

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 Coordinator/Cultural Arts
(805) 385-7997
julie.estrada@oxnard.org

Please type Name of Organization

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AIPP GRANT PROGRAMS: OPERATING GRANTS **PROPOSED PROGRAM INFORMATION**

Full Name of Organization: _____

Mailing Address: _____

City, State, ZIP Code: _____

Agency Official Contact: _____ Title: _____
(i.e. Executive Director who will sign the agreement)

Telephone: (____) _____ Fax: (____) _____

E-mail Address: _____ Federal Tax ID: _____

Local Contact: _____ Title: _____
(i.e. Program Director)

Telephone: (____) _____

E-mail Address: _____ Fax: (____) _____

1. Name of proposed program: _____

2. Street Address of proposed program: _____

3. Amount of funds requested from the City of Oxnard: \$ _____
(Enter total amount)

4. Type of Program:
Please check the box next to one or more categories which the proposed program serves:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Craft | <input type="checkbox"/> Dance | <input type="checkbox"/> Design Arts |
| <input type="checkbox"/> Interdisciplinary Arts | <input type="checkbox"/> Literature | <input type="checkbox"/> Music |
| <input type="checkbox"/> Opera/Musical Theater | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Film/Video | <input type="checkbox"/> Small Press Publishing | <input type="checkbox"/> Folk Arts |
| <input type="checkbox"/> Media Arts | <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Other _____ |

5. Mandatory pre-application workshop: _____ Date Attended: _____

6. Is this a previously funded program? Yes _____ No _____
If yes, please include a copy of your final report with your attachments.

Project Description for publication (1-2 sentences):

Please type Name of Organization

APPLICATION CHECKLIST

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

APPLICATION:

- Proposed Program Information
- Checklist

PART A: PROGRAM PROPOSAL

- Proposed Program Description
- Target Population
- Organization/Program Impact
- Outcomes
- Collaboration

PART B: BUDGET

- Budget Information Worksheet
- Budget Description

PART C: BACKGROUND

- 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: ATTACHMENTS (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

CERTIFICATION 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 unduplicated persons 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?

Please type Name of Organization

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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: Program:	Total Prior Year's Budget for Program Column A	Total Annual Budget for Proposed Program Column B	AIPP Portion 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			
13. Postage & Shipping			
14. Rent/Lease			
15. Rental & Maintenance of Equipment			
16. Printing & Publications			
17. Travel			
18. Other (Specify)			
19. TOTAL EXPENSES			

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.

Please type Name of Organization

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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

1. Required Attachments:

Please separate attachments from the rest of the application. Provide only ONE (1) copy of the 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

Please type Name of Organization

AIPP GRANT PROGRAMS: OPERATING GRANTS **WORKS SUBMITTED**

Organization Name: _____

Title of Program/Project: _____

Summary:

_____ DVD(s) Qty. _____ _____ CD(s) Qty. _____

_____ Flash Drive(s) Qty. _____ _____ Other Qty. _____

Describe: _____

Please complete the list and descriptions of the audio-visual work samples submitted below for all files.

*Audio Visual work samples must be submitted using the following PC-based programs and file types for review:

Windows Photo Viewer: .jpeg, .bmp, .jpg, .png, .tif

Microsoft Office: .doc, .docx, .ppt, .xls, .xlsx, .htm, .html

Windows Media Player: .asf, .wma, .wmv, .wm, .mpg, .mpeg, .mlv, .mp2, .mp3, .mpa, .mpe, .m3u, .wav, .mov, .m4a, .mp4v, .3g2, .3gp2, .3gp, .3gpp, .av1

1. File Name: _____ **Project Title:** _____

Date: _____ Media: _____ Length: _____

2. File Name: _____ **Project Title:** _____

Date: _____ Media: _____ Length: _____

3. File Name: _____ **Project Title:** _____

Date: _____ Media: _____ Length: _____

4. File Name: _____ **Project Title:** _____

Date: _____ Media: _____ Length: _____

5. File Name: _____ **Project Title:** _____

Date: _____ Media: _____ Length: _____

6. File Name: _____ **Project Title:** _____

Date: _____ Media: _____ Length: _____

Please type Name of Organization

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AIPP GRANT PROGRAMS: OPERATING GRANTS
PROGRAM PLAN - OUTLINE

Organization Name: _____

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)

Please type Name of Organization

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 – I –	
		D – I –	
		D – I –	

Please type Name of Organization

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

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

Date of Application

By:

Signature of Applicant Representative

Title

Name of Agency (if applicable)

DO NOT WRITE OR TYPE BELOW THIS LINE

Date of Receipt

By:

City Staff



Please type Name of Organization

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 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						
COMMUNITY 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.						
TOTAL SCORE					0	

