

**NEWPORT BEACH CITY ARTS COMMISSION
2024-25 CULTURAL ARTS GRANT APPLICATION**

(Applications must be typed or word-processed- you may reformat on the computer as long as it appears the same: i.e. use Times New Roman 12 point and the same pagination.)

Popular Name of Organization

Legal Name (if different)

Federal Tax ID No.

Mailing Address

City

Zip

Contact Name

Telephone

Fax

E-mail

Web Site

Geographical Area Served

Have you received a City of Newport Beach Cultural Arts Grant before? ____ If so, when? _____

Year organization was founded _____ Number of paid staff _____ # of active volunteers _____

Total amount requested: (from request line of project budget) \$ _____

Estimated number of people in Newport Beach that the proposed project(s) will serve: _____

3. Describe the specific project/program that will be funded by a Cultural Arts Grant. Include how the proposed project/program will be implemented and outline a schedule or project timeline, with planned dates and locations. Identify individuals and groups involved, particularly artists and performers, and describe their roles and responsibilities. Describe the background and qualifications of your organization and key personnel to be involved in the program. *Remember: the City funds projects and programs only - not operating expenses. These projects and programs must promote community involvement and awareness of the arts in Newport Beach.*

Is this a new _____ or existing _____ project/program?

4. Define or describe the segment of the population in Newport Beach that you intend to serve by your project/program. Include such things as age, location, numbers served, etc.

5. Complete the project budget form. Address *only the budget for the specific project*, not your annual operating budget. For multi-project proposals, please duplicate and fill out a budget for each project. Please annotate the budget at the bottom if there are details (such as a breakdown of personnel or a marketing budget) critical to the proposal.

PROJECT BUDGET	Funding from the City of Newport Beach	Funding from Other Sources
EXPENSES-Personnel		
Artistic		
Administrative		
Technical Production		
EXPENSES-Operating		
Facility Expense/Space Rental		
Marketing		
Production/Exhibition Expense		
Touring/Presentation Expense		
Educational Materials		
Transportation		
Equipment		
Other (if greater than 10%, annotate below)		
GRAND TOTAL		

6. Describe the expected **quantifiable** outcomes of your project/program and how you will evaluate the results. Be very specific in addressing the ways that you will determine that your project/program met the needs that you identified and accomplishes the goals you set out to achieve (i.e. you provide 50 hours of musical instruction and instruments to the 100 children at Newport Elementary school as measured by music store rental receipts and logs of instructors.)

7. Attachments Requested

Please do not send material in excess of what is requested; it will not be seen by the City Arts Commission.

- A list of Board Members and their affiliations
- A recent list of individuals, corporations and foundations that provide organizational support- not to exceed one page.
- If you are a 501(c) (3) organization attach a copy of your IRS determination letter (or your fiscal agent's) indicating tax exempt status.
- **One** brochure and/or **one** press clipping. Do not send photos, videos, CDs or any other extraneous material. It will not be presented to the City Arts Commission.

8. Please complete this operating budget form for 2024/25 and 2025/26. This is not the project/program budget for which you are applying, but your overall organizational budget. You may annotate at the bottom if there are details critical to the proposal.

OPERATING BUDGET

	2024/25 Budget (current)	2025/26 Budget (projected)
I. Income (cash only)		
Contributed		
Earned		
Total Income		
II. Expenses		
Program		
General and Administrative		
Marketing and Development		
Total Expenses		
III. Operating Surplus/Deficit (Income minus Expenses)		
IV. Fund Balance at Beginning of Year		
V. Accumulated Surplus (Deficit) (Add lines III and IV)		
VI. In-Kind Contributions (attach schedule if greater than 10% of total income)		

9. I verify that the information submitted in this application is true and correct to the best of my knowledge.

Name _____ Title _____

Signature _____ Date _____