CITY OF OXNARD ART IN PUBLIC PLACES (AIPP) GRANT PROGRAM Fiscal Year 2019-2020



OPERATING GRANTS APPLICATION

Due Tuesday November 26, 2019 by 4:00 p.m.

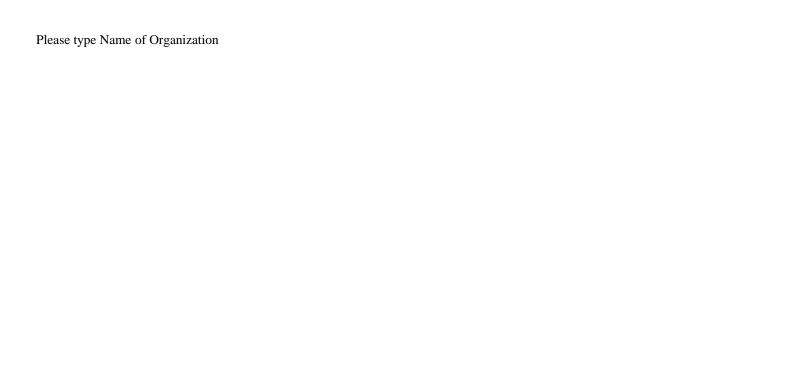
- ✓ Submit 5 Copies of application
- ✓ Submit an application for funding in person to:

Oxnard Cultural & Community Services
Recreation Division - Cultural Arts Office
305 West Third Street, West Wing-1st Floor
Oxnard CA 93030

Contact:

Julie Estrada Recreation Coordinador/Cultural Arts (805) 385-7997 julie.estrada@oxnard.org





Emerging Organization
Legacy Organization

AIPP GRANT PROGRAMS: OPERATING GRANTS PROPOSED PROGRAM INFORMATION

Full Name of Organization:			
Mailing Address:			
City, State, ZIP Code:			
Agency Official Contact:		Title:(i.e. Executiv	ve Director who will sign the agreement)
Telephone: (<u>)</u>		Fax: ()
E-mail Address:		Federal T	ax ID:
Local Contact:		Title:	Program Director)
Telephone: ()		(I.e.	Program Director)
E-mail Address:	Fax	: ()	
1. Name of proposed pro	gram:		
2. Street Address of prop	osed program:		_
3. Amount of funds reque4. Type of Program: Please check the box ne			(Enter total amount) the proposed program serves:
□ Craft□ Interdisciplinary Arts□ Opera/Musical Theater□ Film/Video□ Media Arts		Publishing	□ Design Arts□ Music□ Theater□ Folk Arts□ Other
5. Mandatory pre-applica	tion workshop:	Date Atte	nded:
6. Is this a previously fun If yes, please include a	. •	Yes_ eport with yo	
Project Description for public	ation (1-2 sentences	s):	

APPLICATION CHECKLIST

Please make sure all required elements are included in your application/proposal. Applications that are incomplete will be disqualified from judging.

APPLI	CATIC	DN:
		Proposed Program Information
		Checklist
PART	A: PR	OGRAM PROPOSAL
		Proposed Program Description
		Target Population
		Organization/Program Impact
		Outcomes
		Collaboration
PART	B: BU	DGET
		Budget Information Worksheet
		Budget Description
PART	C: BA	CKGROUND
		Description of Agency Services
		Direct Impact Summary: Previous Year and Projected
		Indirect Impact Summary: Previous Year and Projected
		Determination of Past Funding Through AIPP
		How Do Your Services Target Oxnard Residents?
		Organization Partnerships/Networking
		How Long Has Your Organization Served Oxnard?
		How Do You Provide Services to Oxnard?
		Volunteer Utilization Summary
PART	D: AT	TACHMENTS (only one copy of each)
		List of board of directors
		Copy of board authorization to apply for this grant
		Proof of non-profit status
		Organization Chart
		Program Procedure to operate the proposed program
		Copy of most recent Form 990 and Schedule A of the Federal Tax Return
		Business License and any required certification related to the program
		Business Insurance will be required prior to execution of a contract
		Works Submitted worksheet
		Program Plan – Outline Worksheet
		Program Plan - Timeline Worksheet
		Business Insurance will be required prior to execution of a contract
CERT	_	ION OF APPLICATION
		Complete your organizations portion, you will receive a signed copy for your
		records at the submission of your application.

PART A: PROGRAM PROPOSAL

In an attached report please address the following: You may use any format you wish as long as the following items serve as a headline and are clearly defined.

1. Proposed Program Description:

a. Please describe in detail the specific services proposed to be provided to Oxnard residents with the requested funding. Include information on how the proposed program will benefit your target population. Also include the days and hours you propose to operate the activity/program.

2. Target Population:

a. Describe the target population the proposed program will benefit or serve.

3. Organization/Program Impact:

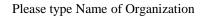
- a. What is the total number of <u>unduplicated persons</u> to be served by the proposed program in Oxnard?
- b. Describe the unit of service, other than persons, and total number of units of service to be provided by the proposed program. (i.e. shows, workshops, events, sessions, etc.)

4. Outcomes:

- a. Describe the intended outcomes for the program participants/beneficiaries. Include your proposed programs short- and long-term goals. (Definition: Outcomes are defined as changes [as in participants' lives due to a program or service] and are usually given as a percentage rather than a number [a number would probably be an output, rather than an outcome.])
- b. What measures, tools and/or indicators will be used to demonstrate the outcomes? (Outcome measures are the methods used to track the changes.)

5. Collaboration:

- a. Will you collaborate with other partners in implementing the proposed program?
 - i. If so, please identify the collaborative partners and describe how the proposed program will be designed and implemented.
- b. How will funding be distributed to each collaborative partner and what percentage of the requested AIPP funding will be provided to each partner?



PART B. BUDGET INFORMATION

The following budget form pertains only to the specific program or activity that is proposed to be funded with AIPP funds. Please attach a budget description describing costs such as materials, equipment, travel, etc. In addition to the budget line item, please supply the total number of full-time equivalent (FTE) positions.

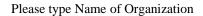
BUDGET FOR PROPOSED PROGRAM - Not Agency Budget

Agency:	Total Prior	Total Annual	AIPP Portion
Program:	Year's Budget for Program Column A	Budget for Proposed Program Column B	of Budget for Proposed Program Column C
Revenue:			
1. AIPP Grant/City of Oxnard			
2. Grants from other Gov't Agencies			
(not City of Oxnard)			
3. Contributions			
4. Membership Dues			
5. Program Service Fees			
6. Other Revenue (Specify)			
7. TOTAL REVENUE			
Expenses:			
8. Direct Assistance to Individuals			
9. Salaries, Employee Benefits, Payroll Taxes			
(Total #FTE Employees)			
10. Professional Fees			
11. Supplies			
12. Telephone			
12. Telephone 13. Postage & Shipping			
12. Telephone 13. Postage & Shipping 14. Rent/Lease			
12. Telephone13. Postage & Shipping14. Rent/Lease15. Rental & Maintenance of Equipment			
12. Telephone 13. Postage & Shipping 14. Rent/Lease 15. Rental & Maintenance of Equipment 16. Printing & Publications			
12. Telephone 13. Postage & Shipping 14. Rent/Lease 15. Rental & Maintenance of Equipment 16. Printing & Publications 17. Travel			
12. Telephone 13. Postage & Shipping 14. Rent/Lease 15. Rental & Maintenance of Equipment 16. Printing & Publications 17. Travel 18. Other (Specify)			
12. Telephone 13. Postage & Shipping 14. Rent/Lease 15. Rental & Maintenance of Equipment 16. Printing & Publications 17. Travel			

Note: Figure in AIPP Grant/City of Oxnard (Line 1), Column C, and TOTAL REVENUE (Line 7), Column C, must equal the amount of funds requested on the cover sheet, #3.

Figure in TOTAL REVENUE (Line 7), Column B, must equal TOTAL EXPENSES (Line 19), Column B.

Figure in Line 7, Column C, must equal line 19, Column C.



PART C.

APPLICANT BACKGROUND INFORMATION

In an attached report please address the following: You may use any format you wish as long as the following items serve as a headline of sorts and are clearly defined.

- 1. Description of Agency Services:
 - Please describe in detail the services your agency provides and how they are unique from the services provided by other agencies.
- 2. Indicate the unduplicated number of persons directly served by your agency for all programs in Oxnard in the previous year and projected current year. This is the number of individuals that participate in your program/project.
- 3. Indicate the quantifiable indirect impact of your program/project in the previous year and projected current year. How is this impact related to your program/project? How do you determine the impact? How is this indirect impact a benefit to the Oxnard community?
- 3. Have you been funded in the past under the AIPP Program?

 If not, explain if this is a new service or an increase in the level of service provided during the previous 12 months? (Applicable ONLY to agencies not previously funded by AIPP)
- 4. How do your services target Oxnard residents?
- 5. How do you cooperate or network with other existing related programs, organizations or community resources?
- 6. How long have you been in existence and provided services to the Oxnard community?
- 7. How do you provide services at an efficient level and at the least possible cost?
- 8. Do you utilize volunteers for direct services?

 Yes
 No

Volunteers help non-profits sustain programs. If you use volunteers, please explain how you do so and indicate the total number of hours of volunteer labor used per year and for what purpose. Please note that if you do not utilize volunteers for direct services because the circumstances do not allow for them or the situation is not appropriate, it does not impact your outcome however you may wish to make a comment to clarify your reasoning.

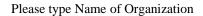
PART D. APPLICATION ATTACHMENTS

l.	Pleas	ired Attachments: se separate attachments from the rest of the application. Provide only ONE (1) copy e documents below that apply to your agency:
		List of board of directors
		Copy of board authorization to apply for this grant
		Proof of non-profit status
		Organization Chart
		Program Procedure to operate the proposed program
		Copy of most recent Form 990 and Schedule A of the Federal Tax Return
		Business License and any required certification related to the program
		Business Insurance will be required prior to execution of a contract
		Works Submitted worksheet (attached)
		Project Timeline Worksheet (Attached)

Business Insurance will be required prior to execution of a contract

AIPP GRANT PROGRAMS: OPERATING GRANTS WORKS SUBMITTED

Oı	rganization Name:				
Ti	tle of Program/Projec	et:			_
Sı	ımmary:				
	DVD(s)	Qty		CD(s)	Qty
	Flash Drive(s)	Qty		Other	Qty
				Describe:	
	ease complete the lis	t and descri	ptions of the	audio-visual work s	samples submitted below for
*A	udio Visual work sample Windows Photo Vie Microsoft Office: Windows Media Pla	ewer: .jpe .dc ayer: .as	eg, .bmp, .jpg, .p oc, .docx, .ppt, .x if, .wma, .wmv, .	ong, .tif ds, .xlsx, .htm, .html wm, .mpg, .mpeg, .mlv	rograms and file types for review: y, .mp2, .mp3, .mpa, y2, .3gp2, .3gp, .3gpp, .av1
1.	File Name:		Pro	oject Title:	_
	Date:		Media:		Length:
2.	File Name:		Pro	oject Title:	_
	Date:		Media:		Length:
3.	File Name:		Pro	oject Title:	
	Date:		Media:		Length:
4.	File Name:		Pro	oject Title:	
	Date:		Media:		Length:
5.	File Name:		Pro	oject Title:	
	Date:		Media:		Length:
6.	File Name:		Pro	oject Title:	
	Date:		Media:		Length:



AIPP GRANT PROGRAMS: OPERATING GRANTS PROGRAM PLAN - OUTLINE

Organization Name:						
Title of Program/F	Title of Program/Project:					
OBJECTIVES	ACTIVITIES	ASSESSMENT TECHNIQUES (List the tools used to measure change)	MEASUREABLE OUTCOME/EVIDENCE OF CHANGE (List the expected evidence of change in quantitative or qualitative terms)			

AIPP GRANT PROGRAMS: OPERATING GRANTS PROGRAM PLAN - TIMELINE

Organization Name:		
Title of Program/Project:		

DATE	DESCRIPTION OF ACTIVITY/TARGET	OUTREACH: Number of People Impacted/Reached D- Direct Impact I – Indirect Impact	EVALUATION
		D – I –	
		D – I –	
		D -	
		I – D –	
		I – D –	
		I – D –	
		I – D –	
		1-	
		D- I-	
		D I	

PART D. CERTIFICATION OF APPLICATION

Do not attach this form to your application. Submit only one copy of this form, a copy will be provided to the applicant

The undersigned applicant hereby certifies that:

The information in this application is true and accurate to the best of my ability and knowledge;

City staff may call or visit my current or proposed place of business or proposed project site at any time during the funding process to verify the information presented in this application;

The agency shall comply with City policies and requirements applicable to the Arts in Public Places Grant Program (AIPP);

The assistance made available through the AIPP grant program is not being used to increase the support (financial or in-kind) currently provided by the City of Oxnard.

The agency understands that the awarded amount may be different from the requested amount; and

By:

Sufficient funds will be available to complete the project if the agency accepts the AIPP awarded amount.

Signature of Applicant Representative		
Title		
Name of Agency (if applicable)		
VRITE OR TYPE BELOW THIS LINE		
By:City Staff		



2019-2020 Arts in Public Places (AIPP) Evaluation Rubric

Criteria	Missing	Weak / Unsatisfactory	Below Average / Minimal	Average	Above Average	Excellent / Strong
Evaluation Score	0 pts	1 pt.	2 pts	3 pts	4 pts	5 pts
COMPLETION					Score Cat. 1	
The proposed project has objectives that are timely and achievable, including an assessment component to measure the project's success.						
Application is complete and includes all required elements for grant						
Application projects are consistent with the mission and vision of the City of Oxnard Cultural Arts Commission.						
SUSTAINABILITY					Score Cat. 2	^
The project funding request is thorough and well considered.						
Project budget is complete and demonstrates a sustainable program model.						
ARTISTIC EXCELLENCE AND MERIT			$\langle \cdot \rangle$		Score Cat. 3	
The applicant is a resident of Oxnard, is prepared and qualified to take on the project, and has a record of work.						
Applicants show professional competence in an artistic discipline						
Previous artistic achievement exhibitions, performances, publications, or other notable activities are included in the application Project is unique						
COMMUINTY IMPACT					Score Cat. 4	
The need for the project is clearly described by the applicant as addressing a valuable need in the community that will have a meaningful impact, including serving diverse groups.						
Project supports and promotes the Arts in Oxnard through programming, resources, and opportunities for Oxnard Residents.						
The project addresses the goal of building arts in Oxnard.						
			TC	TAL SCORE		0