

## FY16 EAF Application

Welcome to the FY16 External Agency Funding (EAF) Arts & Cultural Attractions Fund Competitive Application Survey. Please read the following sections carefully as some of the questions have changed from previous years. In addition, different sections are weighted more than others and have greater impact on the scoring of your application. Please adhere to the word limits as indicated.

This application must be complete and accurate in order to be accepted and considered for funding. You may exit and re-enter the application as often as needed until the application period closes at 5:00 p.m. on March 9, 2015. However, once application period ends, there will not be another opportunity to make corrections and resubmit.

To be considered, all funding requests MUST align with Economic Development/Louisville Forwards' Mission and the Primary Focus Areas of EAF Arts and Cultural Attractions Funding.

Economic Development/Louisville Forwards' Mission:

"To attract and grow business and cultivate relationships that together create a thriving business environment."

EAF Arts and Cultural Attractions Primary Focus Areas:

- \* Providing quality arts and cultural attractions to all in our community;
- \* Increasing awareness and appreciation of various art mediums; or
- \* Broaden and diversify the demographics of those who participate in arts and cultural attractions.

PLEASE BE AWARE - APPLICATIONS MUST BE COMPLETE AND ACCURATE IN ORDER TO BE CONSIDERED FOR FUNDING.

APPLICATIONS THAT DO NOT MEET THIS THRESHOLD WILL BE ELIMINATED FROM PANEL REVIEW.

### **1. There are two categories to consider when submitting a REQUEST for funding:**

#### **NEW or CONTINUATION**

**A NEW program is defined as a program that has been in operation at least six months and is not currently being funded as an EAF Arts and Cultural Attractions Grant.**

**A CONTINUATION program is defined as one that is currently being funded as an EAF Arts and Cultural Attractions Grant. However, there is no guarantee that continued funding will be provided at same or any level.**

**Requests for funding for either category must include demonstratable/proven outcomes and details on how this funding will enhance or expand the existing program.**

**Is this a NEW funding request or a CONTINUATION funding request?**

New funding request

Continuation funding request

**EAF - Agency Information: 5 points**

**2. Legal Name of Agency and Contact Information (as listed on the Secretary of State website at <https://app.sos.ky.gov/ftsearch/>)**

**Executive Director:**

**Agency:**

**Address:**

**City/Town:**

**State:**

**ZIP:**

**Email Address:**

**Phone Number:**

**3. Board Approved Agency Mission Statement: (30 words or less)**

**4. Louisville/Jefferson County Revenue Commission Number**

**EAF - Program Information: 50 points**

**5. Program Name**

**6. Short Program Description (200 words or less)**

**7. Program Contact Information:**

**Program Contact:**

**Address:**

**ZIP:**

**Email Address:**

**Phone Number:**

**8. Please select the primary focus of this program from the list below:**

- Providing quality arts and cultural attractions to the community;
- Increasing awareness and appreciation of various art mediums; or
- Broaden and diversify the demographics of those who participate in arts and cultural attractions.

**9. What population category will be served by the program?**

- Aging
- Disabled
- Families
- Youth
- Other:

**10. What is the average age of the population being served?**

**11. Does this program serve only Jefferson County?**

Yes

No

If No, what percentage of your clients reside in Jefferson County?

**12. As of January 1, 2015 - How long has this program been in existence?**

6 months to 1 year

5 years to 10 years

1 year to 5 years

10 or more years

**13. List up to three goals that indicate how the identified population benefits from this program:**

Goal 1:

Goal 2:

Goal 3:

**14. Indicate the demonstrated outcome(s) that align with the primary goal(s) identified above:**

Outcome

1:

Outcome

2:

Outcome

3:

**15. How are the outcomes listed above measured? (150 words or less)**

**16. For this program only:**

How many people were served over the last 12 months?

How many people do you have the capacity to serve?

How many people do you plan to serve in the new year of funding?

How many staff do you currently have assigned?

How many staff do you plan to have assigned in the new year of funding?

**17. Describe your proof of success in reaching the identified goals and outcomes of the program (250 words or less)**

**18. How will funding from Metro Government help to enhance or expand the program (250 words or less):**

**EAF - Budget Info: 30 points**

**19. Metro \$ - Complete the fields below with amounts reflecting the amount of funding that is being requested for this program.**

Personnel	<input type="text"/>
Rent	<input type="text"/>
Utilities	<input type="text"/>
Office Supplies	<input type="text"/>
Program Materials	<input type="text"/>
Telephone	<input type="text"/>
Travel	<input type="text"/>
Small Equipment	<input type="text"/>
Client Assistance	<input type="text"/>
Other Expenses	<input type="text"/>
<b>METRO \$ TOTAL</b>	<input type="text"/>

**20. Non-Metro \$ - Complete the fields below reflecting the amount(s) the agency will contribute to the program from other resources.**

Personnel	<input type="text"/>
Rent	<input type="text"/>
Utilities	<input type="text"/>
Office Supplies	<input type="text"/>
Program Materials	<input type="text"/>
Telephone	<input type="text"/>
Travel	<input type="text"/>
Small Equipment	<input type="text"/>
Client Assistance	<input type="text"/>
Other Expenses	<input type="text"/>
<b>NON-METRO \$ TOTAL</b>	<input type="text"/>

**21. If applicable, please provide descriptions for Metro \$ requested for the following line items:**

Office Supplies:	<input type="text"/>
Program Materials:	<input type="text"/>
Small Equipment:	<input type="text"/>
Client Assistance:	<input type="text"/>
Other Expenses:	<input type="text"/>

**22. Total Agency Budget (current fiscal year - excluding in-kind):**

**23. Total Program Budget:**

Total from Question #19 - Metro Funding Requested (rounded to nearest 100th):

Total from Question #20 - Non-Metro Funding:

**Grand Total:**

**24. Does your Agency receive any other funding through Metro Government to serve this specific population?**

No

Yes

## Other Metro Funding

**25. Identify the other funding that your Agency receives through Metro Government to serve this population. List the sources and amount on each line:**

Source/Amount A:

Source/Amount B:

Source/Amount C:

Source/Amount D:

**EAF - Collaboration and Sustainability: 15 points**

**26. List up to five collaborative agency partners that are engaged in the delivery/support of this program:**

- 1.
- 2.
- 3.
- 4.
- 5.

**27. Describe your sustainability plan for the program after this funding cycle (250 words or less)**

**28. Do you want to submit another program application?**

No

Yes

**Program Information: 50 points**

**29. Is this a NEW funding request or a CONTINUATION funding request?**

New

Continuation

**30. Program Name**

**31. Short Program Description (200 words or less)**

**32. Program Contact Information:**

**Program Contact:**

**Address:**

**ZIP:**

**Email Address:**

**Phone Number:**

**33. Please select the primary focus of this program from the list below:**

- Providing quality arts and cultural attractions to all in our community;
- Increasing awareness and appreciation of various art mediums; or
- Broaden and diversify the demographics of those who participate in arts and cultural attractions.

**34. What population category will be served by the program?**

- Aging
- Disabled
- Families
- Youth
- Other:

**35. What is the average age of the population being served?**

**36. Does this program serve only Jefferson County?**

Yes

No

If No, what percentage of your clients reside in Jefferson County?

**37. As of January 1, 2015 - How long has this program been in existence?**

6 months to 1 year

5 years to 10 years

1 year to 5 years

10 or more years

**38. List up to three goals that indicate how the identified population benefits from this program:**

Goal 1:

Goal 2:

Goal 3:

**39. Indicate the demonstrated outcome(s) that align with the primary goal(s) identified above:**

Outcome 1:

Outcome 2:

Outcome 3:

**40. How are the outcomes listed above measured? (150 words or less)**

**41. For this program only:**

How many people were served over the last 12 months?

How many people do you have the capacity to serve?

How many people do you plan to serve in the new year of funding?

How many staff do you currently have assigned?

How many staff do you plan to have assigned in the new year of funding?

**42. Describe your proof of success in reaching the identified goals and outcomes of the program (250 words or less)**

**43. How will funding from Metro Government help to enhance or expand the program (250 words or less):**