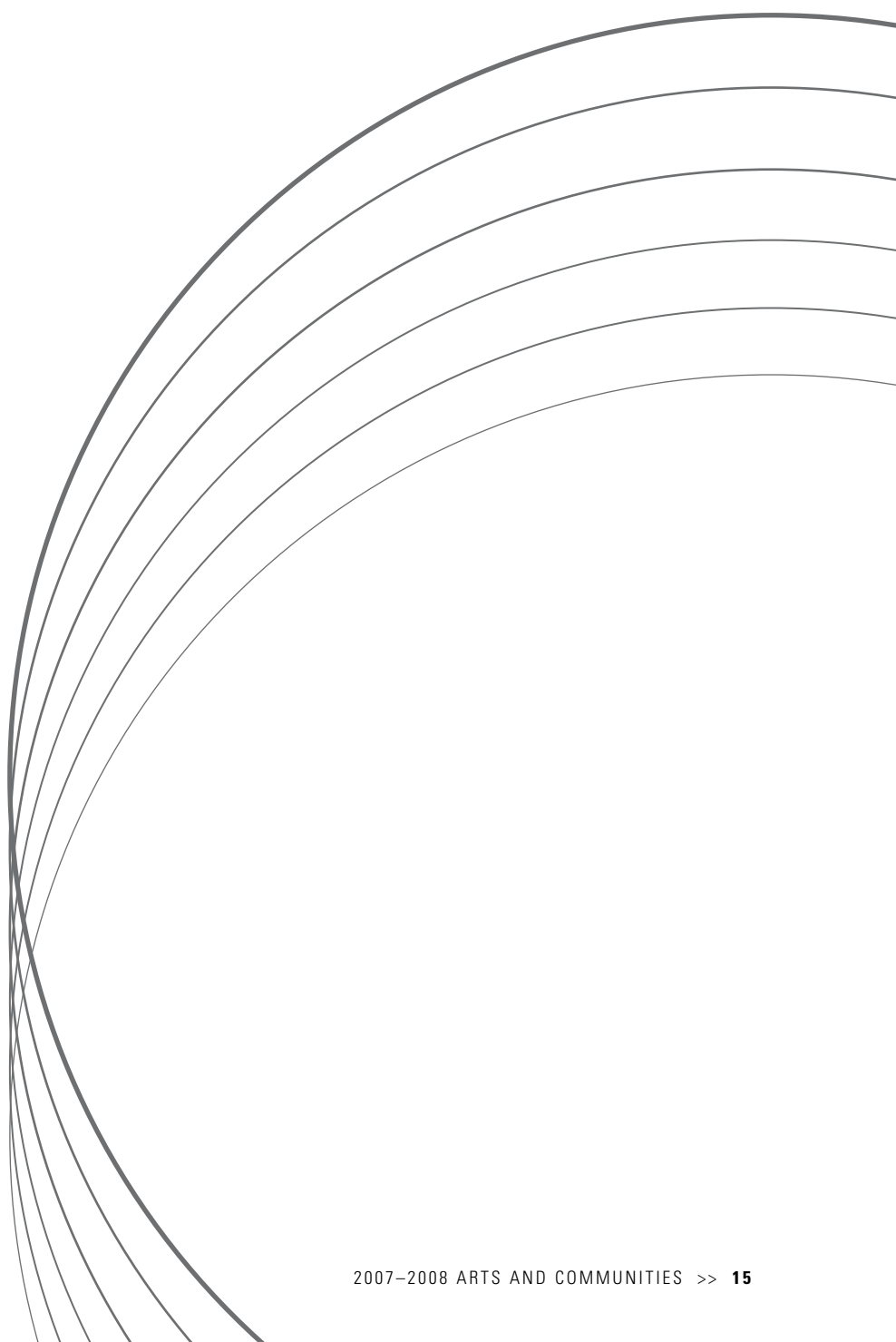
CONTINUED ON NEXT PAGE



V. Community Partner(s) Statement (up to two pages):

1. Why did you choose to become a partner on this project? How does this project fit with or further your mission, purpose, programming and/or services?
2. Who is your constituency and who do you envision this project impacting?
3. Which part(s) of this project excites you? Why?
4. What resources and knowledge do you bring to the project?
5. Do you have a history of working with artists? If so, please describe.

Immigrant service organizations please call CEG staff if you are planning to apply.



PROJECT BUDGET

GRANT APPLICANT: _____

ATTACH **BUDGET NOTES**, NUMBERED TO CORRESPOND WITH LINE ITEMS. EXPLAIN HOW FIGURES WERE DETERMINED; REASONS FOR ANY SIGNIFICANT INCREASE/DECREASE; IN-KIND CONTRIBUTIONS; PENDING GRANTS; ETC. DO NOT INCLUDE IN-KIND SUPPORT – CASH ONLY. DETAIL IN-KIND IN BUDGET NOTES. PROJECT BUDGETS SHOULD NOT PROJECT A DEFICIT OR A SIGNIFICANT SURPLUS. PLEASE TYPE. (SEE APPENDIX B FOR TIPS)

PROJECT START DATE _____ END DATE _____

REVENUE

EARNED

- 1. ADMISSIONS _____
- 2. CONTRACTED SERVICES _____
- 3. TUITION/WORKSHOPS _____
- 4. PRODUCT SALES _____
- 5. CONCESSION SALES _____
- 6. OTHER, SPECIFY: _____
- SUBTOTAL EARNED** _____

CONTRIBUTED

- 7. INDIVIDUALS _____
- 8. BUSINESSES _____
- 9. FOUNDATIONS _____
- 10. FUNDRAISING EVENTS (NET) _____
- 11. FEDERAL GOVERNMENT _____
- 12. STATE GOVERNMENT _____
- 13. LOCAL GOVERNMENT (OTHER THAN CEG GRANT REQUESTED) _____
- 14. OTHER (SPECIFY IN BUDGET NOTES) _____
- 15. CEG GRANT REQUESTED _____
- SUBTOTAL CONTRIBUTED** _____
- 16. TOTAL PROJECT SUPPORT (NOT INCLUDING IN-KIND) _____

EXPENSE

PROJECT EXPENSE SFAC GRANT

PERSONNEL (INDICATE NUMBERS OF PERSONNEL IN YOUR BUDGET NOTES)

- 17. ARTISTIC _____
- 18. ADMINISTRATIVE _____
- 19. TECHNICAL AND PRODUCTION _____
- 20. OTHER SERVICES (DETAIL IN BUDGET NOTES) _____
- SUBTOTAL PERSONNEL EXPENSE** _____

NON-PERSONNEL

- 21. PRODUCTION/EXHIBITION EXPENSES _____
- 22. FACILITY EXPENSES/SPACE RENTAL _____
- 23. MATERIALS AND SUPPLIES _____
- 24. MARKETING/PROMOTION _____
- 25. INSURANCE _____
- 26. FUNDRAISING EXPENSES _____
- 27. OTHER PROJECT EXPENSES (SPECIFY IN BUDGET NOTES) _____
- 28. CONTINGENCY _____
- SUBTOTAL NON-PERSONNEL EXPENSE** _____
- 29. TOTAL PROJECT EXPENSES (NOT INCLUDING IN-KIND) _____
- 30. PROJECT NET (TOTAL SUPPORT MINUS TOTAL EXPENSE) _____



ORGANIZATIONAL BUDGET

GRANT APPLICANT: _____

MONTH FISCAL YEAR ENDS _____

PLEASE ATTACH BUDGET NOTES, NUMBERED TO CORRESPOND WITH LINES: EXPLAINING HOW FIGURES WERE DETERMINED AND REASONS FOR SIGNIFICANT INCREASE/DECREASE; IN-KIND CONTRIBUTIONS; PENDING GRANTS, EXPLAIN SURPLUS OR DEFICIT.

REVENUE (DO NOT INCLUDE IN-KIND)

	200____ (LAST COMPLETED)	200____ (CURRENT FY)	200____ (NEXT FY)
EARNED			
1. ADMISSIONS	_____	_____	_____
2. TOURING	_____	_____	_____
3. CONTRACTED SERVICES	_____	_____	_____
4. TUITION/WORKSHOPS	_____	_____	_____
5. PRODUCT SALES	_____	_____	_____
6. CONCESSION SALES	_____	_____	_____
7. OTHER: _____	_____	_____	_____
SUBTOTAL EARNED	_____	_____	_____
CONTRIBUTED			
8. INDIVIDUALS	_____	_____	_____
9. BUSINESSES	_____	_____	_____
10. FOUNDATIONS	_____	_____	_____
11. FUNDRAISING EVENTS (GROSS)	_____	_____	_____
12. FEDERAL GOVERNMENT	_____	_____	_____
13. STATE GOVERNMENT	_____	_____	_____
14. LOCAL GOVERNMENT (OTHER THAN CEG GRANT)	_____	_____	_____
15. OTHER: _____	_____	_____	_____
16. CEG REQUEST (IN APPROPRIATE YEAR(S))	_____	_____	_____
SUBTOTAL CONTRIBUTED	_____	_____	_____
17. TOTAL REVENUE	_____	_____	_____

EXPENSE (DO NOT INCLUDE IN-KIND)

PERSONNEL (INDICATE NUMBERS OF VARIOUS PERSONNEL IN NOTES)

18. ARTISTIC	_____	_____	_____
19. ADMINISTRATIVE	_____	_____	_____
20. TECHNICAL AND PRODUCTION	_____	_____	_____
21. OTHER SERVICES (DETAIL IN BUDGET NOTES)	_____	_____	_____
SUBTOTAL PERSONNEL	_____	_____	_____
NON-PERSONNEL			
22. PRODUCTION/EXHIBITION EXPENSES	_____	_____	_____
23. FACILITIES EXPENSES/SPACE RENTAL	_____	_____	_____
24. MATERIALS AND SUPPLIES	_____	_____	_____
25. MARKETING/PROMOTION	_____	_____	_____
26. INSURANCE	_____	_____	_____
27. FUNDRAISING EXPENSES	_____	_____	_____
28. OTHER (PLEASE SPECIFY IN BUDGET NOTES)	_____	_____	_____
29. CONTINGENCY	_____	_____	_____
SUBTOTAL NON-PERSONNEL	_____	_____	_____
30. TOTAL EXPENSE	_____	_____	_____
31. OPERATING SURPLUS (DEFICIT) (LINE 17- 30)	_____	_____	_____
32. ACCUMULATED SURPLUS (DEFICIT) AT YEAR END	_____	_____	_____

WORK SAMPLE SHEET

PLEASE REVIEW INFORMATION ON HOW TO SUBMIT WORK SAMPLES BEFORE FILLING OUT THIS FORM (APPENDIX C). IF YOU HAVE ADDITIONAL WORK SAMPLES PLEASE MAKE COPIES OF THIS SHEET.

GRANT APPLICANT: _____

TOTAL NUMBER OF WORK SAMPLES _____

WORK SAMPLE # _____

NAME OF WORK SAMPLE _____

FORMAT (CHECK APPROPRIATE FORMAT): VHS DVD CASSETTE CD SLIDES MANUSCRIPT PUBLICATION

LENGTH OF SAMPLE _____

AUDIO OR VIDEO EXCERPTS MUST BE ONE TO TWO MINUTES EACH. (UP TO FOUR MINUTES TOTAL)

WORK SAMPLE DESCRIPTION

WORK SAMPLE # _____

NAME OF WORK SAMPLE _____

FORMAT (CHECK APPROPRIATE FORMAT): VHS DVD CASSETTE CD SLIDES MANUSCRIPT PUBLICATION

LENGTH OF SAMPLE _____

AUDIO OR VIDEO EXCERPTS MUST BE ONE TO TWO MINUTES EACH. (UP TO FOUR MINUTES TOTAL)

WORK SAMPLE DESCRIPTION

PLEASE CHOOSE ONE:

- I'VE INCLUDED A SELF ADDRESSED STAMPED ENVELOPE, SO THAT MY SAMPLES MAY BE RETURNED TO ME.
- I WILL PICK UP MY SAMPLE WITHIN ONE WEEK AFTER THE PANEL REVIEW DATE, OR I WILL MAKE SPECIAL ARRANGEMENTS WITH STAFF.
- KEEP MY SAMPLE.

NOTE: CEG MAY RETAIN WORK SAMPLES FROM AWARDED GRANTS AND FROM FINAL REPORTS TO USE IN PUBLIC PRESENTATIONS ABOUT THE SAN FRANCISCO ARTS COMMISSION AND ITS PROGRAMS.