

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



**PROJECT 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-1<sup>st</sup> Floor**
  - Oxnard CA 93030**

**Contact:**  
**Julie Estrada**  
**Recreation Coordinator/Cultural Arts**  
**(805) 385-7997**  
**[julie.estrada@oxnard.org](mailto:julie.estrada@oxnard.org)**

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\_\_\_\_\_ Emerging Artist  
\_\_\_\_\_ Mid-Career Artist  
\_\_\_\_\_ Artist Collaboration

**AIPP GRANT PROGRAMS: PROJECT GRANTS**  
**PROPOSED PROJECT INFORMATION**

Full Name of Artist or Collaboration: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Primary Contact (if collaborative): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

*If Collaborative organization – do not submit SSN*

1. Name of proposed project: \_\_\_\_\_

2. Street Address of proposed project: \_\_\_\_\_  
*If applicable*

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: PROJECT PROPOSAL**

- Artist Statement
- Resume
- Proposed Project Description
- Project Evaluation/Outcomes
- Impact Statement
- Collaboration (if applicable)

### **PART B: BUDGET**

- Budget Information Worksheet
- Budget Description

### **PART C: ATTACHMENTS (only one copy of each)**

- Copy of recent W-9
- Copy of board authorization to apply for this grant
- 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

### **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. Artist Statement**

- a. Describe your artistic goals and the nature of your work

**2. Resume**

- a. Include a detailed resume outlining your education, fellowships or awards received and art related work history.

**3. Proposed Project Description:**

- a. What is it that you plan to do? Provide the title, description, and explanation of the proposed project. This should be a detailed write-up of the information applicant provides in the attached program plan worksheet.

**4. Project Evaluation/Outcomes:**

- a. Include an evaluation component, that is, how and when might you know if you achieved your goals? This should be a detailed write-up of the information applicant provides in the attached project timeline worksheet.

**5. Impact Statement:**

- a. What impact will this grant have on you at this particular point in your career?
- b. The grant seeks to develop and encourage those whose works influenced or are influencing what art is in Oxnard. How do you see your art contributing to or helping to define art in Oxnard? How are you connecting to the broader Oxnard arts community?
- c. What is the impact on the individuals (participants and audience), for example their aesthetic growth, elevated appreciation for the arts, etc.?

**6. Collaboration:**

- a. Will you collaborate with other partners in implementing the proposed project?
  - i. If so, please identify the collaborative partners and describe how the proposed project 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?

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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.](#)

**BUDGET FOR PROPOSED PROGRAM – [Not Agency Budget](#)**

Name:  Program:	Total Prior Year's Budget for Project (if multi-year) <b>Column A</b>	Total Annual Budget for Proposed Project <b>Column B</b>	AIPP Portion of Budget for Proposed Project <b>Column C</b>
<b>Revenue:</b>			
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)			
<b>7. TOTAL REVENUE</b>			
<b>Expenses:</b>			
8. Direct Assistance to Individuals			
9. Salaries, Employee Benefits, Payroll Taxes			
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)			
<b>19. TOTAL EXPENSES</b>			

**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.

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**PART C.**  
**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:*

- Copy of recent W-9
- 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 Plan - Outline Worksheet (Attached)
- Project Plan - Timeline Worksheet (Attached)

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## **AIPP GRANT PROGRAMS: PROJECT GRANTS** **WORKS SUBMITTED**

**Artist/Collaborative 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: \_\_\_\_\_

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**AIPP GRANT PROGRAMS: OPERATING GRANTS**  
**PROJECT PLAN - OUTLINE**

Artists/Collaborative 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)

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## **AIPP GRANT PROGRAMS: PROJECT GRANTS** **PROGRAM PLAN - TIMELINE**

Artist/Collaborative 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 –	

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**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
<b>COMPLETION</b>						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.						
<b>SUSTAINABILITY</b>						Score Cat. 2
The project funding request is thorough and well considered.						
Project budget is complete and demonstrates a sustainable program model.						
<b>ARTISTIC EXCELLENCE AND MERIT</b>						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						
<b>COMMUNITY IMPACT</b>						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.						
<b>TOTAL SCORE</b>						0

SAMPLE