Cultural Facilities Program Application

A – Applicant Profile

<Display applicant information *read only*>
   a. Applicant Name (org or individual)
   b. FEID
   c. Phone number (with extension if applicable)
   d. Principal Address
   e. Mailing Address
   f. Website
   g. Org Type (e.g. nonprofit, school board, etc.)
   h. Org Category (e.g. public library, SOE, etc.)
   i. County
   j. UEI #
   k. Fiscal Year End Date

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) and complete required reports. The contact may be different from the authorizing official who is typically the executive director or a board member. Provide a direct email address and phone number.
   <Select from Organization Contacts>
   First & Last Name
   Phone Number + Extension
   Email Address

2. Chief Financial Officer for the Applicant*
   <Select from Organization Contacts>
   First & Last Name
   Phone Number + Extension
   Email Address

3. Official with Authority to contract for the Applicant*
   Typically the Executive Director or a board member.
   <Select from Organization Contacts>
   First & Last Name
   Phone Number + Extension
   Email Address

4. **Official with Authority to contract for the Property Owner***
        Title _____
        First Name _____
        Last Name _____
        Phone Number _____
        Email Address _____

5. **National Endowment for the Arts Descriptors:**
        5.1 Applicant Status _____
        5.2 Institution Type _____
        5.3 Applicant Discipline _____

B – Introduction

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.
   - o Public Entity (County or Municipality)
   - o Florida Nonprofit, Tax-Exempt
   - o Other (not an eligible response)

   2. **Applicant Mission Statement***

3. **Describe the facility that you will acquire, renovate or build:**
   3.1 Is the cultural facility?:

   - o A purpose-built or single use facility that will solely be used for the programming, production, presentation, exhibition of any of the arts and cultural disciplines (Section 265.283(7), Florida Statutes) at least 85% of the time. These disciplines include music, dance, theatre, creative writing, literature, architecture, painting, sculpture, folk arts, photography, crafts, media arts, visual arts, and programs of museums. You must provide documentation of your organization's mission and arts and cultural programming as an attachment. See Guidelines: Attachments and Support Materials. This type of facility includes theatres, performance centers, museums (including, aquariums, botanical gardens, history centers, zoos, etc.) and art centers. The maximum request amount for this type of facility is $500,000.

   - o A multi-purpose facility that will be used for the programming, production, presentation, exhibition of any of the arts and cultural disciplines (Section 265.283(7), Florida Statutes) LESS than 85% of the time. These disciplines include music, dance, theatre, creative writing, literature, architecture, painting, sculpture, folk arts, photography, crafts, media arts, visual arts, and programs of museums. You must provide documentation of your organization's mission and arts and cultural programming as an attachment. See Guidelines: Attachments and Support Materials. This type of building includes community centers, recreation centers, civic centers and municipal buildings. The maximum request amount for this type of facility is $200,000. Project costs must be directly related to the arts and cultural portion of the facility.

○

If the facility is a multi-purpose building, describe the OTHER activities that take place in the facility.

3.2 How many days per week/hours per day is this facility open to the public?*

3.3 How many of the days per week/hours per day that the facility is open are arts and cultural programming, production, and administration taking place?*

3.4 Describe the types of arts and cultural programming, production, and administration that take place within the facility.*

3.5 Who is responsible for the programming, production, and administration of the arts and cultural activities of the facility? Is there a qualified professional expert in the subject matter on staff either paid or volunteer? What are their qualifications?*

[   ]

3.6 Accessibility, Equity, and Inclusion are important to the programming, production, and administration of arts and cultural activities. Briefly describe the actions that your organization has taken to make activities accessible to all audiences. Accessibility includes other factors besides physical. Be sure to include efforts to provide programming welcoming and available for all members of your community.*

[   ]

3.7 Describe the Diversity of your staff, volunteers, and board members or the steps that you have taken to achieve greater Diversity.*

[   ]

4. Cultural Facilities Grant Status*

Do you have a current Cultural Facilities grant that is not 100% complete?

- o Yes
- o No

    If yes, list grant numbers for any open Cultural Facilities and Fixed Capital Outlay grants

[   ]

5. Request Amount*

[Request Amount not to exceed $500,000 for purpose-built facilities and $200,000 for multi-purpose facilities.]

6. Project Type*

Only one project type may be selected. The Scope of Work may not include a combination of multiple project types.

- o Acquisition
  Acquisition is the purchase of land or building for the purpose of using or building a cultural facility.
- o Renovation
  Renovation is the act or process of giving a property a state of increased utility or returning a property to a state of utility through repair, addition, or alteration that makes possible a more efficient use.
- o New Construction
  New Construction is constructing a Cultural Facility on property where no building previously existed.

7. Project Title*

Include the facility name and project type. Do not repeat the applicant name. Example: "Sun Theatre Education Wing: Renovation"

_____

8. Project Synopsis*

Briefly summarize the project. Indicate how you will use grant funds, the major work items involved and the end product.

9. Project Physical Location*
Street Address _____
City _____   State ___   Zip _____
County   _____

10. Will the acquisition, renovation, or construction of your project only occur between July 1 of the first year of the grant period and June 1 of the second year of the grant period (23 months)?*
o   Yes (required for eligibility)
o   No

11. What was your Total Support and Revenue for the last completed fiscal year?*
Include the amount reported by a review, audit, or detailed operating budget that provides a statement of comprehensive income, revenue and expense. Documentation of this number must be provided as an attachment. See Guidelines: Total Support and Revenue for details.

_____

C – Project Documents

1. **Current Architectural Plans certified by a licensed architect or engineer (or contractor project proposals or working drawings if no architectural plans are required for the completion of the project) are…***
   - o Complete (required for eligibility)
   - o Not complete

2. **Construction documents are…***
   - o Complete
   - o Not complete

Project Land and Building

3. **Are you leasing the project land or building?***
   If leasing, the owner(s) must be:
   - a not-for-profit, tax-exempt Florida corporation or
   - a public entity governed by a municipality or county

     - o No (If NO, proceed to question 4.)
     - o Yes, the land and the building
     - o Yes, the building
     - o Yes, the land

   3.1 If leasing: How many years will remain on the land lease as of July 1 of the award year?
   There must be at least 10 years left on the lease following the grant award for the application to be eligible.

   _____

   3.2 If leasing: How many years will remain on the building lease as of July 1 of the award year?
   There must be at least 10 years left on the lease following the grant award for the application to be eligible.

   _____

4. **Who currently owns the land?***
   You must provide documentation of unrestricted use of the land or an executed option or purchase agreement (for acquisitions). See Guidelines: Unrestricted Use of Land and/or Building for details. You must be able to record a Restrictive Covenant on the property for a period of ten (10) years following the grant award.

   _____

5. **Who currently owns the building?***

    You must provide documentation of unrestricted use of the building or an executed option or purchase agreement (for acquisitions). See Guidelines: Unrestricted Use of Land and/or Building for details. You must be able to record a Restrictive Covenant on the property for a period of ten (10) years following the grant award.

    _____

6. **How old is the building in years?***

    If the building is 50 years old or older, you must get the project plans approved by the Division of Historic Resources (DHR). A copy of the DHR approval letter stating that the proposed project will have NO adverse effects to the building's historical significance must be provided with this application. See Guidelines: Historical Review Requirements.

    _____

D – Scope of Work

1. **Project Description***
   Describe what you are going to build, what you are doing to renovate the building, or what are you acquiring. Indicate how grant funds and match will be spent. Provide a timeline of when grant funds and match will be expended. Discuss any grants applied for or received from the Division of Historical Resources for the grant period. The Cultural Facility Program is a bricks and mortar program. State funding is not to be used for parking facilities, sidewalks, walkways or trails, which are the entire scope of work; fabrication or design of exhibits; nor commercial projects.

   1.1. Construction/Renovation/Acquisition* Only one of these categories may be funded through a single Cultural Facilities application.
   What are you constructing, renovating, or acquiring? Be specific. (Example: 500 sq ft Visitor Center)

   1.2 Spending Plan*
   Indicate how grant funds and match will be spent. (Examples: permitting, site preparation, flooring, windows, HVAC, signage, lighting). Discuss any grants applied for or received from the Division of Historical Resources for the grant period.

   1.3 Project Timeline*
   Provide a timeline. The timeline should include permitting, site preparation, and actual construction. The grant period is 23 months.

E - Proposal Budget

1. **Proposal Budget Summary***
   Enter the request amount and matching funds for this proposal only. See Guidelines:
   Matching Funds for details on required match. Round amounts to the nearest dollar.
   Project cost will be automatically calculated as the sum of request amount and confirmed
   matching funds. You may not use match from previous projects.
   Contingency is an amount of money dedicated to the project that can be used to pay for
   problems that might occur. It is not included in project cost. State funds may not be used
   to pay contingencies.

Request Amount	_____
Confirmed Matching Funds	_____
Project Cost	$0.00_____
Contingency	_____

2. **Are you requesting REDI match reduction?***
   Applicants in Rural Economic Development Initiative counties or communities may be
   eligible for a reduction in match. See Guidelines: REDI Waiver for more information.
   The State of Florida cannot waive all matching for this program; the match must be at
   least a one to one match.
   - o   Yes
   - o   No

3. **Have you requested or received funding from the Division of Historical Resources
   for this project?***
   - o   Yes
   - o   No

4. **What other state dollars will go into the project?**
   List the source and amount of any in-kind contributions, pledges, or cash from the State
   of Florida that will be used for the project. Remember: no state dollars from any source
   may be used as match.

Source	Amount

5. **Proposal Expense Details***
   List your estimated expenses and how they will be paid (from match, grant funds, or
   both). Only include expenses that are specifically related to the project. Expenses may
   include an actual amount to be paid or the value of an in-kind contribution. See Help:
   Proposal Budget Terms for expense category descriptions and columns. Round amounts
   to the nearest dollar.

Rows must have a value in State, Cash Match, or In-Kind Match. If all three columns are 0 or blank, the row will not be saved.

<Insert proposal budget expenses in table provided>

6. **How were your proposal expenses determined?**
Explain how the estimated expenses in the Proposal Expense Details were derived, i.e. from an architect or engineer budget estimate, contractor quote, etc. You must provide documentation of the source of your proposal expenses as an attachment. See Guidelines: Attachments and Support Materials.

7. **Proposal Income (Match) Details***
List your confirmed matching funds (resources presently available or pledged and designated to the project). You must provide documentation for matching funds at time of application. See Guidelines: Matching Funds Documentation. Include cash on hand, irrevocable pledges, and in-kind or donated services and materials. See Help: Proposal Budget Terms for descriptions of income categories and columns. Round amounts to the nearest dollar.
Rows must have a value in Cash Match or In-Kind Match. If both columns are 0 or blank, the row will not be saved.

<Insert match sources in table provided>

F – Matching Funds

1. Match Summary*

Summarize your match by type. The total should match the total reported in your proposal budget and should be greater than or equal to the match required. See Guidelines: Types of Match for more information.

Project cost will be automatically calculated as the sum of request amount and confirmed matching funds.

<Insert Match Type/Source/Amount in Match Summary Table>

2. Are these matching funds being used to match any other Department of State grants?*

You are not allowed to use the same dollars to match more than one Department of State grant.
- o Yes (not an eligible response)
- o No

Donor Profile

3. How many donors are supporting the project?*

_____

4. What is the smallest contribution received for the project?*

_____

5. What is the largest contribution received for the project?*

_____

6. What is the population size of the community the project serves?*

_____

7. Donor Profile: Description of Donors*

Describe your donors (individual, local artist guild, parent teacher association, etc.). Additional donor information (including names) may be provided at your discretion. All information provided will become a part of public record. The Division must provide this information to the public on request.

<table>
<tr><td colspan="2"></td></tr>
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8. **Donor Profile: Percentage of Community Support***

   What percentage of the community supports your project?

Corporations	%
Foundations	%
Individuals	%
State	%
Other	%

G – Need for Project and Operating Forecast

1. **Need for Project***
   Describe your need for the project (or portion of the project on which grant funds will be spent). Discuss need for additional space (performance, exhibition, office, work, or storage) and your history of organization growth. Discuss increased square footage or increased utility. Reference long term construction or renovation needs documented in a long-range plan.

2. **Operating Forecast Detail***
   Describe how the space will be used and the related costs. Incorporate budgetary figures where appropriate. You may reference a budget spreadsheet (provided as support material) or incorporate the revenue and expense figures into the narrative. Consider both staffing and programming needs. Include:
   - New staff that will be needed
   - Programs that will be added, expanded or improved
   - Additional expenses to the organization
   - New revenue sources that will be used to offset the added expense

3. **Fiscal Stability***
   Describe the fiscal condition of the organization as it relates to the successful completion of the proposal. Also describe plans to sustain the proposed acquisition/renovation/new construction after the grant period.

4. **Changes in Operating Expenses***
   Provide a summary of how your operating expenses will change during construction and after the project is completed. These totals should NOT include expenses related to the completion of the proposed project.

Description	Award Year Expenses	Project Completion Year Expenses	Expenses 1 Year After Completion
	$	$	$

5. **Changes in Operating Income***

   Provide a summary of how your operating income will change during construction and after the project is completed. These totals should NOT include income related to the completion of the proposed project.

Description	Award Year Income	Project Completion Year Income	Income 1 Year After Completion
	$	$	$

H – Project Impact

1. **Community Impact of Project***
   Discuss how the project will serve the city, county, or region, especially regarding new or improved programming and community services. Include information on:
   - organizations and local artists that will use the facility
   - educational or research opportunities
   - access for underserved groups
   - economic, historical, environmental or architectural significance

   - If the matching funds for the proposed project are from a single source (i.e. County/Municipality Resolution, single donor, etc.), include information on efforts to include the community in the needs assessment and planning stages of the project.

2. **Financial Impact of Project***
   Discuss the financial impact the project will have on your operations, maintenance, and programming? Address plans for community development, fundraising campaigns, operational grants, and endowment opportunities.

3. **Environmental Impact of Project***
   Discuss the impact your project will have on Florida's environment. Describe any environmentally friendly/sustainable aspects of your facility (existing or planned). Consider:
   - Impact on human health and the environment (light pollution, low emitting materials, etc.)
   - LEED, Energy Star or green building certifications
   - Water and energy efficiencies
   - Site features (building reuse, habitat preservation, etc.)

I – Project Team

1. **Organization Staff***
   List the organization staff dedicated to the completion of the project and their project related responsibilities. How many paid staff will be dedicated to this project?

2. **Project Team***
   List the project team including the names of the architect, engineer, design consultants, and general contractor. A licensed contractor or architect must be hired to manage and certify the Scope of Work. A project team must be named to be considered for funding.

   2.1 Project Architect/Engineer
   > **First Name** _____
   > **Last Name** _____
   > **Organization/Company** _____

   2.2 Project Contractor
   > **First Name** _____
   > **Last Name** _____
   > **Organization/Company** _____

   2.3 Additional Project Team Information

J – Attachments and Support Materials

1. **Required Attachments**
    Attachments may be of any of the following formats:
    - documents (.pdf, .txt, .doc, .docx) up to 10 MB
    - images (.jpg, .gif, .png, .tiff) up to 5MB
    - audio/video files (.mp3, .mp4, .mov, or.wmv) up to 200 MB

    MacOS productivity files such as Pages, Keynote, and Numbers are not acceptable formats. Please save these file types in .pdf format before submission.

    Matching Funds Documentation (include a list or spreadsheet with totals with documentation)*

Choose file:	Upload file

    REDI Waiver Request Letter (for REDI Waiver requests only

Choose file:	Upload file

    Documentation of Unrestricted Use *

Choose file:	Upload file

    Documentation of Total Support and Revenue*

Choose file:	Upload file

    Current Architectural Plans certified by a licensed architect or engineer (or contractor project proposals or working drawings if no architectural plans are required for the completion of the project)*

Choose file:	Upload file

    Budget Estimates *
    Include budget estimate(s) provided by the architect, engineer, or contractor upon which the Proposal Expense Details are based.

Choose file:	Upload file

    Documentation of Arts and Cultural Programming*
    Programming materials such as a season program, box office statement, or educational programs that document the percentage of facility use for arts and cultural programming as it pertains to the organization's mission.

Choose file:	Upload file

    Documentation of Project Support*
    Up to 6 letters of support from local officials, community leaders, and community groups. If matching funds are from a single source (i.e. County/Municipality Resolution, single donor, etc.), applicants are strongly encouraged to include letters or surveys showing community support for the project

Choose file:	Upload file

BHP Determination Letter*

If the facility is 50 years old or older, you must submit a determination letter (stating that the proposed project will have **NO adverse effects** to the building's historical significance) from the Bureau of Historic Preservation (BHP) approving the project plans.

Choose file:	Upload file

IRS Determination Letter* (not required for Public Entities -- County or Municipality)

Choose file:	Upload file

Current Substitute W-9*

Choose file:	Upload file

1.a Required Attachments for acquisition applications only

Appraisal prepared by a Florida State Certified General Real Estate Appraiser*

Choose file:	Upload file

Title Search *

Choose file:	Upload file

Executed option or purchase agreement*

Choose file:	Upload file

Certified land survey*

Choose file:	Upload file

2. **Optional Support Materials**
   Attachments may be of any of the following formats:
   - documents (.pdf, .txt) up to 10 MB
   - images (.jpg, .gif) up to 5MB

   Additional 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.

   File

Choose file:	Upload file

K – Notification of International Travel

In accordance with Section 15.182, *Florida Statutes*, the grantee shall notify the Department of State of any international travel at least 30 days before the date the international travel is to commence or, when an intention to travel internationally is not formed at least 30

days in advance of the date the travel is to commence, as soon as feasible after forming such travel intention. Notification shall include date, time, and location of each appearance.

☐ I hereby certify that I have read and understand the above statement and will comply with Section 15.182, *Florida Statutes*, International travel by state-funded musical, cultural, or artistic organizations; notification to the Department of Economic Opportunity.

L – Florida Single Audit Act

In accordance with Section 215.97(2)(a) and 215.97(8)(a), *Florida Statutes*, and the policies and procedures established by the Division of Arts and Culture, the grantee is required to certify annually whether or not your organization with FEIN (insert FEIN here) expended $750,000 or more from all combined state sources and all combined federal sources during your organization's fiscal year. If your organization has exceeded the threshold of $750,000, your organization will be required to comply with the Florida Single Audit Act. You will be required to complete a separate certification form in dosgrants.com following the close of your fiscal year.

☐ I hereby acknowledge that I have read and understand the above statement and will comply with Section 215.197, *Florida Statutes*, Florida Single Audit Act and the policies and procedures established by the Division of Arts and Culture.

M – Review & Submit

1. Guidelines Certification

☐ I hereby certify that I have read and understand the guidelines and all application requirements for this grant program outlined under section 265.701, *Florida Statutes* and incorporated by reference into Rule 1T-1.039, Florida Administrative Code.

2. Review and Submit

☐ I hereby certify that I am authorized to submit this application on behalf of **[Organization Name]** and that all information indicated is true and accurate. I acknowledge that my electronic signature below shall have the same legal effect as my written signature. I am aware that making a false statement or representation to the Department of State constitutes a third-degree felony as provided for in 817.155, F.S., punishable as provided for by ss. 775.082, 775.083, and 775.084.

Signature (enter first and last name)