



REGIONAL ASSETS FUNDING COMMITTEE

County of Erie
140 West Sixth Street
Erie, PA 16501
Phone 814.451.6200
www.eriecountygov.org/rafc

COMMUNITY ASSETS: GRANT APPLICATION FORM (Section 3)

Applications must be postmarked by Wednesday, April 1, 2009 for activities commencing after April 1, 2009 and completed by March 31, 2010.

1. APPLICANT

Name of organization

Federal EIN

Has your organization applied previously for Regional Asset Funding? Yes / No (circle answer)

Street Address

City/State/Zip

Phone Fax

Email Website.....

Local Municipality County Council Representative

Contact name for this project

Position in organization

Is your organization tax exempt under Section 501(c)(3) of the IRS Code? ____
Attach a copy of your IRS Letter of Determination.

2. Project Information

Project Name

Start Date: Completion Date:

Project Location:

How many people do you expect to serve?

Has this project been conducted before? Yes No (Check one)

If yes, how many people were served in the most recent year?

Grant amount requested: \$ Total Project Cost: \$

3. Narrative

Please submit a narrative not to exceed two pages that responds directly to the questions below. Please number each response, type, and answer the questions in the order listed in 11 or 12 point type. The advisory panel will score the application based on the evaluation criteria printed in parentheses below.

1. Overall Project Scope (worth up to 40 points in grant evaluation)

- a) Describe your project in detail, focusing on the overall objectives and goals.
- b) Provide information on the qualifications of key artists, if any, involved with this project.

2. Community Involvement (worth up to 35 points in grant evaluation)

- a) Explain the value and impact of your programming and/or services in the Erie region, citing any partnerships and collaborations you have developed within the community.
- b) Define your target audience, and provide evidence of significant interest and support from the community, including non-traditional audiences.

3. Management (Worth up to 25 points in grant evaluation)

- a) Provide evidence that your organization can successfully manage this project.
- b) List key project personnel and their qualifications.

4. Supporting Materials – submit only one copy

You are strongly encouraged to submit work samples representative of the level of artistic quality. Work samples will not be returned.

Applicants may submit:

- | | |
|--|---|
| a. One VHS, CD, or DVD | Queued to selection or track numbered Maximum of 2 minutes |
| b. Brochure/Press clippings | Maximum of 4 |
| c. Photographs (hard copy or CD) | Maximum of 8 |
| d. Artist resume or curriculum vitae (if applicable) | |

5. Proof of Insurance

Provide a copy of your current general public liability insurance policy insuring against claims for bodily injury, death or property damage in a single limit policy of Two Million Dollars for bodily injury or death for all claims and One Million Dollars for property damage for each event.

6. Project Budget

Fill out the next page and submit with application.

Remember to identify the 50% match (in-kind goods and services cannot exceed 10% of the required match)

Please double check to avoid math errors.

Please provide a **statement of income and expenditure** for your project **as per the form below**. Receipts are not required to be submitted, but retained with your own records, as per section 5 of the Conditions for Payment of Grant.

| Income Source | Please specify details (e.g. name of funding source) | Amount |
|--|---|-----------|
| Federal Government | | \$ |
| State Government | | \$ |
| Local Government | | \$ |
| Sponsorship | | \$ |
| Other Income (include own contribution) | | \$ |
| Earned Income | E.g. box office, ticket/program/food sales, workshop fees, membership | \$ |
| RAFC Grant | ** Please provide details in Detailed Expenditure box below | \$ |
| Total Project Income | | \$ |

Project Expenses

| Expense Area | Please refer to details in your application | Amount |
|--------------------------------------|---|-----------|
| Artist/Performer Fees | | \$ |
| Production/Program | | \$ |
| Administration | | \$ |
| Marketing, Promotion & Documentation | | \$ |
| Facilities | | \$ |
| Other | | \$ |
| Total Project Expenses | | \$ |

Detailed Expenditure of RAFC Grant – These amounts represents how the money from RAFC will be spent.

| Expenses | Amount |
|--------------|--------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total | |

In-Kind Support

| In-Kind Sources | Please specify details (refer to your application) | Amount |
|--|---|-----------|
| Volunteers | No. of Volunteers _____ Total volunteer hours _____ x \$10 per hour | \$ |
| Local Government | | \$ |
| Local Business | | \$ |
| Other Community Groups | | \$ |
| Total In-Kind Support (not to exceed 10% of the required match) | | \$ |

APPLICATION CHECKLIST

You are required to submit the following documentation as part of your application to the Regional Assets Funding Committee:

- Completed Community Assets Grant Application form (this document) – 12 copies
- Signed Community Assets Conditions of Payment form (Section 2) – 1 copy
- Narrative in 11 or 12 point text not exceeding two pages and following the narrative question format– 12 copies
- Completed budget form – 12 copies
- Support Materials in the order listed on the application – 1 copy
- Copy of IRS 501(c)(3) acceptance letter or proof that the applicant organization is owned by a political subdivision of the Commonwealth of Pennsylvania – 1 copy
- Copy of insurance policy – 1 copy

DECLARATION OF THE APPLICANT ORGANIZATION

I certify that, to the best of my knowledge, all the information in this Application is correct and has been approved by the board of directors or equivalent body, and that I have the delegated authority to sign this application. I acknowledge that Erie County has the right to withdraw any grant awarded and /or demand the return of any funds already paid if it is discovered that any of the information provided is false.

Name

Title (General Manager, Chairperson, Executive Director *etc.*)

Signature **Date**