

CAPACITY BUILDING PROGRAM (CBP) FUNDING GUIDELINES

PURPOSE

To increase capacity within El Paso's Arts and Culture Organizations in the following administrative areas:

- | | |
|--|---|
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Board Development |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Development Planning |
| <input type="checkbox"/> Marketing and Audience Development. | |

WHAT WILL BE FUNDED

Non-profit organizations with in arts and culture specific mission. That demonstrate the need to stabilize, sustain or grow in their organizational infrastructure in the above areas.

PROGRAM ELIGIBILITY CRITERIA

In addition to the general eligibility requirements, applicants must meet all of the following criteria:

- Have been funded by MCAD for 2 of the previous five (5) funding cycles
- Must demonstrate commitment by the Board, a Board Resolution signed has to be submitted with the application
- IRS 501 © (3) Letter of determination
- Have qualified artistic and administrative leadership capable of completing the proposed project with a commitment to funding artists and artistic products
- Proposed project must start no earlier than September 1, 2010 and end no later than August 31, 2011 of the applicable City of El Paso fiscal year
- Organizations must submit a final report, including a financial summary
- Organization's administrative offices must be permanently located in the City of El Paso

Proposed project must have a primary focus on developing the organization's capability to better serve the community of El Paso **All applicants must attend one of the application assistance workshops for CBP conducted by the MCAD staff in March 2010. Program guidelines and proposal forms. Must be printed from the web before coming to the workshop.**

The Cultural Affairs Advisory Board (CAAB) will review and recommend approval of the applications, subject to budget appropriations and budget approval by City Council.

FUNDING LIMITS AND MATCHING FUNDS

There are up to two grants available with a maximum award of \$ 5,000 each. The total award will not exceed more than 50% of the proposed project's budget. **A 1:1 match is required for these awards.** Up to one-half of the match may be well-documented in-kind support (at true market value with proper documentation) and must have previous approval by MCAD Director.

EVALUATION CRITERIA

1. Impact /Services to El Paso residents	Maximum 40points
<ul style="list-style-type: none"> • What is the organization proposing? • Are the needs and the goals clearly defined? 	30-40=Excellent 20-30=Good 10-20=Fair 10or less=Poor
2. Administrative Health (Capacity)	Maximum30 points
<ul style="list-style-type: none"> • Based on the submitted financial statements, is the organization fiscally sound? • Is the amount requested reasonable? • Does the organization have diverse funding sources? • Does the organization have a clear idea of what they want to accomplish? 	20-30=Excellent 10-20=good 10 or less=Poor
3. Feasibility of the project and reasonableness of proposed expenses	Maximum 30 points
<ul style="list-style-type: none"> • Detailed and organized timeline and proposed expenses are reasonable? • Record of successful organizational management? • Capacity to meet proposed project's objectives? 	20-30=Excellent 10-20=Good 10 or less=Poor

A CONTRACT (ORGANIZATIONAL)

A letter of notification will be sent to the organization and a cultural services contract will be executed for successful applicants. The City will develop a contract indicating roles and responsibilities.

Schedule of Payments

Once the contract is executed, grantees are required to submit an invoice for up to 80% of the contract amount. And the reminding 20% will be given when the final report or product is turned in to MCAD.

NOTE: The first invoice should be submitted after receiving a Purchase Order from the City. The invoice must be numbered and make reference to the purchase order number.

Payments may be delayed or withheld at the discretion of the City if determined that the organization is not in full compliance with the terms of the contract document. All financial obligations of the City shall be subject to appropriation of funds by City Council. Contractors agree and understand that the full scope of services and/or amounts payable under the contract terms is subject to amendment and revision. Any such revision shall be accompanied pursuant to the pertinent sections of the El Paso City Code.

Analysis Guidelines

To determine that the grant was utilized for the intent of the contract a copy of the document that is the result of the grant has to be submitted to the MCAD office. The MCAD encourages each organization to keep it's elected and appointed City Representatives (e.g., Cultural Affairs Advisory Board) informed of its activities, and how it's services are impacting the different communities within each District and city-wide. The dead line is the same as all other MCAD Cultural Funding Programs August 31, 2010 or 30 days after the end of the project, whichever is earliest.

City of El Paso Museums and Cultural Affairs Department
CAPACITY BUILDING PROGRAM APPLICATION
 Fiscal Year 2010-2011

This application is due **by 5:00pm on April 19, 2010**, or must be postmarked by the deadline date. **Handwritten forms will not be accepted.** Download form at www.elpasotexas.gov/mcad.

Legal Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Physical Address: (if different)		
City:	State:	Zip Code:
Announcements and messages will be communicated via email. Please provide email for a primary contact person who regularly accesses email		
Primary Contact Person:		Telephone (include area code):
Email:		Website:
Federal Employer ID Number		
Please specify the amount of funding requested: \$		
Specify what is the purpose of applying for this grant		
ELECTED CITY OFFICIAL OF APPLICANT'S ADMINISTRATIVE OFFICES (Available from Municipal Clerk 541-4127 or www.elpasotexas.gov/government .)		
City Council Representative:		
District #:		
FOR MCAD USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE		
Check if received: Check list form (signed)	Qty/Each	Staff Review Completed by (print name):
<input type="checkbox"/> Application 1 original & 8 copies		Date Stamp:
<input type="checkbox"/> Resume of Consultant (optional)		
<input type="checkbox"/> Board Resolution		
<input type="checkbox"/> One page organizational summary, history and highlights		

Applicant Name: _____
ASSURANCES AND SIGNATURES

If funding is awarded, the applicant hereby assures the MCAD that:

1. Any funds received as a result of this application will be used solely for the purposes described.
2. The activities and services for which financial assistance is sought will be administered by or under the same supervision of the applicant organization.
3. The applicant organization is a non-profit entity as defined by the Internal Revenue Service, or an educational institution, or a unit of government.
4. The applicant organization will comply with the following: Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990 and City of El Paso Ordinance No. 9779 C.1. regarding accessibility; Drug Free Workplace Act of 1988; Texas Assumed Business or Professional Name Act; Section 5(j) of National Foundation of the Arts and Humanities Act of 1985 regarding labor standards and City of El Paso Ordinance No. 8790 regarding soliciting money or property.
5. The applicant organization officials have read, understand and will conform to the intent outlined in the current Funding Program Guidelines for the City of El Paso.
6. The undersigned have been duly authorized by the applicant organization to submit this application and support material.
7. In addition to the assurances listed above, the applicant organization hereby assures the City of El Paso that the applicant will comply with the following:
 - a. Equity Mandate regarding equitable procedures for the distribution of resources to recipients who reflect the geographical, cultural, and ethnic diversity of the state's population.
 - b. Obscenity Clause Section 10(7)(b) of the Texas Commission on the Arts Enabling Legislation, which prohibits the Texas Commission on the Arts and its grantees from knowingly fostering, encouraging, promoting, or funding any project, production, workshop, and/or program that includes obscene material as defined in Section 43.21 Penal Code of Texas.

CERTIFICATION

I certify that all information contained in this application, including all support material, is true and correct to the best of my knowledge.

Signature of Executive Director Complete Legal Name (print) Date

Signature of Authorized Official/Board Chair Complete Legal Name (print) Date

Please use BLUE INK for signatures and PRINT your complete legal name.

NOTE: For proposals being submitted by two organizations, the authorized official/board chair and project/ executive director of each organization certifies that the materials are true and correct to the best of our knowledge. It is understood and agreed that each organization must sign above (make additional copies of this page for each organization's signatures)**DEFINITION: Authorized Official.** A principal of the organization with legal authority to certify the information contained in the application and sign for the organization. He/She must read and guarantee the organization's compliance with all requirements listed above

Applicant Name: _____

NARRATIVE

Answer all questions. Use a clear, easy to read font of at least 12-points.

Use only the space provided. Do not attach additional pages, unless specifically indicated.

1. Check the type of service you are proposing to provide. **Please select only one choice.**

- | | |
|---|---|
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Board Development |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Development Planning |
| <input type="checkbox"/> Marketing and audience development | |

2. Describe the project that you are applying for: **Please only use space available. (300 Words)**

3. Provide the project objectives, timeline and deliverable. **Please only use space available.(100 words)**

4. Describe the project evaluation plan. Explain how data will be collected to demonstrate the success of the project. **Please only use space available. (200 words)**

Applicant Name: _____
CBP – BUDGET FORM

Round off all figures to the nearest dollar. Definitions pertaining to this form are provided in Proposal Instructions and Definitions. **Figures should relate to the fiscal year.**

Fiscal Year 2010-2011	From:	September 1	To: August 31
		xx/xx/xxxx	xx/xx/xxxx
		COLUMN A	COLUMN B
EXPENSES (for this project only): itemized the expenses		AIP Estimated Budget	Other Funding
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL EXPENSES		\$	\$
TOTAL PROJECT EXPENSES (Add Columns A + B)		\$	