



2018 ERIE COUNTY CULTURAL FUNDING APPLICATION LONG FORM

SECTION 1

PART 1 – GENERAL INFORMATION

| | | | |
|--|--|----------------------------|--|
| Organization Best Known as | | | |
| Legal Name of Organization | | | |
| Mailing Address | | City, State, Zip Code | |
| Website Address | | | |
| Primary Social Media Address | | | |
| Executive Director, Manager, or Volunteer Contact | | | |
| Name | | Title/Position | |
| Phone Number | | Email Address | |
| Person who Prepared Application | | | |
| Name | | Title/Position | |
| Phone Number | | Email Address | |
| Board Chairperson | | | |
| Name | | Title/Position | |
| Mailing Address | | City, State, Zip Code | |
| Phone Number | | Email Address | |
| Treasurer | | | |
| Name | | Title/Position | |
| Phone Number | | Email Address | |
| Applicant's Financial Contact Person | | | |
| Name | | Title/Position | |
| Phone Number | | Email Address | |
| Federal Tax Identification No. | | Year 501c3 Status Received | |
| Fiscal Year Start | | Fiscal Year End | |

PART 2 – FUNDING REQUEST

| | | | |
|---|----|-------------------|--|
| Amount of 2018 Erie County Cultural Funding Request | \$ | | |
| Amount of 2017 Erie County Cultural Funding Awarded | \$ | Received funding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Amount of Applicant's 2017 Operating Expenses (Not Capital) | | | |
| 2018 request is what percentage of 2017 Total Operating Expenses? (Not Capital) | | | |
| Purpose of 2018 Funding Request | | | |

PART 3 – APPLICANT DATA SUMMARY

Complete Part 6 to fill in this part.

| | Previous FY Actual | | Current Budget | | Current FY to Date | |
|---|--------------------|----------|----------------|----------|--------------------|----------|
| | Start Date | End Date | Start Date | End Date | Start Date | End Date |
| Total Operating Revenues (Part 6, Line 23) | | | | | | |
| Earned (Part 6, Line 9) | | | | | | |
| Contributed Total (Part 6, Line 13 + Line 22) | | | | | | |
| Individual (Part 6, Line 10) | | | | | | |
| Corporate (Part 6, Line 11) | | | | | | |
| Foundation (Part 6, Line 12) | | | | | | |

| | | | |
|---|--|--|--|
| Public (Part 6, Line 22) | | | |
| Total Operating Expenses (Not Capital) (Part 6, Line 57) | | | |
| Number of Employees | | | |
| Full-Time | | | |
| Part-Time | | | |
| Number of VOTING Board Members | | | |
| Number of ACTIVE Volunteers | | | |
| Total Attendance | | | |
| Paid Attendance | | | |
| Unpaid Attendance | | | |
| Virtual Attendance | | | |

PART 4 – DOCUMENT UPDATE INFORMATION

| | | | |
|---|--|--|--|
| Year bylaws were last updated | | Are bylaws in compliance with NYS Non-Profit Revitalization Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Year Strategic Plan was adopted | | Year Strategic Plan was last updated/reviewed | |
| Year Conflict of Interest Policy was last updated | | Year Whistleblower Policy was last updated | |

PART 5 – BOARD OF DIRECTORS DETAIL

| | | | |
|--|---|---|--|
| Do your Board Members have term limits? | <input type="checkbox"/> Yes <i>If "Yes", answer the following questions:</i> | What is the length of one term? | |
| | <input type="checkbox"/> No | How many consecutive terms are permitted? | |
| What is the minimum number of Board meetings to be held within a fiscal year as required by your bylaws? | | | |
| Number of Board meetings held in FY 2016 | | Number of Board meetings with quorum present FY 2016 | |
| Number of Conflict of Interest forms collected & in force? | | Have the signed and dated forms been reviewed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the organization collected a Conflict of Interest form for each voting Board Member? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>If "No", explain in Section 2: Essays</i> |
| Does this organization expect Board Members to make an annual financial contribution? (not membership) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many Board Members made a financial contribution in the most recently completed fiscal year? | | What percentage of the Board made a financial contribution? | Percentage of Board donating to special initiatives and/or capital campaign? |

List all current VOTING Board Members and Officers as of June 1, 2017, as in your report to the IRS.¹

| # | Board Member First & Last Name | Year Elected | Year Term Ends | Officer position ² | Years served as officer | Independent? ³ | |
|----|--------------------------------|--------------|----------------|-------------------------------|-------------------------|---------------------------|----|
| | | | | | | Yes | No |
| 1 | | | | | | | |
| 2 | | | | | | | |
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| 15 | | | | | | | |

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|--------------------|--|----------|--|--------------------|--|----------|--|
| Number of Males: | | % White: | | % American Indian: | | % Asian: | |
| Number of Females: | | % Black: | | % Hispanic: | | % Other: | |

¹ If more space is needed, a form extension can be found at erie.gov/cultural/funding.

² Advisory, emeritus, and ex-officio board members are not requested. If listed, include on separate form extension.

³ Definition of board member independence can be found at <http://www2.erie.gov/environment/index.php?q=IndependentDirectors>.

PART 6 – DOCUMENTATION OF FISCAL ACCOUNTABILITY

Please complete according to your organization's fiscal year, rather than calendar year.

Does your organization have an accumulated operating (choose one): *(Do not include endowment/capital funds)*

Surplus =
\$

Deficit =
\$

| REVENUE | FY 2015 Actual | | FY 2016 Actual | | FY 2017 Budget | | FY 2017 Actual YTD | | FY 2018 Projected | |
|--|----------------|----------|----------------|----------|----------------|----------|--------------------|----------|-------------------|----------|
| | Start Date | End Date | Start Date | End Date | Start Date | End Date | Start Date | End Date | Start Date | End Date |
| Earned Income | | | | | | | | | | |
| 1. Admissions | | | | | | | | | | |
| 2. Memberships | | | | | | | | | | |
| 3. Fundraising events (gross) | | | | | | | | | | |
| 4. Tuition (workshops) | | | | | | | | | | |
| 5. Contracted services | | | | | | | | | | |
| 6. Facility Rental | | | | | | | | | | |
| 7. Proceeds: Goods Sales | | | | | | | | | | |
| 8. Remaining/Other (specify): | | | | | | | | | | |
| a. | | | | | | | | | | |
| b. | | | | | | | | | | |
| 9. Total Earned Income | | | | | | | | | | |
| Private Contributions | | | | | | | | | | |
| 10. Individual Donations | | | | | | | | | | |
| 11. Corporate Support – Provide Attachment J | | | | | | | | | | |
| 12. Foundation Support –Provide Attachment J | | | | | | | | | | |
| 13. Total Private Contributions | | | | | | | | | | |
| Public Funding | | | | | | | | | | |
| 14. National Endowment for the Arts | | | | | | | | | | |
| 15. Other Federal | | | | | | | | | | |
| a. | | | | | | | | | | |
| b. | | | | | | | | | | |
| 16. NYSCA | | | | | | | | | | |
| 17. NYSCA Decentralization Regrant | | | | | | | | | | |
| 18. Other State | | | | | | | | | | |
| a. | | | | | | | | | | |
| b. | | | | | | | | | | |
| 19. Municipal Funding | | | | | | | | | | |
| a. | | | | | | | | | | |
| 20. Erie County Cultural Funding | | | | | | | | | | |
| 21. Erie County | | | | | | | | | | |
| a. | | | | | | | | | | |
| 22. Total Public Funding | | | | | | | | | | |
| 23. TOTAL REVENUE | | | | | | | | | | |

| EXPENSES <i>(total in line 57)</i> | FY 2015 Actual | | FY 2016 Actual | | FY 2017 Budget | | FY 2017 Actual YTD | | FY 2018 Projected | |
|---|-------------------|----------|-------------------|----------|-------------------|----------|-----------------------|----------|----------------------|----------|
| | Start Date | End Date | Start Date | End Date | Start Date | End Date | Start Date | End Date | Start Date | End Date |
| | | | | | | | | | | |
| Personnel Salaries and Fees (including benefits) | | | | | | | | | | |
| 24. Administrative | | | | | | | | | | |
| 25. Artistic/Collections | | | | | | | | | | |
| 26. Education/Programs | | | | | | | | | | |
| 27. Production/Technical | | | | | | | | | | |
| 28. Development/Special Events | | | | | | | | | | |
| 29. Guest Services | | | | | | | | | | |
| 30. Maintenance | | | | | | | | | | |
| 31. Other | | | | | | | | | | |
| 32. Total Salaries and Fees | | | | | | | | | | |
| Administration/Operations | | | | | | | | | | |
| 33. Rent | | | | | | | | | | |
| 34. Utilities/Phone/Internet/etcetera | | | | | | | | | | |
| 35. Office Supplies/Equipment Rental | | | | | | | | | | |
| 36. Security/Maintenance | | | | | | | | | | |
| 37. Travel | | | | | | | | | | |
| 38. Insurance | | | | | | | | | | |
| 39. Legal | | | | | | | | | | |
| 40. Bookkeeping service | | | | | | | | | | |
| 41. Audit expense | | | | | | | | | | |
| 42. Interest paid on Operating loans | | | | | | | | | | |
| 43. Other (i.e. consultant) | | | | | | | | | | |
| a. | | | | | | | | | | |
| b. | | | | | | | | | | |
| 44. Total Administration/Operations | | | | | | | | | | |
| Programming & Collections Care | | | | | | | | | | |
| 45. Production & Exhibits Expenses | | | | | | | | | | |
| 46. Educational Expenses | | | | | | | | | | |
| 47. Space/Facility/Equipment Rental | | | | | | | | | | |
| 48. Collection Conservation | | | | | | | | | | |
| 49. Acquisitions | | | | | | | | | | |
| 50. Remaining/Other (specify) | | | | | | | | | | |
| a. | | | | | | | | | | |
| b. | | | | | | | | | | |
| 51. Total Programming | | | | | | | | | | |
| Fundraising/Marketing/Retail | | | | | | | | | | |
| 52. Fundraising Events | | | | | | | | | | |
| 53. Marketing/Advertising | | | | | | | | | | |
| 54. Cost Goods for Sale | | | | | | | | | | |
| 55. Remaining/Other (specify) | | | | | | | | | | |
| a. | | | | | | | | | | |
| b. | | | | | | | | | | |
| 56. Total Fundraising/Marketing/Retail | | | | | | | | | | |
| 57. TOTAL EXPENSES | | | | | | | | | | |

PART 7 – LIST YOUR PROGRAMS, EXHIBITS, PERFORMANCES IN THE LAST FISCAL YEAR⁴

| # | Date(s) | Event | Facility/Building | Geographic Location | Attendance |
|----|---------|-------|-------------------|---------------------|------------|
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| 38 | | | | | |
| 39 | | | | | |
| 40 | | | | | |

If more space is needed, a form extension can be found at erie.gov/culturalfunding.

⁴ Not every event is necessary. Use your best judgment on what to include. Certain events—such as recurring classes or sessions—can be grouped together.

PART 8 – CAPITAL AND/OR ENDOWMENT CAMPAIGN, AND REAL ESTATE INFORMATION

| | | |
|---|---|-----------------------------|
| Do you have an endowment? | <input type="checkbox"/> Yes – Provide Attachment K, Part 1 | <input type="checkbox"/> No |
| Do you currently have a quiet or public capital and/or endowment campaign underway? | <input type="checkbox"/> Yes – Provide Attachment K, Part 2 | <input type="checkbox"/> No |
| Are you planning for a capital or endowment campaign? | <input type="checkbox"/> Yes – Provide Attachment K, Part 2 | <input type="checkbox"/> No |
| Do you own real estate? | <input type="checkbox"/> Yes – Provide Attachment K, Part 3 | <input type="checkbox"/> No |

Note: If you rent space, be sure you have answered all questions related to rent on the financial form (Part 6).

PART 9 – ITEMIZED DETAIL OF TOTAL COMPENSATION (IN WHATEVER FORM, FROM ALL SOURCES)

5 HIGHEST COMPENSATED EMPLOYEES

| # | TITLE/POSITION | TOTAL COMPENSATION AMOUNT |
|----|----------------|---------------------------|
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |

5 HIGHEST COMPENSATED CONSULTANTS

| # | TITLE/POSITION | TOTAL COMPENSATION AMOUNT |
|----|----------------|---------------------------|
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |

SECTION 2

ESSAYS

Attach **ONE** file with responses for all items below. Each numbered item represents a "question".

I. Organization *Not to exceed 500 words per question*

1. Describe your organization and how it was established.
2. Articulate your organization's mission and cultural vision.
3. Describe programs and/or services possibly funded by the 2018 County Budget and how they help your organization realize your mission and cultural vision.
4. Describe your organization in terms of local, regional, national, and/or international significance.
5. Tell us what your organization is most proud of. Especially anything that has happened in the last year.

II. Governance and Staffing *Not to exceed 500 words per question*

1. List committees of the board.
2. List committees of the corporation.
3. Explain the reason for missing Conflict of Interest forms (Explain "No" response in Section 1, Part 5).
4. Explain the reason any board member is NOT independent (Explain any "No" responses in Section 1, Part 5).
5. Describe how your organization handles fiscal oversight and conflicts of interest.
6. Provide the number of all staff compensated by your organization in any form
7. Describe any expected or unexpected leadership changes (staff or Board); detail any recent significant changes in key staff positions throughout the organization, and/or planned changes for 2018.

III. Planning *Not to exceed 500 words per question*

1. Please describe your organization's approach to institutional planning, including the roles of staff and board.
2. Describe your biggest non-financial challenges and your plan to address them.
3. Describe how your organization plans for funding diversification and addresses financial challenges.
4. If your organization receives funding from the NEA, NEH, IMLS, NYSCA, NYH, or other source or pass-through of federal funds, describe your contingency plan for the possible loss of those funds in the next 4 years.
5. In case of dissolution of your organization, explain the process to be followed as articulated in your by-laws.
6. Describe any significant collaboration efforts underway, in the recent past, or to be initiated in 2018.
7. Describe progress toward implementation of your strategic plan to date, including completed goals.

IV. Evaluation *Not to exceed 500 words per question*

1. **Board:** Does your governing board perform an annual evaluation of the entire board? Of individual trustees? Describe the evaluation process, date of most recent evaluation, and percent of board members who participated.
2. **CEO/Executive Director:** Detail your methods or review process for the CEO/Executive Director, and provide date of most recent evaluation.
3. **Programs:** Does your organization conduct an evaluation of programs, services, and/or other organizational initiatives? Describe your evaluation process. Provide an example of an improvement realized by the evaluation.
4. If your organization is evaluated by an accrediting organization, provide date of last completed review cycle and date of next anticipated review cycle. Please include any noteworthy comments. *If your organization is not evaluated by an accrediting organization, leave this question blank.*

V. Population Served/Marketing *Not to exceed 500 words per question*

1. Describe the audiences and communities served by your organization.
2. Detail efforts being taken to cultivate and broaden your constituency, especially efforts to reach underserved audiences. What is your attendance goal for 2017 and what are your marketing strategies to reach it?

VI. Response to Erie County *Not to exceed 500 words per question*

1. If your organization applied for Erie County Cultural Funding last year, please describe how you addressed (or plan to address) any issues or concerns provided to you in the feedback letters sent by the Erie Arts and Cultural Advisory Board. *If you are a first-time applicant, please write: "N/A, new applicant".*
2. *Optional:* Feel free to attach any additional written explanation of items in your application that may help the Erie Arts and Cultural Advisory Board to better understand and evaluate your application. (e.g. awards, recognition, board independence, unusual expenses, large budget variances, loss of significant funding, new location, major construction, staff turnover, organizational restructuring, merger, significant change of mission/purpose, recent media attention, etc.)

SECTION 3

ATTACHMENTS

All applicable attachments must be submitted with your application online at www.erie.gov/culturalfunding

All documents must be titled as specified in Directions form

- A. Balance sheet from your most recently completed fiscal year showing assets and liabilities
- B. FY 2016 Financial Statements (audited or unaudited)
- C. FY 2016 Form 990 (or proof of tax filing)
- D. **2018 Cash Flow FORECAST** organized by month. If your organization has an operating budget of less than \$200,000, you may submit the forecast organized by fiscal quarter.
- E. Conflict of Interest Policy with date of adoption
- F. Whistleblower Policy with date of adoption
- G. County Funding Acknowledgement – This is a pre-made form available at www.erie.gov/culturalfunding. Complete the questionnaire and provide up to 3 samples showing acknowledgement of County Funding. *If you are a first-time applicant, answer questions 1 and 14 only – acknowledgment samples are not required.*
- H. Bylaws
- I. Board Approved Strategic Plan
- J. Corporation and Foundation Support Detail *(if applicable)*
- K. Capital or Endowment Campaign Details/Budget; Real Estate Ownership or Use of a Publicly Owned Building *(if applicable)*. This is a pre-made form available at www.erie.gov/culturalfunding.