**2024 - LEVEL 2**

|  |  |
| --- | --- |
| **ORGANIZATION INFORMATION** |  |
| Legal name of organization |  |
| Organization best known as: |  |
| New Applicant - Y/N |  |
| Website and Social Media Addresses - up to 3 URLs - VERY SPECIFIC FORMAT NEEDED FOR THESE. We recommend that you copy and paste your entire URLs directly from your browser. |  |
| Mailing Address |  |
| Is the Mailing Address the SAME as the Primary Physical Location of your Arts/Cultural Programs? Y/N  If no, provide the location of the venue/facility where the majority of your activity takes place:  STREET ADDRESS  NAME/TYPE  *(for example, concert venue, theater, rehearsal location, program location, school, etc.)* |  |
| Grant Contact/Person Preparing the Application - Name, Title/Position, Email, Phone Number |  |
| Does your organization have a CEO/ED/Manager, different from the Contact Person (above) and Board chair/President (below)? Y/N  If Yes, CEO/ED/Manager/etc. - Name, Title/Position, Email, Phone Number |  |
| Board Chair/President/etc. - Name, Title/Position, Email, Phone Number |  |

|  |  |
| --- | --- |
| **FUNDING ACKNOWLEDGEMENT & FEEDBACK** |  |
| Have you acknowledged Erie County funding in your marketing as required in your Cultural Funding Contract? Y/N  *Namely: "The Organization agrees to acknowledge in any and all promotional material the fact that the Organization receives financial support from the County, including, but not limited to, the Organization’s website, marketing materials, and/or other publications."* |  |
| **Examples of Funding Acknowledgement - Attachment A**  Upload examples of Acknowledgement of County Funding.   * Funding Acknowledgement Samples may be a screenshot of your website, digital copies/pictures of posters, event invitations, flyers, newsletters, plaques, links to videos with audio acknowledgment, etc. All samples should be clear on where they can be found or when/where they were performed. * Keep your files as small as possible - either flatten or compress them. * Save your file with your organization's acronym, the attachment letter and the funding year. For example, if your organization's acronym is ABC, your Annual Report should be titled ABC.A.2024 * One file only. * 5 MB limit. * Allowed types: pdf. |  |
| As an applicant for (current-year) 2023 funding, your organization received a letter containing valuable feedback from the Erie County Arts & Cultural Advisory Board (EACAB). Please describe how you addressed (or plan to address) all issues and areas of concern specified in the letter. Include timelines with corrective actions. Please limit your response to 250 words. *If no concerns were noted in your letter, please state so.* |  |

|  |  |
| --- | --- |
| **FUNDING INFORMATION** |  |
| Current FY start and end dates |  |
| Has your FY changed since 2021? Y/N  If Yes, enter the old FY start and end date |  |
| Amount of 2023 Erie County Cultural Operating Support Grant Awarded  *Use a currency format; i.e., $###,###.## (do not include other Erie County funding received)* |  |
| Total Amount of Applicant's 2021 Actual Operating Expenses  *Use a currency format; i.e., $###,###.## (do not include capital expenditures)* |  |
| Total Amount of Applicant's 2022 Actual Operating Expenses  *Use a currency format; i.e., $###,###.## (do not include capital expenditures)* |  |
| Total Amount Budgeted Operating Expenses in the Applicant’s 2023 Board-approved Budget  *Use a currency format; i.e., $###,###.##* (*do not include capital expenditures)* |  |
| Amount of 2024 Erie County Cultural General Operating Support Request  *Use a currency format; i.e., $###,###.##*  *Your 2024 funding request should be equal to / or less than 20% of your 2022 Actual Operating Expenses (Not including capital expenditures).* |  |
| Select Your Level:   * Level 1: ≤$50,000 request * Level 2: >$50,000 up to $200,000 request * Level 3: >$200,000 request   *If your 2024 request exceeds 20% of your 2022 Actual Operating Expenses, you must select the next application level up (i.e., a $45,000 funding request that is more than 20% of your 2022 Actual Operating Expenses will require you to submit a Level 2 application.)* |  |
| Prior Funding Use  *Provide a simple list of how the 2022 Erie County Cultural Funding grant was used. For example, Salaries/wages, Facility rent, Utility payments, Marketing, and Website/software costs.*  Please limit your response to 100 words. |  |
| Purpose of 2024 Funding Request  Describe the grant purpose and what the organization is trying to accomplish. Explain how your organization will allocate 2024 County Cultural Grant funds.  Please limit your response to 500 words  *\*Note: funds shall not be used for or applied toward any capital project or improvement, nor as a set-off against accounts receivable. No funds received shall be used for any service provided or activity performed outside Erie County.* |  |
| Organization’s Mission Statement |  |
| How does your organization measure impact and success?  *Enumerate the measures/indicators/ways used and their results. Explain why the organization uses each item listed.*  Please limit your response to 500 words. |  |

|  |  |
| --- | --- |
| **FINANCIAL INFORMATION** |  |
| Year 501c3 Status Received |  |
| Federal Tax Identification No. |  |
| CHAR500  Indicate the date of the most recent filing of your NYS Annual Filing for Charitable Organizations |  |
| If your organization does not file an annual CHAR500 and is exempt from registration with the  NYS Attorney General’s Charities Bureau, please clarify your exempt status. (max 100 words) |  |
| Does your organization have an accumulated operating: Surplus/Deficit  (Do not include endowment/capital funds) |  |
| Amount of Surplus or Deficit  *Use a currency format; i.e., $###,###.##* |  |
| **Capital Campaign and/or Endowment Information** |  |
| Do you have an endowment? Y/N |  |
| Total Endowment (All Sources)  *Use a currency format; i.e., $###,###.##* |  |
| Earnings from Endowment  *Use a currency format; i.e., $###,###.##* |  |
| Endowment Expenses  *Use a currency format; i.e., $###,###.##* |  |
| Provide Statement of Spending Rule(s): |  |
| Do you currently have a quiet or public capital and/or endowment campaign underway? Y/N |  |
| Start Date |  |
| End Date |  |
| Campaign Goal Amount  *Use a currency format; i.e., $###,###.##* |  |
| Pledges Committed to Date  *Use a currency format; i.e., $###,###.##* |  |
| Are you planning for a capital or endowment campaign? Y/N |  |
| Proposed Start Date |  |
| Proposed End Date |  |
| Planned Campaign Goal  *Use a currency format; i.e., $###,###.##* |  |
| What is the purpose of the current or planned campaign? |  |

|  |  |
| --- | --- |
| **Financial Worksheet - Attachment C**  Download and complete the appropriate Financial Worksheet for your Level. The financial worksheet is a pre-made, required, Excel document available at [Erie.gov/Cultural](https://www3.erie.gov/cultural/application)   * Save your file as a pdf with your organization's acronym, the attachment letter and the funding year. For example, if your organization's acronym is ABC, your Financial Worksheet should be titled ABC.C.2024 * Once completed, return here to upload your Financial Worksheet. * Only PDFs are allowed for upload * Keep your files as small as possible - either flatten or compress them. |  |
| **Tax Filing Attachment – Attachment D**  Submit a copy of your most recent 990, 990-EZ, or 990-N submitted to the IRS (No drafts please).   * Only PDFs are allowed for upload * Keep your files as small as possible - either flatten or compress them. * Save your file with your organization's acronym, the attachment letter and the funding year. For example, if your organization's acronym is ABC, your Tax Filing should be titled ABC.D.2024 * One file only * 15 MB limit. * Allowed types: pdf. |  |

|  |  |
| --- | --- |
| **Bylaws** |  |
| Date of Last Review |  |
| Length of one Board Term |  |
| Bylaws Most Recent Date of Adoption |  |
| Number of consecutive terms permitted |  |
| Board Size |  |
| Quorum |  |
| Number of required Board meetings |  |
| Description of Officer positions |  |
| One person may not hold the office of president and secretary simultaneously |  |
| Authorization of Committees of the Board |  |
| Authorization of Committees of the Corporation |  |
| Composition and Duties of Executive Committee |  |
| Composition and Duties of Audit Committee |  |
| Explanation of Missing Items |  |
| **Conflict of Interest Policy** |  |
| Date of Last Review |  |
| Most Recent Date of Adoption |  |
| Definition of what constitutes a conflict of interest |  |
| Procedure for disclosing a conflict or possible conflict of interest to the Board or to a committee of the Board |  |
| Procedure for the Board or committee to determine whether a conflict exists |  |
| Requirement that the person with the conflict of interest not be present at or participate in Board or committee deliberation or vote on the conflict |  |
| Requires that the existence & resolution of the conflict be documented in the corporation's records, including in the minutes of any meeting at which the conflict was discussed or voted upon |  |
| Prohibition against any attempt by the person with the conflict to influence improperly the deliberation or voting on the matter giving rise to such conflict |  |
| Procedures for disclosing, addressing, and documenting related party transactions. |  |
| Requirement for completion/disclosure prior to the initial election of any director, and annually thereafter |  |
| Explanation of Missing Items  *Use an ‘Item: Explanation’ format* |  |
| **Whistleblower Policy** |  |
| Date of Last Review |  |
| Most Recent Date of Adoption |  |
| Statement that no director, officer, employee or volunteer of a corporation who in good faith reports any action or suspected action taken by or within the corporation that is illegal, fraudulent or in violation of any adopted policy of the corporation shall suffer intimidation, harassment, discrimination or other retaliation or, in the case of employees, adverse employment consequence |  |
| Procedure for the reporting of violations or suspected violations of laws or corporate policies, including procedures for preserving the confidentiality of reported information. |  |
| Designation of employee, officer, or director of the corporation as administrator of the policy and to report to the Board or an authorized committee thereof |  |
| Statement that directors who are employees may not participate in any board or committee deliberations or voting relating to administration of the whistleblower policy |  |
| Requirement that the person who is the subject of a whistleblower complaint not be present at or participate in board or committee deliberations or vote on the matter relating to such complaint (except to present information as background or answer questions at a committee or board meeting prior to the commencement of deliberations or voting relating thereto) |  |
| Procedure for distribution of policy to all directors, officers, employees, and volunteers who provide substantial service to the corporation |  |
| Explanation of Missing Items  *Use an ‘Item: Explanation’ format* |  |
| **Governance Documents** |  |
| **Bylaws Attachment – Attachment F**   * Upload your organization’s current bylaws * Keep your files as small as possible - either flatten or compress them. * Save your file with your organization's acronym, the attachment letter and the funding year. For example, if your organization's acronym is ABC, your Bylaws should be titled ABC.F.2024 * One file only. * 1 MB limit * Allowed types: pdf. |  |
| **Conflict of Interest Policy - Attachment G**  Conflict of Interest Policy per NYS Not-For-Profit Corporation Law §715-a, with a blank Declarations/Disclosure form, and copies of signature pages of all current board members and Key Persons’ Declarations/Disclosure form.   * A template is available at [erie.gov/cultural](https://www3.erie.gov/cultural/resources#Templates) * Keep your files as small as possible - either flatten or compress them. * Save your file with your organization's acronym, the attachment letter and the funding year. For example, if your organization's acronym is ABC, your Conflict of Interest should be titled ABC.G.2024 * One file only. * 10 MB limit. * Allowed types: pdf. |  |
| **Whistleblower Policy - Attachment H**  Upload your organization’s Whistleblower Policy per NYS Not-For-Profit Corporation Law §715-B.  *NOTE: An active Whistleblower Policy is required of all applicants regardless of budget size or number of employees*   * A template is available at erie.gov/cultural * Keep your files as small as possible - either flatten or compress them. * Save your file with your organization's acronym, the attachment letter and the funding year. For example, if your organization's acronym is ABC, your Whistleblower should be titled ABC.H.2024 * One file only. 5 MB limit. * Allowed types: pdf. |  |

|  |  |
| --- | --- |
| **Board of Directors Information**  *Please use final numbers from your most recently completed FY for the following questions* |  |
| Number of Board Members |  |
| Number of Conflict of Interest Disclosure forms collected & in force |  |
| Number of Independent Directors  *Definition of board member independence can be found at http://www2.erie.gov/environment/index.php? q=IndependentDirectors* |  |
| Number of Board Meetings |  |
| Number of Board Meetings with a quorum present |  |
| List your Committees of the Board |  |
| List your Committees of the Corporation |  |
| Board Demographics - Use whole numbers   * Characteristic   + Female,   + Gender Non-Confirming,   + Male,   + American Indian,   + Asian,   + Black and/or African American,   + Hispanic,   + Two or more,   + White,   + None of the above, |  |
| Board Diversity Additional Information  *Please provide additional information on your Board's diversity. This question is optional but encouraged.*  Please limit your response to 250 words. |  |
| **Workforce**  *Please use final numbers from your most recently completed FY for the following questions, unless otherwise indicated.*  *Use number of* ***persons****, NOT salary amounts.* |  |
| Workforce Details - Use whole numbers  Include any individuals financially compensated by the organization to include part-time employees, artists, individual contractors, etc.  Characteristic, Previous FY Actual, Current Budget, Current FY to Date  Number of Paid Workforce  Number of unpaid Workforce /Volunteers |  |
| Paid Workforce Demographics  *The table below is for Paid Workforce Demographics only. The Paid Workforce Demographics should be consistent with the number of paid Workforce in the Previous FY Actual above. Use whole numbers.*   * Characteristic   + Female,   + Gender Non-Confirming,   + Male,   + American Indian,   + Asian,   + Black and/or African American,   + Hispanic,   + Two or more,   + White,   + None of the above, * Leadership Position or Non-Leadership Position |  |
| Workforce Diversity Additional Information  *Please provide additional information on your workforce's diversity. This question is optional but encouraged.*  *Please limit your response to 250 words.* |  |
| **Management** |  |
| Erie County is committed to diversity and inclusion.  Explain how your organization demonstrates alignment with these values by way of your staffing, leadership, outreach, and programming decisions.  Please limit your response to 250 words. |  |
| Provide your organization's Diversity, Equity, and Inclusion statement  Please limit your response to 250 words. |  |
| **Services & Programs** |  |

|  |  |
| --- | --- |
| **Strategic Plan** |  |
| Date of Adoption |  |
| Date of Last Review |  |
| Dates covered by Plan |  |
| Strategic Plan Attachment – Attachment I   * Upload your organization’s current Strategic Plan * Keep your files as small as possible - either flatten or compress them * Save your file with your organization's acronym, the attachment letter and the funding year. * For example, if your organization's acronym is ABC, your Strategic Plan should be titled ABC.I.2024 * One file only. * 10 MB limit. * Allowed types: pdf. |  |

|  |  |
| --- | --- |
| **SERVICES & PROGRAMS** |  |
| Provide a list or summary of your organization's services and programs  Please limit your response to 250 words. |  |
| Provide examples of how your organization supports Racial Justice: Just and fair inclusion into a society in which all people, immaterial of their race or ethnicity, can participate, prosper, and reach their full potential.  Please limit your response to 250 words. |  |
| Provide examples of how your organization supports Economic Justice: A set of moral principles for building economic institutions, the ultimate goal of which is to create an opportunity for each person to build a sufficient material foundation upon which to have a dignified, productive, and creative life.  Please limit your response to 250 words. |  |
| Provide examples of how your organization supports Environmental Justice: Fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.  Please limit your response to 250 words. |  |
| **Audience & Community** |  |
| Provide total number of persons served in the most recently completed fiscal year. Provide the source of your attendance records/ data (e.g., tickets, registrations, headcount?) and be sure to indicate if attendance is virtual or in-person. If your data includes audience(s) demographics, please include these details as well. Please limit your response to 500 words |  |
| Describe:   1. The audience and communities served by your organization; 2. Efforts being taken to cultivate and broaden your constituency; 3. Efforts to reach underserved audiences, and 4. Progress made to increase audience diversity in the last 2-3 years.   Please limit your response to 500 words |  |
| **Additional Information** |  |
| You may submit additional information you'd like to share with the Board and DEP staff. We encourage you to utilize this area, especially to 1) provide further details on the application, such as significant changes in budgets or similar items, 2) explain any missing information, and 3) topics or aspects of the organization not addressed in the application.  Please limit your response to 250 words. |  |
| Additional Attachment – Attachment Z  You may submit an additional attachment with information you'd like to share with the Board, whether providing further details on application questions or on topics not addressed   * Keep your files as small as possible - either flatten or compress them. * Save your file with your organization's acronym, the attachment letter and the funding year. For example, if your organization's acronym is ABC, your Additional Attachment should be titled ABC.Z.2024 * One file only. * 5 MB limit. * Allowed types: pdf. |  |