

Submit Grant Application to:  
Erica Barrios; Community Development Coordinator  
ericab@artscouncilswla.org  
by 5 p.m. on February 16, 2024

Grant # LCP-24/25- \_\_\_\_\_  
(Arts Council official use only)

## Lake Charles Partnership Grant

### LCP FY 2024/2025 Grant Application



# Organizational Support

Grant Activity Period: April 1, 2024 – March 31, 2025



**APPLICATION DEADLINE:** Completed applications must be submitted via email at [ericab@artscouncilswla.org](mailto:ericab@artscouncilswla.org) by 5:00 p.m. on Friday, February 16, 2024 or the application is ineligible. Applications MUST be typed on an official application form. Handwritten applications are ineligible. Applications may not be submitted via fax. Please read the LCP FY 2024-2025. Guidelines carefully before completing this application. Applicants are encouraged to contact the Community Development Coordinator for assistance PRIOR to the application deadline. The guidelines are available online at [www.artscouncilswla.org](http://www.artscouncilswla.org). Organizations seeking organizational support must be domiciled within the city limits.

1. Amount Requested (from page 8, line 37 in this application) \_\_\_\_\_
2. Total Organization Expenses (from page 8, line 55 in this application) \_\_\_\_\_
3. Are you submitting two LCP grant applications this FY cycle? \_\_\_\_\_

### THE APPLICANT

4. Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
City Lake Charles State LOUISIANA Zip \_\_\_\_\_  
Parish CALCASIEU Phone \_\_\_\_\_  
Website \_\_\_\_\_ E-mail \_\_\_\_\_

5. Federal Employer Tax ID# of Applicant (REQUIRED) \_\_\_\_\_

6. Legislative and congressional district numbers of applicant. Districts are available from your local registrar of voters, clerk of court, or on-line at <https://www.legis.la.gov/legis/FindMyLegislators.aspx>

House District # \_\_\_\_\_ Louisiana Senate District # \_\_\_\_\_ US Congressional District # \_\_\_\_\_

7. Primary Contact and Title \_\_\_\_\_

*If different than above:*

Address \_\_\_\_\_  
City \_\_\_\_\_ State LOUISIANA Zip \_\_\_\_\_  
Phone (day) \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

8. Has your organization ever received a Lake Charles Partnership grant?  YES  NO

If yes, indicate the last 3 grant awards: Year \_\_\_\_\_ Amount \_\_\_\_\_

**9. Mission statement of the applicant organization.** What is your mission statement as adopted by your board of directors? What are your goals and what is the focus of your programming?

**10. Artistic Discipline of your Organization. Check One.**

- |                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Dance    | <input type="checkbox"/> Literature | <input type="checkbox"/> Theatre         |
| <input type="checkbox"/> Design   | <input type="checkbox"/> Media      | <input type="checkbox"/> Visual Arts     |
| <input type="checkbox"/> Folklife | <input type="checkbox"/> Music      | <input type="checkbox"/> Multidiscipline |

**11. Primary Target Audience. Check One.**

- |   |  |
|---|--|
| <input type="checkbox"/> General Audience             | <input type="checkbox"/> College Students          |
| <input type="checkbox"/> Ages 3-18 / Students PK – 12 | <input type="checkbox"/> Special Population: _____ |

**12. List your organization’s actual cash income and expenses for the past two completed fiscal years, projections for the current fiscal year, and projection for the next year.**

| YEAR                       | INCOME | EXPENSES |
|----------------------------|--------|----------|
| 2 yrs past                 |        |          |
| 1 yr past                  |        |          |
| Current Year<br>Projection |        |          |
| Future Projection          |        |          |

**13. If the figures vary from year to year or if there is an accumulated surplus or deficit, please discuss the reason(s) for the variation and use of surplus and plans to reduce deficit.**

**14. In-Kind Support for Last Completed Fiscal Year.** In the space below, list the budget category or source of the donation/contribution, type of donation/contribution and the value of the in-kind donations or volunteer support. You may continue on an additional sheet of paper if necessary.

| Source<br>(List Budget Category or Company Name) | Contribution<br>(Item or Hours) | Cash Equivalent |
|--|---------------------------------|-----------------|
|  |                                 |                 |
|  |                                 |                 |
|  |                                 |                 |
| <b>TOTAL IN-KIND SUPPORT:</b>                    |                                 | <b>\$</b>       |

Items defined on page 7 of this packet.

**Complete the following with data from the last completed fiscal year:**

**Community Impact Data**

- 15. Number of public performances and/or exhibitions:
- 16. Number of workshops, forums, educational, and training programs offered:
- 17. Number of professional artists paid for providing programs/services:
- 18. Amount paid in artist fees in last completed fiscal year:
- 19. Number of schools (preK-12) that benefit from your programs and services:

|  |
|--|
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**Benefitted Individuals Data**

- 20. Number of volunteers involved with organization:
- 21. Number of artists who benefit from your programs and services:
- 22. Number of youth who benefit from your programs and services:
- 23. Number of teachers who benefit from your programs and services:
- 24. Total number of individuals who benefit** (add lines 20 through 23).
- 25. Estimate audience numbers for the event/year.**

|  |
|--|
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|  |

**THE NARRATIVE**

Answer each question in the space provided. Your application will be evaluated on the clarity of the information presented in the proposal. **Please read the evaluation criteria before answering the narrative questions.**

**Please:**

- **DO NOT type in font smaller than 12 point**
- **DO NOT bold your text**
- **DO NOT use any font that is difficult to read.**

**Quality:**

**Weight 50%**

Your application will be reviewed on the basis of:

- Artistic merit of the organization’s programs;
- The value of the organization’s programs and services to the community;
- Contribution to the art form or the understanding and appreciation of the art form(s).

**Need and Impact:**

**Weight 30%**

Your application will be reviewed on the basis of:

- Need for the organization’s programs or services;
- Involvement of diverse (social, geographic, economic) populations reflective of the community, including those with limited access to the arts;
- Use of grant funds to further the mission of the organization;
- Efforts for increased access, participation, and exposure to the arts;

**Administration and Budget:**

**Weight 20%**

Your application will be reviewed on the basis of:

- Sound fiscal history as shown in financial statements;
- Diverse funding sources and community support;
- Quality of organizational planning;
- Compliance with past grant contracts, if applicable.

## 26. Narrative Questions

Read all questions before beginning. Please answer the narrative questions, **using only the pages provided**, according to the evaluation criteria on *page 3*. Use 12 point easy-to-read font. **Be specific** – your application will be evaluated on the clarity of the information presented.

**IMPORTANT NOTE: If the box you are typing in shifts to the next page, you have exceeded the allowed space provided. Please edit your response to fit within the box.**

### QUALITY: 50%

- 1. Describe the Artistic Merit of the Organization.** Describe programming activities for your organization’s current fiscal year and the projections for next fiscal year with inclusive dates or length of programs. Include descriptions of productions, performances, exhibits, festivals, and any educational outreach programs.

- 2. Briefly explain how these programs and services described in Question #1 further the organization's mission and/or contribute to the understanding or appreciation of the arts. Include details on the involvement of diverse (social, geographic, economic) populations, including those with limited access to the arts.**

**NEED AND IMPACT: 30%**

- 1. Briefly describe the community served by your organization's programs and services. How is the community involved with the development of programs and services? How do your services impact the community?**

- 2. Address your organization's efforts to increase access, participation, knowledge, and/or exposure to the arts.** Include details on the involvement of diverse (social, geographic, economic) populations, including those with limited access to the arts.

**ADMINISTRATION AND BUDGET: 20%**

- 1. Provide a brief description of qualifications and experience of management staff, either paid or volunteer, full and part time.**

- 2. Describe how grant funds will be used.**

# ORGANIZATION BUDGET DIRECTIONS AND DEFINITIONS

## Directions for Completing the Organization Budget (found on the following page):

- Round all dollar amounts to the nearest \$1.
- Include the dates of the organization's fiscal year.
- Include actual cash figures for the last completed fiscal year, the current projected year and the upcoming projected fiscal year.
- List the source of revenue where indicated.
- All columns and rows should total correctly.
- *Line 37 – FY 2024-2025: Grant Request must equal Question #1 on page 1.*
- You may also attach more detailed budget information, although it does not substitute for the information on the Organization Budget. This information will be forwarded to the panel with the application budget.
- Definitions below are for reference purposes. For more complete definitions, review the Glossary section of the Guidelines.

## Revenue:

- **Admissions, Memberships, Subscriptions** refers to income earned as a result of the project you are applying for, such as individual ticket sales, price charged for involvement, etc.
- **Contracted Services Revenues** refers to income earned from services your agency offers on a contract for services basis, such as touring, school performance, etc.
- **Other Applicant Cash** refers to agency cash on hand that will be used towards the project you are applying for. The applicant will provide cash that is not earned as a part of this project.
- **Fundraising** refers to any solicitation for donations or contributions from individuals in support of this project.
- **Corporate Support** refers to cash contributed by local, national or international businesses that will be used towards the project you are applying for.
- **Foundation Support** refers to support provided by local or national foundations.
- **Other Private Support** refers to sponsorships from small businesses, etc.
- **Federal, State** refers to government support contributed by the United States Government, and State of Louisiana.
- **Local/Regional** refers to cash contributed by a local government, community group, or Parish government.
- **Lake Charles Partnership Program Grant Requests and Awards** refers to the amount requested from the applicant organization for this project. This line should be broken down under the Grant Expenses column of the Project Budget to represent what items grant money will support, if funded.
- **Total Cash Revenue** represents all cash income that will be used to administer the project.

## Expenses:

- **Personnel** refers to permanent employees of the organization who will be paid for his/her time as a part of this project.
- **Personnel – Administrative** – refers to permanent, paid staff of the organization in charge of operations and/or programming.
- **Personnel – Artistic** – refers to permanent, paid staff of the organization responsible for the artistic direction of the organization and/or programming.
- **Payroll Taxes** refers to FICA, etc.
- **Fiscal Agent Fees** are defined as fees charged by an organization to act as the applicant for another organization and are intended to offset the cost of personnel, time, and supplies. Fiscal agent fees should not exceed either \$150 or 8% of the total project costs – whichever figure is less.
- **Outside Professional Services – Artistic** refers to artistic services by firms or people not considered employees of the applicant (e.g., individual artists, folklorist, curator, etc. whose services are contracted for the project). A provider of services form is required for anyone listed under this category.
- **Outside Professional Services – Other** refers to non-artistic services by firms or people not considered employees of the applicant (e.g., project director, consultants, technical

director, publisher, etc.). A provider of services form is required for anyone listed under this category.

- **Production** refers to event related components such as lighting, sound, etc.
- **Occupancy/Utilities** refer to costs associated with telephone, gas and electric, water, etc.
- **Equipment Rental and Maintenance** refers to the costs associated with renting and maintaining equipment for the purpose of producing the project.
- **Technology and Communications** refers to office related items, such as email, newsletters, etc.
- **Insurance** refers to the cost of liability insurance related to the project.
- **Materials and Supplies** refers to costs paid for producing your organization's programs, services, or operations, such as pens, pencils, paper, staples, etc. If supplies and materials exceed \$500, you must submit a detailed breakdown of costs. Elaborate with monetary value statement as noted on page.
- **Postage/Shipping Costs** refers to the cost for mailing and shipping related to the project.
- **Marketing Costs** refers to the cost associated with advertising, soliciting involvement, or promoting the project and includes design, printing, advertising, flyers, playbills, tickets, etc.
- **Staff and Board Development** refers to staff training, workshops, etc.
- **Travel/Per Diems** – refers to the cost of travel incurred as a result of your arts project (busing students, artist travel, etc.), for outside professional services, per diems, and travel for services outside the area.
- **Other Expenses** refers to expenses not listed under any other expense category. List all expenses under Other.
- **Total Expenses** represents all cash costs involved to administer the project being proposed.

## In-kind Support: (budget found on page 3)

- **In-kind** refers to donated personnel and volunteer time, materials, and services associated with the project.
- **Source** is either an organization contributing materials, facilities, services, etc. for the project or an individual contributing volunteer time.
- **Contribution** is the item being donated, such as a facility space or for individuals, the number of hours.
- **Cash Equivalent** is the amount the applicant would pay in cash for items, services or time listed.

# FISCAL YEAR ORGANIZATION BUDGET

See directions on previous page for completing the project budget before completing lines 26 through 57.

Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_ (day/month)

Is this a  **Cash Basis** or  **Accrual Basis** of accounting?

| REVENUE  | Last Year | Current Year | Next Year |
|--|-----------|--------------|-----------|
| <b>Earned Income</b>   |           |              |           |
| 26. Admissions, Memberships, Subscriptions   | _____     | _____        | _____     |
| 27. Contracted Services Revenues   | _____     | _____        | _____     |
| 28. Other Applicant Cash: <i>List Source</i>                                       | _____     | _____        | _____     |
| <hr/>  |           |              |           |
| <b>Contributed Income</b>  |           |              |           |
| 29. Corporate Support  | _____     | _____        | _____     |
| 30. Foundation Support   | _____     | _____        | _____     |
| 31. Other Private Support  | _____     | _____        | _____     |
| <b>Government Support</b> <i>List Source</i>                                       |           |              |           |
| 32. Federal Support:   | _____     | _____        | _____     |
| <hr/>  |           |              |           |
| 33. State, <b>not</b> Louisiana Division of the Arts:                              | _____     | _____        | _____     |
| <hr/>  |           |              |           |
| 34. State, Louisiana Division of the Arts:   | _____     | _____        | _____     |
| <hr/>  |           |              |           |
| 35. Local/Regional Support:  | _____     | _____        | _____     |
| <hr/>  |           |              |           |
| <b>36. Subtotal</b> (add lines 26 through 35)                                      | _____     | _____        | _____     |
| <b>37. LCP Grant Requests and Awards</b>   | _____     | _____        | _____     |
| <b>38. Total Cash Revenue</b> (add lines 36 & 37)                                  | _____     | _____        | _____     |
| <b>EXPENSES</b>  |           |              |           |
| 39. Salaries/Wages/Benefits – Personnel-Administrative                             | _____     | _____        | _____     |
| 40. Salaries/Wages/Benefits – Personnel-Artistic                                   | _____     | _____        | _____     |
| 41. Payroll Taxes  | _____     | _____        | _____     |
| 42. Outside Professional Services - Artistic                                       | _____     | _____        | _____     |
| 43. Outside Professional Services - Other  | _____     | _____        | _____     |
| 44. Production   | _____     | _____        | _____     |
| 45. Occupancy/Utilities <input type="checkbox"/> Rent <input type="checkbox"/> Own | _____     | _____        | _____     |
| 46. Equipment Rental and Maintenance   | _____     | _____        | _____     |
| 47. Technology and Communications  | _____     | _____        | _____     |
| 48. Insurance  | _____     | _____        | _____     |
| 49. Materials and Supplies*  | _____     | _____        | _____     |
| 50. Postage/Shipping   | _____     | _____        | _____     |
| 51. Marketing Costs  | _____     | _____        | _____     |
| 52. Staff and Board Development  | _____     | _____        | _____     |
| 53. Travel/Per Diems   | _____     | _____        | _____     |
| 54. Other Expenses: <i>List Expense</i>  | _____     | _____        | _____     |
| <hr/>  |           |              |           |
| <b>55. Total Expenses</b> (add lines 39 through 54)                                | _____     | _____        | _____     |
| <b>56. Surplus/Deficit</b> , (subtract line 38 from 55)                            | _____     | _____        | _____     |
| <b>57. Accumulated Surplus/Deficit, if any</b>                                     | _____     | _____        | _____     |

\*If Materials and Supplies expense exceeds \$500, submit an attached breakdown of expenses



## ATTACHMENTS

- Attach an IRS letter determining nonprofit tax exemption under section 501(c)(3) of the Federal Tax Code.
- Attach a board of directors listing that includes names and addresses, identifying officers, ethnicity, and professional affiliation.
- Attach a year-end financial statement, the most current IRS Form 990, OR a P&L statement for the most recently completed fiscal year.
- Optional*, but recommended, attach your organization's most recent strategic, annual, or long-range plan.
- Optional*, but recommended: Include a copy of supplemental materials, no more than 10 pages, with each application. Please attach supplementals to your email submission in ONE file.

## CHECK LIST

- Appropriate signatures signed below (**original signatures, not photocopies**);  
Note: Note: Due to the electronic submission process for this grant, electronic signatures will also be accepted.
- Amount requested does not exceed 25% of the previous year's annual operating revenue or \$2,000 (whichever is less);
- Keep a copy of the completed application form for your records;
- Application received via email to ericab@artscouncilswla.org by **5:00 p.m. on Friday, February 16, 2024.**

## ASSURANCES

The applicant hereby gives assurances to the City of Lake Charles and the Arts Council of SWLA that: the applicant has read and understands all information contained in the FY 2024-2025 Lake Charles Partnership Grant Program Guidelines; the activities and services proposed in this application will be administered by the applicant organization; and any grant funds received for this application will be used exclusively for payment of allowable expenditures incurred for proposed services, and such grant funds will be administered by the applicant. The applicant will comply with all rules, regulations, laws, terms, and conditions described in the FY 2024-2025 Lake Charles Partnership Grant Program Guidelines. The undersigned have been duly authorized by the governing authority of the applying organization to submit this application to the Arts Council of SWLA and as authorized by the City of Lake Charles. We hereby certify that all figures, statements, and representations made in this application, including any attachments, are true and correct to the best of our knowledge.

Signatures are required and indicate that the signers have read the above "ASSURANCES" and agree to the grant conditions. "Authorizing Official" should be the president of the board or other individual with the authority to enter into a legal contract on behalf of the agency (in the event of an application from a school or school system, a duly authorized representative on behalf of the parish school board or private/parochial school board). "Chief Fiscal Officer" should be the individual immediately responsible for the disbursement of funds for the project. "Project Director" is the individual who will be directly responsible for the implementation of the activities of the above-described project. The application with the signatures constitutes a legal document. **The signatures MUST be the original signatures (not photocopies) and all three spaces must be completely filled in.**

### 60. Authorizing Official (usually the president or chairman)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Typed Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone (day) \_\_\_\_\_ Phone (other) \_\_\_\_\_

### 61. Chief Fiscal Officer (may be same as Authorizing Official, usually the Treasurer)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Typed Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone (day) \_\_\_\_\_ Phone (other) \_\_\_\_\_

### 62. Project Director

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Typed Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone (day) \_\_\_\_\_ Phone (other) \_\_\_\_\_

**Please check your final application package carefully. Incomplete applications may not be funded. Remember to keep a copy of the application and all attachments for your files to help answer questions during the review of your application.**