GPS/SCP Application

Summary/Application Wizard

Are you a Solo or Individual Artist?
- Yes (can only apply to SCP Artist Projects or Performances on Tour)
- No (can apply GPS or SCP)

Select the Grant Program
- General Program Support (GPS)
- Specific Cultural Project (SCP)
- Are you a multipurpose institution? (see definition)

General Program Support: Select a Proposal Type
- Arts in Education (AIE)
- Discipline-Based (DB)
- Local Arts Agency (LAA)
- State Service Organization (SSO)

Specific Cultural Project: Select a Proposal Type
- Arts in Education (AIE)
- Discipline-Based (DB)
- Underserved Cultural Community Development (UCCD)
- Artist Project

General Program Support: Select a funding category
  Discipline Based – Funding Level:
  - Level 1 – Total Operating Income of $4,000 to $250,000
  - Level 2 – Total Operating Income of $250,001 to $900,000
  - Level 3 – Total Operating Income of $900,001 or more

  Local Arts Agency – Funding Level:
  - Level 1 – Total Operating Income of $4,000 to $250,000
  - Level 2 – Total Operating Income of $250,001 to $900,000
    Must be incorporated for at least three years at time of application
  - Level 3 – Total Operating Income of $900,001 or more
    Must be incorporated for at least five years at time of application

Specific Cultural Project: Select a funding category
  Arts in Education:
  - Artist Residency
  - Arts Partnership
- Artist Performances on Tour

Underserved Cultural Community Development:
- Capacity Building
- Consultant
- Salary Assistance

Select your discipline

- Dance
- Traditional Arts
- Literature
- Media Arts
- Multidisciplinary
- Museum
- Music
- Presenter
- Theatre (Community)
- Theatre (Professional)
- Visual Arts

Proposal Title ______________________________

A – Contacts (Applicant Information)

<Display applicant information read only>
- Applicant Name (org or individual)
- FEID
- Phone number (with extension if applicable)
- Principal Address
- Mailing Address
- Website
- Org Type (e.g. nonprofit, school board, etc.)
- Org Category (e.g. public library, SOE, etc.)
- 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.

2. **Additional Contact**
   <Select from Organization Contacts>
   First & Last Name
   Phone Number + Extension
   Email Address

3. **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

4. **National Endowment for the Arts Descriptors:**
   6.1 Applicant Status ________________________
   6.2 Institution Type ________________________
   6.3 Applicant Discipline ________________________

5. **Department Name**
   Multipurpose Institutions only (universities, cities, colleges, counties, etc.)
   __________________________
B – Eligibility

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. Individuals may apply for Specific Cultural Projects in the Artist Project or Artist Performances on Tour categories. See program guidelines for details.
   - Public Entity
   - Nonprofit, Tax-Exempt
   - Solo or Individual artists or an unincorporated performing company
   - Other (not an eligible response)

2. **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

3. **Do proposed activities occur between July 1 and June 30?**
   - Yes (required for eligibility)
   - No

4. **How many years of completed programming does the applicant have?**
   - Less than 1 year (not eligible)
   - 1-2 years (required for eligibility for GPS and SCP)
   - 3 or more years (required minimum to request more than $50,000 in GPS)

5. **Local Arts Agency: How long has the applicant been incorporated in Florida?**
   - Less than 3 years
   - 3-4 years (required minimum for LAA, Level 2 eligibility)
   - 5 or more years (required minimum for LAA, level 3 eligibility)

6. **Local Arts Agency: Is the applicant designated as the Local Arts Agency by the local county commission per s. 265.32, F.S.?**
   - Yes (required for eligibility)
   - No

5. **Traditional Arts: Does your project involve the following? (All required for eligibility)**
   a. **Living Traditions?**
      i. Yes
      ii. No
   b. **A Folk Community?**
      i. Yes
ii. No

5. **Underserved Cultural Community Development: How is the applicant underserved?***
   (select all that apply)
   Select the statements that are true for the applicant. At least one must be true for eligibility.
   □ Applicant is rural
   □ Applicant is minority
   □ Applicant is lacking in resources

6. **Underserved Cultural Community Development: Total Cash Income***
   Note: Applicants to the Underserved Cultural Community Development proposal type must have a Total Cash Income of $150,000 or less from the last completed fiscal year. If your operating budget does not include the correct Total Cash Income, you will be ineligible.

    ________________

7. **Underserved Cultural Community Development - Consultant:**
   Select the statements that are true for the applicant. Both statements must be true for eligibility.*
   □ Consultant is NOT a member of the applicant's staff or board.
   □ Consultant is NOT in the immediate family of any staff or board members

5. **Arts in Education: Does your organization have an arts education mission and primarily conduct arts in education programming?***
   ○ Yes (required for eligibility)
   ○ No

6. **Arts in Education - Residency: How many contact hours does this residency include?***
    ________________

7. **Arts in Education – Artist Performances on Tour: Applicant is Florida-based?***
   ○ Yes (required for eligibility)
   ○ No

8. **Arts in Education – Artist Performances on Tour: Applicant provides an active touring program with education activities?***
   ○ Yes (required for eligibility)
   ○ No
9. Arts in Education – Artist Performances on Tour: Applicant provides study guides, learning materials, or sample lesson plans?*
   o Yes (required for eligibility)
   o No

5. Discipline-based - Professional Theatre:
The following statement must be true for you to be eligible to apply in the Professional Theatre discipline. Check all that apply.*
   □ Applicant compensates artistic staff and actors.

5. Discipline-based - Museum:
The following statements must be true for you to be eligible to apply in the Museum discipline. Check all that apply.*
   □ Applicant is open to the public for at least 180 days each year.
   □ Applicant owns or utilizes collections, including works of art, historical artifacts, or other tangible objects (live or inanimate).
   □ Applicant exhibits these collections, including works of art, historical artifacts, or other tangible objects to the public on a regular schedule.

5. Discipline-based – Multidisciplinary: Is 50% or more of your programming presenting?*
   o Yes (If yes, you should apply to the Presenting discipline)
   o No (required for eligibility)

5. State Service Organization:*
   Applicant's services and activities reach at least 40 Florida counties?
   o Yes (required for eligibility)
   o No

5. Artist Project:
The following statements must be true for you to be eligible for Individual Artist Project funding. Check all that apply.*
   □ I have been a Florida resident for at least one (1) year.
   □ I am at least 18 years of age.
   □ I am not enrolled in a degree or certificate program.
1. **Applicant Mission Statement***

   *Solo or Individual artists*: Provide a brief artist statement in lieu of a mission statement.

2. **Proposal Description***

   Describe the project or program for which you are requesting funding. Include goals, fully measurable objectives, activities, partnerships/collaborations, and a timeline. If you are an LAA or SSO, please include a statement that describes the services provided to your audience (including membership) and how those services are provided.

   2.1 **Goals, Objectives & Activities***

   Goals: Broad statements that are usually general, abstract, issue oriented with realistic priorities. Goals are a long-term end to which programs and activities are developed and should reflect the organization’s mission statement. Goals can be listed in priority order and ranked.

   Objectives: Specific, measurable ends that are achievable within a time frame and mark progress towards achieving goals.

   Activities: These are the specific activities that achieve the objectives.

2.2 **Partnerships & Collaborations***

   Describe any partnerships and/or collaborations with organizations directly related to the Specific Cultural Project (SCP) or General Programing (GPS). Discuss the responsibilities and benefits of the relationship and whether any formal agreements are in place.

2.3 **Timeline***

   List timeline of activities during the grant period.
3. **Collection Summary***

Provide a summary of the collection (live or inanimate) and the collection policy including: 1) Size and scope of collection(s) the museum owns or uses; 2) Conservation and care; and 3) Overview/brief list of inventory/registration methods. If you are not a collecting institution answer Not Applicable.

3. **Individual Artist Project***

What makes your project artistically strong? What is your motivation for this project, how will it advance your career and creative practice? What is the artistic context of this project to your creative practice?
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.

2. **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.

3. **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.

4. **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 through their school. This figure should reflect a portion of the total individuals benefiting.

5. **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.

6. **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.
   - Number of artists directly involved?
   - Number of Florida artists directly involved?

   **Total number of individuals who will be engaged?** (auto populate)

7. **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.

8. **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.

9. **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

10. Describe the demographics of your service area.
11. Number of individuals your members/organizations are serving? (required, only for LAA and SSO)

12. Select all that apply to your organization? (required, only for SSO and LAA)

- Advocacy
- Arts Education
- Convening of Arts & Culture
- Community Building
- Cross-Sector Collaborations
- Manage/Operate Cultural Facilities
- Cultural Planning
- Cultural Tourism
- Diversity Initiatives
- Grant Maker – Artists
- Grant Maker - Organizations
- Marketing
- Mentoring/Internships
- Present Programming
- Produce Programming
- Professional Development/Technical Assistance – Artists
- Professional Development/Technical Assistance – Organizations
- Professional Development/Technical Assistance - Teachers
- Public Art

13. Additional impact/participation numbers information (optional)
   Use this space to provide the panel with additional detail or information about the impact/participation numbers.

14. 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.

*State Service Organization applicants:* Select all counties that will be served by your programming.

- [ ] <list of Florida counties>

15. **Proposal Impact***

Describe the impact of your proposal on your local community. Include a description of your proposal's education and outreach activities.

*Organizations:* Include the economic impact of your organization as a whole.

*Solo or Individual Artists:* Include any positive social elements and community engagement anticipated from the project.

16. **Marketing and Promotion***

Describe the marketing/promotion/publicity plans and audience development/expansion efforts as relates to the proposal. For example, include information on advertising, social media, collaboration with local organizations, brochures, etc.

17. **Artist Project:**

Please identify Division Goals addressed by your project (check all that apply)*

- [ ] Building the economy and creative industries
- [ ] Enhancing education through arts and culture
- [ ] Advancing leadership in arts and culture in the state and nation
- [ ] Promoting healthy, vibrant, and thriving communities
- [ ] Advancing a sense of place and identity

**Explain:**

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SAMPLE APPLICATION ONLY. 
GRANT CYCLE APRIL 1-JUNE 1, 2020.
E – Management and Operating Budget

Artist Performances on Tour applicants should move on to Section F of the application.

1. **Fiscal Condition and Sustainability***
   Describe the fiscal condition of the organization as it relates to the successful completion of the proposal. Also describe plans to sustain the proposal activities after the grant period.

   [Blank Space]

   Artist Projects only
   Describe your ability to complete the proposed project. Include examples of successfully completed projects.

   [Blank Space]

2. **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.

   [Blank Space]

   Artist Projects only
   Describe the expected outcomes of the project. How will you determine the success of the project?

   [Blank Space]

3. **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.
4. **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>

5. **Additional Operating Budget Information (optional)**
   Use this space to provide the panel with additional detail or information about the operating budget. For example, if you have a budget deficit or there has been a large change in your operating budget compared with last fiscal year.

6. **Paid Staff**
   Select the statement that is most true.
   - Applicant has no paid management staff.
   - Applicant has at least one part-time paid management staff member (but no full-time)
   - Applicant has one full-time paid management staff member
   - Applicant has more than one full-time paid management staff member

7. **Hours**
   - Organization is open full-time
   - Organization is open part-time
F – Management and Proposal Budget

1. **Rural Economic Development Initiative (REDI) Waiver***
   Applicants located in counties or communities that have been designated as a rural community in accordance with Section 288.0056 and 288.06561, Florida Statutes, may request a waiver of matching requirements. [Am I in a REDI community?](http://dos.myflorida.com/cultural/grants/grant-programs/)

   Are you in a REDI community and requesting a waiver?
   - [ ] Yes
   - [ ] No

2. **Proposal Budget Expenses**
   Detail estimated proposal expenses in the budget categories listed below. Include only expenses that specifically related to the proposal. You can find a list of non-allowable and match only expenses at [http://dos.myflorida.com/cultural/grants/grant-programs/](http://dos.myflorida.com/cultural/grants/grant-programs/)

   Proposal Budget expenses must equal the Proposal Budget income.

   For General Program Support the Proposal Budget should match the operating budget minus non-allowables (see non-allowables).<Insert proposal budget expenses in table provided>

   **Amount of Grant Funding Requested:** ______________
   **Match Amount:** ______________

3. **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>

4. **Additional Proposal Budget Information (optional)**
   Use this space to provide the panel with additional detail or information about the proposal budget. For example, if you have more in-kind than you can include in the proposal budget you can list it here.

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GPS and SCP Program Application (CA2E145), eff. XX/XX
Chapter 1T-1.036, Florida Administrative Code
G – Accessibility

1. **Describe how the facilities and proposal activities are accessible to all audiences and any plans that are in place to improve accessibility.***
   For example, explain use of accessibility symbols in marketing materials, accessibility of facilities and programming and/or target population. You can find resources on accessibility 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/). We encourage all applicants to include images in the support materials showing the use of accessibility symbols in marketing materials.

| Individual or Solo Artists: Skip questions 2-5 and move on to section H. |

2. **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

3. **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?
   ____________________________

4. **Section 504 Self Evaluation***
   Has the applicant completed the Section 504 Self Evaluation Workbook or the Abbreviated Accessibility Checklist (only for first time self-evaluations) from the National Endowment for the Arts?

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GPS and SCP Program Application (CA2E145), eff. XX/XX
Chapter 1T-1.036, Florida Administrative Code

- 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)

5. Does your organization have a diversity/equity/inclusion statement?
   - Yes
   - No

If yes include here:
H – 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.

<table>
<thead>
<tr>
<th>Content Type</th>
<th>Format/extension</th>
<th>Maximum size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Images</td>
<td>.jpg, .gif, .pgn, or .tiff</td>
<td>5 MB</td>
</tr>
<tr>
<td>documents</td>
<td>.pdf, .txt, .doc, or .docx</td>
<td>10 MB</td>
</tr>
<tr>
<td>audio</td>
<td>.mp3</td>
<td>10 MB</td>
</tr>
<tr>
<td>video</td>
<td>.mp4, .mov, or .wmv</td>
<td>200 MB</td>
</tr>
</tbody>
</table>

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

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/](https://flvendor.myfloridacfo.com/) )*

<table>
<thead>
<tr>
<th>Choose file:</th>
<th>Upload file</th>
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   Consultant’s Resume*

<table>
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<th>Choose file:</th>
<th>Upload file</th>
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</table>

   Work Sample*

<table>
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<th>Choose file:</th>
<th>Upload file</th>
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</table>

   Resumes of Significant Personnel*

<table>
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<tr>
<th>Choose file:</th>
<th>Upload file</th>
</tr>
</thead>
</table>

   List of Recent Tours*

   Include city/county/state, venue, and audience impact numbers.

GPS and SCP Program Application (CA2E145), eff. XX/XX
Chapter 1T-1.036, Florida Administrative Code
Educational Materials*
Samples of study guides, materials, hand-outs, lesson plans, and other educational materials used in activities and residencies.

Choose file: Upload file

Standard Contract*
Provide a copy of the artist’s standing touring contract with all riders.

Choose file: Upload file

Promotional Materials/Press Kit*

Choose file: Upload file

Documentation of official Local Arts Agency designation*
All Local Arts Agency applicants must provide documentation (letter, proclamation or official meeting minutes) of official designation by one or more county commissions. This includes county arts councils established in accordance with section 265.32, Florida Statutes.

Choose file: Upload file

2. Support Materials (required)

At least one (1) Support Material is required to be submitted with the application. 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.

Choose file: Upload file

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

________________________
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.

J – Florida Single Audit Act

Each grantee, other than a grantee that is a State agency, shall submit to an audit pursuant to Section 215.97, Florida Statutes (International travel by state-funded musical, cultural, or artistic organizations; notification to the Department of Economic Opportunity). Important: if you answer yes to both questions, State law requires that you comply with the Florida Single Audit Act, Sections 215.97(2)(a) and 215.97(8)(a) Florida Statutes.

See: https://flauditor.gov/pages/fsaa.html for more information and specific definitions.

1. Are you a nonstate entity? For the purposes of the Florida Single Audit Act, a nonstate entity is an organization of the following types that receives State financial assistance.
   - for-profit organization
   - nonprofit organization
   - local governmental entity (excluding a district school board, charter school, community college or public university, however styled, that independently exercises any type of governmental function within the State of Florida)
     - Yes
     - No

2. Has your organization expended $750,000 or more in state funds during your organization’s last fiscal year? Include funds from all State of Florida sources if they were expended during the fiscal year. If your organization is part of a larger parent organization, all funds to the parent organization and other organizations under it with the same FEIN should be included in the total amount expended.
   - Yes
   - No
K – 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 Maltz Jupiter Theatre, Inc. 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 s. 817.155, F.S., punishable as provided for by ss. 775.082, 775.083, and 775.084.

Signature (enter first and last name)