**Fast Track Application**

A – Contacts (Applicant Information)

**<Display applicant information *read only*>**

1. Applicant Name (org or individual)
2. FEID
3. Phone number (with extension if applicable)
4. Principal Address
5. Mailing Address
6. Website
7. Org Type (e.g. nonprofit, school board, etc.)
8. Org Category (e.g. public library, SOE, etc.)
9. County

1. **Grant Contact**Select a person from your organization to serve as the primary contact for this grant application. The contact should be able to answer direct questions about the application, provide update information or materials if requested by the Division, and complete required reports. 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

1. **Additional Contact**

<Select from Organization Contacts>
First & Last Name

Phone Number + Extension

Email Address

1. **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

1. **National Endowment for the Arts Descriptors:**

**6.1 Applicant Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6.2 Institution Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **6.4 Applicant Discipline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Department Name** (optional)

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B – Eligibility

1. **Proposal Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What is the legal status of the applicant?\***

Select the legal status of the applicant. Applicants must be either a Florida public entity or a Florida nonprofit, tax exempt corporation to be eligible. See program guidelines for details.

* + Public Entity
	+ Nonprofit, Tax-Exempt
	+ Other (not an eligible response)
1. **Are proposed activities accessible to all members of the public?\***

Proposals for activities that will not be open and accessible to all members of the public, regardless of sex, race, color, national origin, religion, disability, age, or marital status are not eligible for this publicly funded grant.

* Yes (required for eligibility)
* No
1. **Do proposed activities occur between 7/1/2018 - 12/31/2018?\***
	* Yes (required for eligibility)
	* No
2. **Does your organization have a last completed fiscal year operating budget of $150,000 or less?\***
	* Yes (required for eligibility)
	* No

C – Excellence

1. **Applicant Mission Statement\***

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1. **Proposal Description\***Describe the proposal for which you are requesting funding. Include goals, fully measurable objectives, activities, partnerships/collaborations, and education and outreach plans.

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D – Impact

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.

Applicants to the UCCD Salary Assistance category should calculate the number of individuals benefitting based on the number of jobs the grant funds in the application is supporting. If it is only one (1) position, then the number of individuals benefitting should be one (1).

1. **What is the estimated number of proposal events?\***

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.

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1. **What is the estimated number of opportunities for public participation?\***

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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1. **How many Adults will be engaged?\***

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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1. **How many school based youth will be engaged?\***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 or cultural events through their school. This figure should reflect a portion of the total individuals benefiting.

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1. **How many non-school based youth will be engaged?\***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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1. **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. 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.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Total number of individuals who will be engaged?\* (auto populate)**
3. **How many individuals will benefit through media? (Media Arts only)
Enter the number of individuals who will benefit through TV, radio, cable broadcast, the internet, or other media.**

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1. Select all categories that make up 25% or more of the population directly benefitting. (excluding broadcasts or online programming)
* Children/Youth (0-18 years)
* Young Adults (19-24 years)
* Adults (25- 64 years)
* Older Adults (65+ years)
* No single age group made up more than 25% of the population directly benefitted.
1. **Select all categories that make up 25% or more of population directly benefitting\*** (excluding broadcasts and online programming):
* American Indian/Alaskan Native
* Asian
* Black/African American
* Hispanic/Latino
* Native Hawaiian/Other Pacific Islander
* White
* No group made up 25% or more of population benefitting
1. **Additional impact/participation numbers information** (optional)

Use this space to provide the panel with additional detail or information about the impact/participation numbers.

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Proposal Location

1. **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 will be physically taking place in that county.

* + <list of Florida counties>

Accessibility

1. **Policies and Procedures\***
Does the applicant have policies and procedures (including a complaint process) that address non-discrimination on the basis of disability?
	* Yes
	* No
2. **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.
	* Yes
	* No

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

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1. **Section 504 Self Evaluation\***Has the applicant completed the Section 504 Self Evaluation Workbook or the Abbreviated Accessibility Checklist 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/](http://dos.myflorida.com/cultural/info-and-opportunities/resources-by-topic/accessibility/%22%20%5Ct%20%22_blank).
	* Yes, the applicant has completed the Section 504 Self Evaluation Workbook from the National Endowment for the Arts.
	* Yes, the applicant completed the Abbreviated Accessibility Checklist.
	* 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)

E – Management (part 1)

Narrative

1. **Evaluation Plan\***

Briefly describe your methods and processes for gathering, analyzing, and reporting data to evaluate your programming with the purpose of improving, deciding to continue, or stopping.

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Operating Budget

1. **Completed Fiscal Year End Date\***

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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1. **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>

F – Management (part 2)

Proposal Budget Detail

1. **Proposal Budget Expenses**Detail estimated proposal expenses in the budget categories listed below. **The request amount allowed is $1000 to $2500. Include only expenses that specifically relate to the proposal**. You can find a list of non-allowables in the [Non-Allowable Expenses section of the guidelines](http://dos.florida-arts.org/grants/guidelines/2016-2017.fasttrack.guidelines.cfm%22%20%5Cl%20%22non-allowable-costs). You are only required to have 50% match (cash or in-kind). The Proposal Budget expenses must equal the Proposal Budget income.

<Insert proposal budget expenses in table provided>

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

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

1. **Proposal Budget Income**Detail the expected source of the cash match recorded in the expenses table in the budget categories listed below. Include only income that specifically relates to the proposal. The Proposal Budget income must equal the Proposal Budget expenses.

<Insert match sources in table provided>

G – 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.

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| --- | --- | --- |
| **Content Type** | **Format/extension** | **Maximum size** |
| Images | .jpg or .gif | 5 MB |
| documents | .pdf or .txt | 10 MB |
| audio | .mp3 | 10 MB |
| video | .mp4, .mov, or .wmv | 200 MB |

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/> )\***

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| Choose file: | Upload file |

1. **Support materials**
* Check box if you are uploading Support Materials.

Support materials may be considered in panel review and scoring so including them is highly recommended but not required. Attachments and support materials will not be accepted by any other method including email and fax. See the guidelines for additional information.

**Title**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**File**

To add a support material enter a title and optional description. Then select a file and click the Upload File button.

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| Choose file: | Upload file |

**Description (optional)**
Additional details about the support materials that may be helpful to staff or panelists.

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