

# OPERATIONAL SUPPORT PROGRAM (OSP) FUNDING GUIDELINES

## PURPOSE

To provide operating support to large, non-profit arts and cultural organizations that provide a season of activities open to the public, active community outreach, and activities that have a cultural tourism appeal. OSP is designed to support the organizational stability of the El Paso's arts and cultural assets, and to cultivate organizational growth and professional development through investments that benefit the citizens of El Paso and improve their quality of life, as well as fostering the region's creative economy and visitor industry. Particular consideration is given to organizational activities that emphasize tourism, marketing, collaboration, innovation and diversity.

## WHAT WILL BE FUNDED

Support for general operating expenditures, including artistic and administrative expenses.

## PROGRAM ELIGIBILITY CRITERIA

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

- Have been in operation for at least three (3) years, and have a minimum of three (3) years funding history with the MCAD
- Have minimum cash revenues of \$100,000 (including MCAD funding) during the most recently completed fiscal period
- Have year-round programming, including performance series or exhibition series, or other ongoing arts activities, with a primary focus on providing services to the citizens of El Paso (**NOTE:** Large-scale special festivals and special events may qualify if they can demonstrate year-round planning and fundraising activities directly related to the festival or special event) that are open to the public and conducted within the El Paso City limits
- Present documentation of past programs and services, evidenced by copies of programs, playbills, reviews, or other similar documentation
- Submit a Strategic Plan and a one-year programming and operations plan covering the funding period
- Have at least a part-time employed executive director or business manager
- Present evidence of payment to artists for services rendered, or provide career advancement opportunities for artists and related creative support personnel
- Start proposed activities no earlier than September 1 and end no later than August 31 of the applicable funding period
- Have organization's administrative offices permanently located in the El Paso City limits

**All applicants must attend one of the application assistance workshops for OSP conducted by the MCAD staff in March 2010. Program guidelines and proposal forms must be printed from the web before coming to the workshop.**

## FUNDING LIMITS

The minimum award for this program is \$15,000 with a maximum award of \$25,000.

## EVALUATION CRITERIA

### Impact/Services to El Paso Residents

- To what extent will the City's support for the proposed programs and/or services meet the needs or expand the opportunities of citizens?
- Does this organization proposed programming promote excellence in the arts for the City of El Paso?

- Does the application show evidence of public and private financial commitment other than its request to MCAD Cultural Funding?
- Does the applicant exhibit the potential to achieve the administrative and financial goals of the proposed activities
- How great is the City's need for the services provided by the organization?

#### **Artistic Excellence and Innovation**

- Has the organization maintained high artistic standards in programming and services?
- Does the organization exemplify the excellence and uniqueness of the El Paso region's diverse arts and cultural community?

#### **Administrative Health (Capacity)**

- Based on submitted financial statements, is the organization fiscally sound?
- Is the budget and/or funding request appropriate?
- Does the organization have diverse funding sources?
- Is the organization's Strategic Plan clear and feasible? If so, please submit.

#### **Scope of Services**

- Are the services to be provided to the City specific in type and number? Identify services for the year you are applying for 2010-2011. The list of services is instrumental to the development of the contract.

#### **Diversity**

- Is there measurable involvement of diverse populations on the board and staff, and in the development and preservation of the artistic product?
- Does the applicant develop productive partnerships with diverse organizations and artists to broaden the reach of its programs and services?

#### **Outreach**

- Does the applicant demonstrate active community outreach?
- Does the applicant cultivate ethnically, culturally, and socially diverse audiences and supporters?
- Does the organization do outreach through educational programs?
- Does the organization do outreach to underserved populations?
- **NOTE:** If the mission of the organization is to provide programming specific to a particular ethnic group or groups, the organization is not expected to diversity programming beyond that mission.

#### **Audience Development and/or Tourism Promotion**

- Organizations can choose to address one or the other according to their focus. However, if the organization addresses both audience development and tourism, information about both must be included.
- Does the applicant offer, market, and promote its programs and services to the widest possible constituency, including residents, visitors and commuters?
- Are programs and services easily accessible to tourists and other visitors? Does the organization advertise in town and out of town? If so, does it address tourism promotion?
- Does the applicant have a marketing plan? If so, does it address audience diversification?
- Does the applicant have an audience development plan that addresses attracting future new audiences through educational programs, ticket give-aways, and/or free outreach programs?

#### **CULTURAL SERVICES CONTRACT (ORGANIZATIONAL)**

A letter of notification will be sent to the organization and a cultural services contract will be executed for successful applicants. The contract document includes the following requirements:

## Scope of Services

Services that are to be provided to the City (including community outreach) will be fairly specific in number and type to be provided. When the award letter is received you will have ten (10) business days to review the scope of work given the funding level of the award. If the "Scope of Work" is going to be altered in any way, please submit the revised scope of work a hard copy signed by the Executive Director, or equivalent within 10 days of your receipt of the award letter. **NOTE: Should it become necessary to alter the contracted services during the contract term, a written request must be submitted and approved by the MCAD Director before the changes are implemented.**

## Schedule of Payments

Once the contract is executed, grantees are required to submit an invoice for up to 50% of the contract amount, 45% invoice with mid year report and 5% with end of the year report.

**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. The City of El Paso has a net 30 day window within which to process invoices**

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. **NOTE:** Recommended funding will be based upon Fiscal Year 2010-2011 appropriation levels approved by the City Council of the City of El Paso.

## Analysis Guidelines

To determine that participants under this program support the City in achieving the public purpose of providing arts and culture to the El Paso community, controls are outlines below:

- **Monthly Report ("Matrix"):** A listing of activities and programs presented by the organization and the total attendance at each activity must be submitted **by the 15th day** of each month (reporting the prior month's activities) on the report form provided by the MCAD. The form may be downloaded from the City's website ([www.elpasotexas.gov/mcad](http://www.elpasotexas.gov/mcad)).
- **Mid-Year Report:** A mid-year evaluation report of expenditures and a summary of activities for the contract period through the end of February must be submitted by **March 18, 2011** on the form provided by the MCAD, along with an invoice requesting payment of up to 45% of the contract amount. This payment will be made in April 2011. The form may be downloaded from the City's website ([www.elpasotexas.gov/mcad](http://www.elpasotexas.gov/mcad)).
- **Final Report:** A final evaluation report of expenditures and a summary of activities for the contract period must be submitted by **August 31, 2011** on the form provided by the MCAD, along with an invoice for the remaining 5% of the contract amount. The form may be downloaded from the City's website ([www.elpasotexas.gov/mcad](http://www.elpasotexas.gov/mcad)). **NOTE:** Failure to submit the report in a timely manner or submission of an incomplete report may result in delayed payment of the final contract installment, as well as payment on future contracts.
- **Audited Financial Reports:** An audit for the most recently completed fiscal year must be submitted to the MCAD by all funded organizations when the audit is available **but no later than six (6) months** after the completion of the organizations fiscal year. **NOTE:** Mid-size

organizations are not required to submit an audit. However, a financial statement must be submitted **no later than six (6)** months after the completion of the organization's fiscal year.

- **Proof of Insurance:** Insurance requirements are included in the contract. A Certificate of Insurance must be submitted to the City whenever a policy expires and is renewed. Funds cannot be released without evidence of the required insurance. **NOTE:** Proof of insurance must meet the specific terms of the contract, to include the City of El Paso as policy holder.

### **Complimentary Tickets**

All funded organizations must inform the MCAD staff of all programs and activities during the funding period, and input all information into the MCAD Calendar of Events at [www.eventsel Paso.com](http://www.eventsel Paso.com). Upon request, up to **four (4) complimentary tickets** shall be made available to the MCAD staff for each program, production, exhibition, or other activities sponsored by the organization, where tickets are required. This requirement applies to the organization's regular programming only and not to special fundraising events.

MCAD encourages each organization to keep its elected and appointed City Representatives (e.g., Cultural Affairs Advisory Board) informed of its activities, and how its services are impacting the different communities within each District and city-wide.

### **Cultural Diversity/Outreach**

It is the intent of the City's cultural policy to contract with cultural organizations that demonstrate a commitment to **diverse community representation** on their boards and staff. In addition, the organizations are expected to demonstrate a commitment to cultural diversity and community outreach in all aspects of their operations and programming. **NOTE:** If the mission of the organization is to provide programming specific to a particular ethnic group or groups, the organization is not expected to diversity programming beyond that mission.

### **Probation**

Organizations that fail to provide contractual services or meet program eligibility and reporting requirements may be placed on probation. Failure of an organization to satisfactorily address the City's concerns within a period of probation may result in a recommendation of "no funding" or a "minimum of 5% reduction" in funding for the next fiscal year. The City will maintain a list of all organizations on probationary status. Organization unable to comply with the contract obligations will be ineligible to reapply for funding for two years.

### **Revisions**

Once the contract document has been executed, any changes in the project scope (either programmatic or financial) must be approved in advance by the MCAD Director. All requests for revisions must be submitted for approval **in writing and at least three (3) weeks prior** to implementation of proposed changes.

### **Americans with Disabilities Act (ADA)**

At the time of contract execution, successful grant applicants will be required to submit specific ADA-related documents to confirm compliance with several local ordinances and state and federal statutes/regulations.

# OPERATIONAL SUPPORT PROGRAM (OSP) APPLICATION INSTRUCTIONS

## APPLICATION DEADLINE

Applications must be received in the MCAD office by 5:00 PM on **April 19, 2010**, or postmarked by midnight on the deadline date. Late proposals will not be accepted, no exceptions.

OSP grant period is September 1, 2010 through August 31, 2011. The application must be stamped when it is received.

## FIRST-TIME APPLICANTS TO OSP

First-time applicants to OSP must meet with MCAD staff at least two (2) weeks prior to the deadline to go over the application process and ensure that funding requirements are fulfilled effectively. Throughout these guidelines, the term “first-time applicant” refers to applicants submitting proposals to the program for the first time, as well as to applicants that have applied in the past but are not currently funded through the program.

## APPLICATION PACKAGE

All applicants must submit **one signed original and six (8) copies** of the application. All application forms must be formatted to at least a 12-point font size. Application forms may be downloaded from our website ([www.elpasotexas.gov/mcad](http://www.elpasotexas.gov/mcad)) by clicking on **Cultural Funding Program**. **NOTE:** The application forms and all copies **must not** be stapled or bound, and must be assembled in the following order:

1. **Check list page (to ensure you have every document needed)**
2. **Assurances and Signatures** – The proposal must be reviewed and signed by the organization’s Board Chair/Authorizing Official and the Executive/Project Director before being submitted to the MCAD
3. **Narrative** – Please observe and adhere to the page limits indicated on the forms. Ensure that the scope of work is specific and clear. The scope of work will become part of the contract.
4. **Form A – Operating Income**
5. **Form B – Operating Expenses**
6. **Form C – Operating Budget Summary**
7. **Form D – Status of Operating Endowment(s)** (if applicable)
8. **Form E – Status of Accumulated Operating Deficit** (if applicable)
9. **Form F – Financial Audit Reconciliation** (if applicable)
10. **Form G – Cultural Diversity Summary**
11. **Attachments** – Submit **only one (1) set** of attachments and assemble in this order:
  - Charter, articles of incorporation and by-laws (required of first-time applicants and funded organizations that have changed their by-laws)
  - IRS 501(c)(3) Letter of Determination
  - Strategic Plan for the organization
  - Current season of events (1 page limit)
  - Proposed season of events for fiscal year 2010-2011 (1 page limit)
  - List of names and titles of key staff, including Artistic Director, along with brief bios (2 page limit), and organizational chart
  - Board roster with contact information for all board members
  - Schedule of Board Meetings (must have a minimum of 4 meetings per year)

- Audit completed by a certified public accounting firm. If not included as part of this application, the organization's end-of-year balance sheet should be submitted
- **Do not assume that the Review Panel will already be familiar with your organization or work.** Submit any additional materials that will help the review panel better understand the services provided by the organization; including news clippings, CD/DVD, or any printed promotional material
- **No VHS, audiotapes or slides will be accepted**
- For applicants submitting CD/DVD, submit the **best 90-second representation** of your work, if longer MCAD staff will play the first 90 seconds. Please note the minute and second mark that you would like the panel to view or hear. Due to time constraints of panel sessions, no more than 90 seconds will be reviewed.
- **MCAD will not accept late attachments. Points will be deducted by panel for missing documents**
- **Please review and ensure that your financial reporting is accurate. Submission of inaccurate financial reporting will be conveyed to review panel**

City of El Paso Museums and Cultural Affairs Department  
**OPERATIONAL SUPPORT PROGRAM (OSP) APPLICATION**  
 Fiscal Year 2010-2011

This application is due by 5:00 PM on **April 19, 2010**, or must be postmarked by the deadline date. **Hand-written forms will not be accepted.** Download form at [www.elpasotexas.gov/mcad](http://www.elpasotexas.gov/mcad).

Legal Name of Organization:				
Organization's Fiscal Year:	From:		To:	
		xx/xx/xxxx		xx/xx/xxxx
Amount of Funds Requested (this program only):		\$		
Projected Total Attendance for FY 2010-2011				
Mailing Address:				
City:		State:		Zip Code:
Website:				
<b>Announcements and messages will be communicated via email. Please provide email for a primary contact person who regularly accesses email messages to ensure prompt reply, i.e. Business Manager or Administrative Assistant.</b>				
<b>Primary Contact Person:</b>			<b>Telephone (include area code):</b>	
<b>Email:</b>				
Executive Director:			Telephone (include area code):	
Email:				
Authorized Official/Board Chair:			Telephone (include area code):	
Email:				
<b>ELECTED CITY OFFICIAL OF APPLICANT'S ADMINISTRATIVE OFFICES</b> (Available from Municipal Clerk 541-4127 or <a href="http://www.elpasotexas.gov/government">www.elpasotexas.gov/government</a> .)				
City Council Representative:				
District #:				
<b>Is the applicant a 501(c)(3) non-profit, tax-exempt organization?</b>			Yes	No
<b>FOR MCAD USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE</b>				
Check if received:		Qty/Each	Staff Review Completed by (print name):	
<input type="checkbox"/>	Application 1original & 8 copies			
<input type="checkbox"/>	Strategic Plan			
<input type="checkbox"/>	CD/DVD			
<input type="checkbox"/>	Photographs			
<input type="checkbox"/>	Resume			
			Date Stamp:	

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.

I certify that all the required attachments are being submitted with the application.

_____ Signature of Authorized Official/Board Chair	_____ Complete Legal Name (print)	_____ Date
_____ Signature of Project/Executive Director	_____ Complete Legal Name (print)	_____ Date

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

**DEFINITION: Authorized Official.** A principal of the organization with legal authority to certify the information contained in the application and sign contracts 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. Provide your organization’s Mission Statement. ( no more than 150 words)

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2. Describe the history and development of your organization. Include information about the organization’s artistic and/or cultural achievement. (no more than 300 words)

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Applicant Name: \_\_\_\_\_

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.**

3. Describe how the organization and proposed activities address the evaluation criteria. Please use only the space provided. Read the evaluation criteria to better address the question.

3. (a) Impact/Services to El Paso Residents (no more than 200 words)

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3. (b) Artistic Excellence and Innovation (no more than 200 words)

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Applicant Name: \_\_\_\_\_

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.**

3. (c) Proposed Scope of Services – List the type and **number of services** to be provided to the City. This becomes part of the contract, ensure that is clear and specific. (no more than 200 words)

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3. (d) Diversity (no more than 150 words)

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3.( e) Audience Development - Please indicate primary focus of organization. If your organization addresses both Audience Development and Tourism Promotion, also address question 3. (f).(no more than 150 words)

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4. Describe how your organization ensures that programs and facilities are accessible to individuals with disabilities.(no more than 150 words)

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5. Provide a description of the organization’s outreach activities, including educational programs and audiences served. List activities that include attracting underserved audiences and visitors to your events or facilities, as well as visibly representing a variety of communities. (no more than 200 words)

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**FOR PERFORMING ARTS ORGANIZATIONS ONLY**

**Provide the following information based on the most recently completed fiscal year.**

Total # of seats available:		Total # of tickets sold:	
Ticket Price Range:	For Adults	\$	For Children \$

**FOR ALL APPLICANTS**

<b>Total attendance at organization’s activities from September 2009 through August 2010 (projection for current fiscal year)</b>	
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Applicant Name: \_\_\_\_\_

**FORM A – OPERATING INCOME**

Please itemize income sources as indicated below. Attach supplemental breakdowns for any line item totaling \$50,000 or more (other than City of El Paso MCAD support, memberships and individual contributions). Round off all figures to the nearest dollar. **Do not show in-kind contributions nor revenue for capital improvements.** Definitions pertaining to this form are provided in Proposal Instructions and Definitions. **Figures should reflect to organization’s fiscal year.**

<b>Organization’s Fiscal Year</b>		<b>From:</b>		<b>To:</b>
			xx/xx/xxxx	xx/xx/xxxx
Ensure the numbers add	2 YRS PRIOR FY ACTUAL*	PREVIOUS FY ACTUAL*	CURRENT FY ESTIMATE	NEXT FY PROJECTION
<b>CITY OF EL PASO – MCAD</b>				
Operational Support Program	\$	\$	\$	\$
Other MCAD Support	\$	\$	\$	\$
<b>EARNED REVENUE</b>				
Admissions	\$	\$	\$	\$
Tuition/Class/Workshop Fees	\$	\$	\$	\$
Contracted Service Revenue	\$	\$	\$	\$
Auxiliary Activities	\$	\$	\$	\$
Memberships	\$	\$	\$	\$
Fundraisers/Special Events	\$	\$	\$	\$
<b>RESTRICTED CONTRIBUTIONS</b>				
Individuals	\$	\$	\$	\$
Corporations	\$	\$	\$	\$
Foundations	\$	\$	\$	\$
<b>UNRESTRICTED CONTRIBUTIONS</b>				
Individuals	\$	\$	\$	\$
Corporations	\$	\$	\$	\$
Foundations	\$	\$	\$	\$
<b>GOVERNMENT GRANTS</b>				
Federal (NEA, NEH, etc.)	\$	\$	\$	\$
State (TCA)	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>ENDOWMENTS</b>	\$	\$	\$	\$
<b>INTEREST</b>	\$	\$	\$	\$
<b>PRIOR YEAR SURPLUS</b>	\$	\$	\$	\$
<b>OTHER INCOME (ITEMIZE)</b>				
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>TOTAL (Carry forward to Form C)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

- Should match your internal financial statements for the reported Fiscal Year.

Applicant Name: \_\_\_\_\_

**FORM B – OPERATING EXPENSES**

Please itemize operating expenses as indicated below. Attach supplemental breakdowns for any line item totaling \$50,000 or more (other than salaries or utilities). Round off all figures to the nearest dollar. **Do not show in-kind or capital improvements expenses.** Definitions pertaining to this form are provided in Proposal Instructions and Definitions. **Figures should reflect to organization’s fiscal year.**

<b>Organization’s Fiscal Year</b>		<b>From:</b>		<b>To:</b>
Ensure the numbers add	2 YRS PRIOR FY ACTUAL	PREVIOUS FY ACTUAL	CURRENT FY ESTIMATE	NEXT FY PROJECTION
<b>PERSONNEL</b>				
<b>SALARIES/BENEFITS *</b>				
Administrative/General	\$	\$	\$	\$
Artistic	\$	\$	\$	\$
Technical/Production	\$	\$	\$	\$
Program Services	\$	\$	\$	\$
<b>OUTSIDE/PROFESSIONAL</b>				
Administrative/General	\$	\$	\$	\$
Artistic	\$	\$	\$	\$
Technical/Production	\$	\$	\$	\$
Program Services	\$	\$	\$	\$
<b>TRAVEL</b>	\$	\$	\$	\$
<b>SHIPPING</b>	\$	\$	\$	\$
<b>TELEPHONE</b>	\$	\$	\$	\$
<b>EQUIPMENT RENTAL</b>	\$	\$	\$	\$
<b>SPACE RENTAL*</b>	\$	\$	\$	\$
<b>UTILITIES</b>				
Electric	\$	\$	\$	\$
Natural Gas	\$	\$	\$	\$
Water and Sewer	\$	\$	\$	\$
<b>OTHER RENTALS</b>	\$	\$	\$	\$
<b>MARKETING/PROMOTION/PRINT</b>	\$	\$	\$	\$
<b>POSTAGE</b>	\$	\$	\$	\$
<b>SUPPLIES/MATERIALS</b>	\$	\$	\$	\$
<b>INSURANCE</b>	\$	\$	\$	\$
<b>OTHER (ITEMIZE)</b>				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>TOTAL (Carry forward to Form C)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\* This program requires organizations to have a minimum of one half-time paid employee and administrative offices permanently located in the El Paso City limits.

Applicant Name: \_\_\_\_\_

**FORM C – OPERATING FINANCIAL SUMMARY**

Totals indicated below should be carried forward from Forms A and B. Definitions pertaining to this form are provided in Proposal Instructions and Definitions. **Figures should reflect to organization's fiscal year.**

Organization's Fiscal Year		From:		To:
			xx/xx/xxxx	xx/xx/xxxx
	2 YRS PRIOR FY ACTUAL	PREVIOUS FY ACTUAL *	CURRENT FY ESTIMATE	NEXT FY PROJECTION
<b>TOTAL INCOME</b> (from Form A)	\$	\$	\$	\$
<b>TOTAL EXPENSES</b> (from Form B)	\$	\$	\$	\$
<b>NET DIFFERENCE</b> (if any)	\$	\$	\$	\$

If there is a net difference in any fiscal year, please indicate below how the deficit or surplus was, or will be handled.

Total operating support amount requested from MCAD for FY 2009-2010: \$\_\_\_\_\_ (Amount should be the same as MCAD Operational Support for Next Fiscal Year in Form A.)

- Are PREVIOUS FISCAL YEAR ACTUAL figures based on Audited Financial Statement?
- YES  NO

If YES, and Audited Financial Statement differs in any way from the PREVIOUS FISCAL YEAR figures in the proposal, organization must submit Form F – Financial Audit Reconciliation.

If NO, when will PREVIOUS FISCAL YEAR Audited Financial Statement be completed?  
 – \_\_\_\_\_

**FORM D – STATUS OF OPERATING ENDOWMENT(S)**

Does your organization maintain an operating endowment?  YES  NO

If YES, please report the following information. If NO, please enter zeros.

These figures are based on:  Cost of original investments  
 Current market value (as of end of PREVIOUS FISCAL YEAR)

	2 YRS PRIOR FY ACTUAL	PREVIOUS FY ACTUAL *	CURRENT FY ESTIMATE	NEXT FY PROJECTION
OPERATING ENDOWMENT	\$	\$	\$	\$

**Explain changes in your operating endowment, if any. Give a brief description of your organization's efforts to further develop operating endowments. Use additional page if necessary.**

Applicant Name: \_\_\_\_\_

**FORM E – STATUS OF ACCUMULATED OPERATING DEFICIT\***

Does your organization have an accumulated operating deficit?  YES  NO

If YES, please report the following information. If NO, please enter zeros.

	2 YRS PRIOR FY ACTUAL	PREVIOUS FY ACTUAL	CURRENT FY ESTIMATE	NEXT FY PROJECTION
ACCUMULATED OPERATING DEFICIT	\$	\$	\$	\$

**\*Explain changes in your accumulated operating deficit, if any. Give a brief description of your organization’s efforts to reduce or eliminate it. Use additional page if necessary.**

**FORM F – FINANCIAL AUDIT RECONCILIATION**

This form is to be completed **only** by organizations whose audited financial statement differs in any way from the PREVIOUS FISCAL YEAR ACTUAL figures provided in this proposal. Submission of this form will enable the City to reconcile the total income/loss figures shown in the audited financial statement to the income/loss figures shown on Form C-Operating Budget Summary.

If the figures shown on Form C-Operating Budget Summary for PREVIOUS FISCAL YEAR ACTUAL are based on the audited financial statement, **this form and its attachment should be submitted with the funding proposal only if the figures vary.** If the PREVIOUS FISCAL YEAR ACTUAL figures are un-audited, this form and its attachments along with the final figures (both operating income and expenses for PREVIOUS FISCAL YEAR ACTUAL) must be submitted to the City as soon as the audit is complete **only if the figures vary.**

**INSTRUCTIONS:**

1. Photocopy and attach the section of your audited financial statement entitled “Statement of Revenue, Expenses and Changes in Fund Balances” to this form.
2. In the space provided below, use a footnote format to reference specific figures on the “Statement.” In as concise a manner as possible, explain how the PREVIOUS FISCAL YEAR ACTUAL figures shown on Form C-Operating Budget Summary relate to the total income/loss figures shown on the audited financial statement. Attached additional sheets if necessary.

Applicant Name: \_\_\_\_\_

**FORM G – CULTURAL DIVERSITY SUMMARY**

**Current Board Makeup** (should correlate for Form I – Board of Directors Information)

	#	# Male	# Female
African-American			
Asian			
Latino/Hispanic			
Native-American			
Native Hawaiian/Other Pacific Islander			
White, non-Latino/Hispanic			
Other			

**Current Personnel/Employees** (should correlate Addendum – Personnel Summary Sheet)

	#	# Male	# Female
African-American			
Asian			
Latino/Hispanic			
Native-American			
Native Hawaiian/Other Pacific Islander			
White, non-Latino/Hispanic			
Other			

**Personnel/Contract** (should reflect most recently completed fiscal year)

	#	# Male	# Female
African-American			
Asian			
Latino/Hispanic			
Native-American			
Native Hawaiian/Other Pacific Islander			
White, non-Latino/Hispanic			
Other			

**Please give percentage where applicable. Type N/A where not applicable. The following should be based on totals for the most recently completed fiscal year.**

<b>Audience Regular Season Event/Exhibitions</b>		<b>Audience Outreach Events</b>	
Total Attendance		Total Attendance	
African-American	%	African-American	%
Asian	%	Asian	%
Latino/Hispanic	%	Latino/Hispanic	%
Native-American	%	Native-American	%
Native Hawaiian/Other Pacific Islander	%	Native Hawaiian/Other Pacific Islander	%
White, non-Latino/Hispanic	%	White, non-Latino/Hispanic	%
Other	%	Other	%
<b>Season Subscribers/Memberships</b>		<b>Volunteers/Docents</b>	
Total Attendance	%	Total Attendance	%
African-American	%	African-American	%
Asian	%	Asian	%
Latino/Hispanic	%	Latino/Hispanic	%
Native-American	%	Native-American	%
Native Hawaiian/Other Pacific Islander	%	Native Hawaiian/Other Pacific Islander	%
White, non-Latino/Hispanic	%	White, non-Latino/Hispanic	%
Other	%	Other	%

# OPERATIONAL SUPPORT PROGRAM (OSP) PROGRAM DEFINITIONS

## FORM A - OPERATING INCOME

Admissions: Funds earned from subscriptions, group and single ticket sales

Tuition/Workshop fees: Funds earned from adult/student attendance

Contracted Services Revenue: Funds earned from sponsors for performances, exhibitions, residencies, optional services, and consultations

Auxiliary Activities: Funds earned from concessions, gift shop sales, parking, publications, rentals, and advertising

Memberships: Funds earned from services provided to members

Restricted Contributions: Individual/Corporate/Foundation contributions given on the condition they are used for specific programs/activities in the operating budget

Unrestricted Contributions: Individual/Corporate/Foundation contributions given to the operating budget **without** restrictions on how they are used

### Government Grants:

- FEDERAL – NEA, NEH, IMS, CDBG
- STATE – TCA, TCH
- LOCAL – Funds from other municipalities (not the City of El Paso)

Endowments: Funds distributed from the organization's own endowment fund if used in the operating budget

Interest: Revenue from interest-earning accounts or investments

Prior Year Surplus: Funds carried forward from the previous fiscal year (**Only for those organizations using cash-based accounting**)

Other Income: Grant funds from other sources, revenue from galas and other sources, other than those listed above (**Please itemize**)

## FORM B – OPERATING EXPENSES

Personnel Salaries/Benefits: The total amount of wages and benefits for full or part-time **employees** of the organization (not to include consultants, see below)

Administrative/General: Wages/Benefits paid to employees involved in administrative and general support of the organization, such as executive director, financial officer, development staff, clerical staff and other administrative support staff

**NOTE:** If an employee's time is split between Administrative, Artistic, Technical or Program services, be sure to allocate wages/benefits to proper categories

Artistic: Wages/Benefits paid to such employees as curators, artistic directors, conductors, choreographers, composers, graphic artists, actors, dancers, singers, musicians, instructors, designers, video artists, film makers, and photographers

Technical/Production: Wages/Benefits paid to technical management staff and such employees as technical directors, stage/lighting/sound crews, stitchery, preparators, and film technicians

Program Services: Wages/Benefits paid to program services staff and such employees as program coordinators and outreach staff

Outside Professional Services: Honoraria, stipends, commissions or fees to any person not on the organization's salaried staff. These services may be in any of the three areas of administrative, artistic, technical/production, or program services described above

Travel: All costs directly related to organization's personnel travel, guest artists, consultants, etc. Include fares, lodging expenses, food, taxis, gratuities, per diem, tolls, parking, mileage, personal vehicle allowances, and car rentals

Shipping: Freight charges for exhibitions and performance materials/items

Telephone: Fees for local and long-distance calls, installation, and repairs

Equipment Rental: Costs for rented office equipment and production equipment (cameras and lighting)

Space Rental: Include offices, rehearsal, theater, gallery, hall, warehouse or other fees paid for use of buildings

Utilities: Electricity, gas

Other Rentals: Rental of exhibitions and films

Marketing/Promotion/Printing: Fees for printing and mailing (including postage and mailing service costs) of announcements, mailers, brochures, catalogues, tickets, programs, and/or costs for newspaper and broadcast advertising used to encourage attendance at events and to encourage earned or unearned income

**Do not** include payments to individuals or firms that belong under Personnel Salaries/Benefits or Outside Professional Services

**Do** include food or space costs when directly connected to fundraising or promotion

Supplies/Materials: Cost of office supplies, scripts, scores, photographic supplies, materials for sets/props/costumes, food and maintenance supplies

Insurance: Call MCAD at (915)541-4167 if you have any insurance questions

Other: Any operational expenses not covered above. For groups using cash based accounting, non-capital debt reduction should be reported here

Form C – Operating Financial Summary: Transfer total Income from **Form A** and Total Expenses from **Form B**. IF there is a Net Difference, explain how the deficit or surplus has been or will be handled

Form D – Status of Operating Endowment(s): **Complete only if applicable.** Narrative statement should include short-term and long-term plans for developing the endowment and using its earnings for cultural services

Form E – Status of Accumulated Operating Deficit: **Complete only if applicable.** Narrative statement should include detailed plans for correcting the organization's financial problems

Form F – Financial Audit Reconciliation: If for any reason your audited financial statements differ in any way from the ACTUAL figures in your proposal, complete this form. Submit financial statements and notes. Use additional paper if necessary

Form G – Cultural Diversity Summary: This form should reflect the information provided in the **Diversity and Outreach** section (page 19 and 20) of the narrative

**NOTE:** If the mission of the organization is to provide programming specific to a particular ethnic group or groups, the organization is not expected to diversify programming beyond that mission

Strategic Plan: A Board-approved document defining the organization’s long-term financial and programmatic goals, which clearly identifies the best approach for achieving those goals