



# Grant Cycle 2018: Cultural Enrichment Grant

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This application form is provided to you so that you may review the application questions and create your answers prior to logging in to [Bravo's Grants Management Portal](#). This form will not be accepted as a completed application. If you have questions, please contact us at [grants@bravogreaterdesmoines.org](mailto:grants@bravogreaterdesmoines.org) or by calling 515.243.0388.

Questions marked with an asterisk (\*) will be asked of all applicants on the CEG application in Bravo's Grants Management Portal. Questions without an asterisk (\*) are optional, or are required for only some applicants.

## **\*Primary Contact Information**

Provide the contact information for the individual responsible for submitting, responding to questions about and receiving communications regarding this application. Or, if fiscally-sponsored, please complete this section using the sponsored entity's information.

Contact Full Name:

Contact Title:

Contact Phone (123-456-7890):

Contact Email:

## **\*Is the Authorized Contact different than the Primary Contact?**

The Authorized Contact has the authority to commit the organization to the terms of a grant contract from Bravo Greater Des Moines if funds are awarded. If fiscally-sponsored, please respond "Yes".

Yes

No

## Authorized Contact Information

If different from the Primary Contact, provide the contact information for the individual with the authority to commit the organization to the terms of a grant contract from Bravo Greater Des Moines if funds are awarded. Or, if fiscally-sponsored, please complete this section using the sponsor's information.

Contact Full Name:

Contact Title:

Contact Phone (123-456-7890):

Contact Email:

## Organization Information

\*Organization Legal Name:

Organization D/B/A Name:

\*Employer ID Number (EIN):

\*Street Address:

Street Address 2:

\*City:

\*County:

\*State:

\*Zip Code:

## \*Grant Request

Although there is no limit to the amount of funding an applicant may request or be awarded, Cultural Partners may generally expect to see awards that are a percentage of their actual operating expenses for their most recently completed fiscal year, based on Bravo's graduated funding scale. Grant requests outside of the graduated funding scale ranges may not be looked upon favorably. Generally, awarded organizations will see an award that is in the low- to mid-area of their eligible range.

ACTUAL EXPENSES	\$1 million and above	\$250,000 –\$999,999	Up to \$249,999	Local Historical Societies
TARGET FUNDING RANGE	3% - 7%	5% - 9%	5% - 15%	5% - 25%

Provide whole dollar amount requested from Bravo:

### Most Recently Completed Fiscal Year's Expenses

It is required that this section be completed using only actual figures for your most recently completed fiscal year. In-kind donations will not be included in the overall budget during Bravo award consideration and should not be reflected in your actual expenses. Inaccurate financial reporting may disqualify an otherwise eligible applicant from Bravo funding consideration. Provide only information that your financial statements, tax filings and financial review or audit supports.

### \*End Date of Most Recently Completed Fiscal Year

The end date of your most recently completed fiscal year should not be a future date. Enter date in MM/DD/YYYY format.

### \*Most Recently Completed Fiscal Year's Actual Expenses

Do not include any in-kind goods and services when making your selection.

- \$1,000,000 or above
- \$250,000 - \$999,999.99
- \$50,000 - \$249,999.99
- Up to \$49,999.99
- My organization has not yet completed its first 12-month fiscal year (please use Budget Narrative section to align grant request with anticipated budget for first 12-month fiscal year).

### \*Most Recently Completed Fiscal Year's Total Actual Expenses

Do not include in-kind contributions.

## Financial Accountability

Iowa Principles and Practices for Nonprofit Excellent establish the following guidelines regarding audits: Total annual gross revenues of \$1,000,000 or above: Independent audit Total annual gross revenue between \$250,000 and \$1,000,000 - Review by an independent accountant Total annual gross revenue below \$250,000: No review or audit necessary, outside review encouraged IRS Form 990 Requirements: Organizations with gross receipts of \$200,000 or more, or assets worth \$500,000 or more - Form 990 Organizations with gross receipts of more than \$50,000 and less than \$200,000, and assets worth less than \$500,000 - Form 990EZ or Form 990 Organizations with gross receipts of \$50,000 or less - Form 990-N (e-Postcard)

### **\*For my organization's most recently completed fiscal year, I can supply**

Select all that apply (at least one). If fiscally-sponsored, use sponsor's information.

- Independent Financial Audit
- Independent Financial Review
- A Form 990
- Unofficial End of Year Financials

### **Upload Most Recently Completed Fiscal Year's Audit - PDF only**

### **Upload Most Recently Completed Fiscal Year's Review - PDF only**

### **Upload Most Recently Completed Fiscal Year's Form 990 - PDF only**

### **Upload Most Recently Completed Fiscal Year's Unofficial End of Year Financials - PDF only**

### **Will your organization be completing an audit or review on its most recently completed fiscal year?**

- Yes
- No

**If no audit or review is going to be conducted, how is financial accountability maintained?**

250-word maximum; does not include spaces.

**Current Fiscal Year's Operating Budget**

**The following revenue and expense information will be required by applicants whose most recently complete fiscal year's total actual operating expenses are \$250,000 or more.**

**Revenue**

Enter "0" if none. Do not use commas when entering your data. Only decimals are permitted.

	Detail
Earned primary and education program revenue (revenue from people participating in mission-related programming, e.g. admissions, registration fees, program contracts, etc.):	<input type="text"/>
Secondary program revenue (lease or facility rental, concessions, valet, retail & merchandise, etc.):	<input type="text"/>
Passive revenue (endowment distributions, investment interest, capital gains, etc.):	<input type="text"/>
Contributed revenue (all sources; may include revenue from special and fundraising events, sponsorships and memberships, if applicable; do not include grants):	<input type="text"/>
Grants (all sources including Bravo; do not include direct budget appropriation from any level of government):	<input type="text"/>
Direct budget appropriation from any level of government (do not include funds granted from public sources):	<input type="text"/>

All other revenue (if more than 10% of total revenue, please describe primary other sources on the next page):

## Total Revenue

This field should automatically calculate the sum of the revenues you entered. If it does not, or if the calculation is incorrect, please update the response.

## Expenses

Enter "0" if none. Do not use commas when entering your data. Only decimals are permitted.

	Detail
Personnel expenses (all employees/contractors - include salaries, benefits, professional development and bonuses):	<input type="text"/>
Primary program expenses (do not include staff time; costs to deliver programming directly to participants):	<input type="text"/>
Secondary program expenses (do not include staff time; costs to provide non-program-essential amenities to participants, e.g. concessions, valet, retail & merchandise, etc.):	<input type="text"/>
Facility rental and special event expenses (do not include staff time):	<input type="text"/>
Marketing, advertising and communications expenses (do not include staff time):	<input type="text"/>
Fundraising and development expenses (do not include staff time):	<input type="text"/>
Operations expenses (non-personnel expenses directly related to organization's operations, e.g. lease or mortgage, office supplies, technology, utilities, security, finance, HR, etc.):	<input type="text"/>
Facilities expenses (building and grounds maintenance, etc.):	<input type="text"/>
All other expenses (if more than 10% of total expenses, please describe primary other expenses on the next page):	<input type="text"/>

## Total Expenses

This field should automatically calculate the sum of the expenses you entered. If it does not, or if the calculation is incorrect, please update the response.

## Current Fiscal Year's Operating Budget

The following revenue and expense information will be required by applicants whose most recently complete fiscal year's total actual operating expenses are between \$50,000 and \$249,999.

### Revenue

Enter "0" if none. Do not use commas when entering your data. Only decimals are permitted.

	Detail
Earned primary and education program revenue (revenue from people participating in mission-related programming, e.g. admissions, registration fees, program contracts and utilizing secondary amenities, such as facility rental, concessions, valet, retail & merchandise, etc.):	<input type="text"/>
Contributed and grant revenue (all sources; may include revenue from special and fundraising events, sponsorships and memberships, if applicable; please include Bravo in grant revenue; do not include direct appropriation from any level of government):	<input type="text"/>
Direct budget appropriation from any level of government (do not include funds granted from public sources):	<input type="text"/>
All other revenue (if more than 10% of total revenue, please describe primary other sources on the next page):	<input type="text"/>

### Total Revenue

This field should automatically calculate the sum of the revenues you entered. If it does not, or if the calculation is incorrect, please update the response.

### Expenses

Enter "0" if none. Do not use commas when entering your data. Only decimals are permitted.

	Detail
Personnel expenses (all employees/contractors - include salaries, benefits, professional development and bonuses):	<input type="text"/>
Program expenses (do not include staff time; costs to deliver programming directly to the participants, as well as secondary amenities, such as facility rental, concessions, valet, retail & merchandise, etc.):	<input type="text"/>

Fundraising, marketing and advertising expenses (do not include staff time):

Operations and facilities expenses (non-personnel expenses directly related to organization's operations, e.g. lease or mortgage, office supplies, technology, utilities, security, finance, HR, building and grounds maintenance, etc.):

All other expenses (if more than 10% of total expenses, please describe primary other expenses on the next page):

### Total Expenses

This field should automatically calculate the sum of the expenses you entered. If it does not, or if the calculation is incorrect, please update the response.

### Current Fiscal Year's Operating Budget

**The following revenue and expense information will be required by applicants whose most recently complete fiscal year's total actual operating expenses are less than \$50,000.**

### Revenue

Enter "0" if none. Do not use commas when entering your data. Only decimals are permitted.

Earned revenue:

Detail

Contributed revenue:

All other revenue (if more than 10% of total revenue, please describe primary other sources on the next page):

### Total Revenue

This field should automatically calculate the sum of the revenues you entered. If it does not, or if the calculation is incorrect, please update the response.



## Expenses

Enter "0" if none. Do not use commas when entering your data. Only decimals are permitted.

	Detail
Program expenses:	<input type="text"/>
Operations expenses:	<input type="text"/>
All other expenses (if more than 10% of total expenses, please describe primary other expenses on the next page):	<input type="text"/>

## Current Fiscal Year's Total Operating Budget

Total Expenses

## Primary Sources of...

"Other Revenue", if more than 10% of total:

"Other Expenses", if more than 10% of current budget:

## \*Reserves & Endowment

Enter "0" if none. Do not use commas when entering your data. Only decimals are permitted.

Amount of unrestricted cash reserves:

Amount of temporarily restricted cash reserves:

Amount of current Endowment fund balance:

## \*In-kind Donations

Please enter "0" if none, or "Unsure" if you don't know. In-kind donations will not be included in the overall budget during Bravo award consideration and should not be reflected in your operating expenses.

Goods:

Services:

### **Budget Narrative (Optional)**

Please provide a narrative to describe any changes, issues or challenges you would like to share with Bravo regarding your budget or financials. Include any deviations from prior year that Bravo should be aware of. 350-word maximum; does not include spaces.

### **Governance and Staff**

**\*How many directors/trustees comprise the board?**

**\*How many times per year does the Board meet?**

**\*Have the organization's bylaws been adopted by the Board?**

- Yes  
 No

**Do the organization's bylaws include term limits for the directors/trustees?**

- Yes  
 No

**What percentage of the organization's Board makes a financial contribution to the organization annually?**

**\*Does the organization employ an executive director (or similar - includes contracted employees):**

- Yes, a full-time (40 hours/week) executive director is on staff.
- Yes, a part-time (fewer than 40 hours/week) executive director is on staff.
- No, the organization does not employ an executive director.

**Does the executive director (or similar) sit on the Board?**

- Yes: Voting Director or Trustee
- Yes: Non-voting Director or Trustee
- No: Staff leadership is not a Director or Trustee

**How long has the executive director been employed by the organization?**

- Less than one year
- One to five years
- Five or more years

**\*Staff**

Enter "0" if none.

Full-time employees or FTEs (40 hours/week):

Part-time employees (fewer than 40 hours/week that was not included as an FTE):

**Volunteers (Optional)**

Number of annual volunteers:

Number of annual volunteer hours:

### **Leadership Narrative (Optional)**

Is there any additional information you would like Bravo to know about the organization's governance or staff?  
350-word maximum; does not include spaces.

### **Programming and Mission Work**

**\*Describe how your organization benefits and adds value to the community. How is your organization uniquely positioned to do this?**

350-word maximum; does not include spaces.

**\*How many days of programming were made available in your most recently completed fiscal year?**

- 1 day or less
- 2 - 6 days
- 1 week - 6 months
- 6 months - year-round

**\*Describe new or noteworthy innovations, changes or additions to your organization's programs last year.**

350-word maximum; does not include spaces.

**Upload Most Recently Completed Fiscal Year's Annual Report - PDF only**

If available.

**Strategy and Objectives**

**\*Does the organization utilize a current strategic plan that has been reviewed and adopted by the Board?**

- Yes

No

**Upload current strategic plan - PDF only**

**Does the organization intend to begin a strategic planning process this year?**

Yes

No

**How does the organization determine priorities and measure success in the absence of a strategic plan?**

350-word maximum; does not include spaces.

**\*Describe your primary strategic goal for the coming year, and describe your most significant challenge in reaching that goal and how your organization will overcome it.**

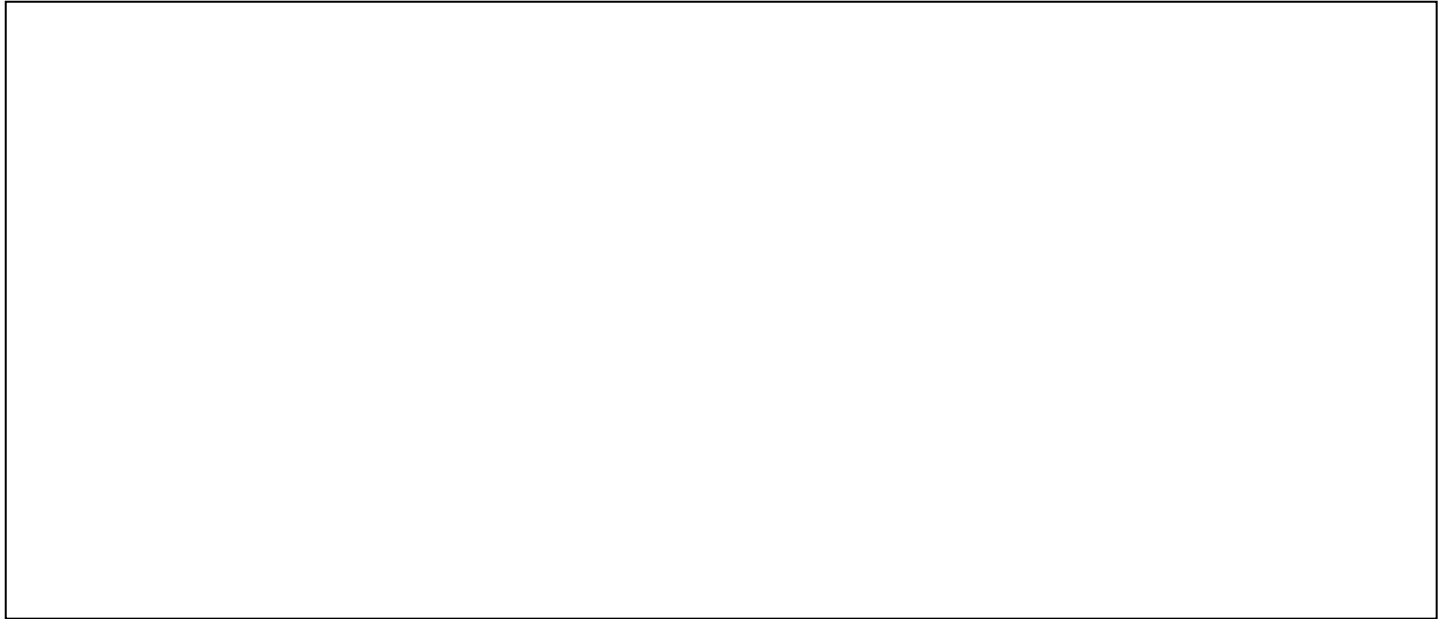
Be as specific as possible.350-word maximum; does not include spaces.

**\*Describe your primary programmatic goal for the coming year, and describe your most significant challenge in reaching that goal and how your organization will overcome it.**

Be as specific as possible.350-word maximum; does not include spaces.

**\*How will you measure your success in meeting your goals and overcoming your challenges?**

Be as specific as possible.350-word maximum; does not include spaces.



## Zip Code Data

Bravo recognizes that not every organization will be able to accurately and accountably provide the level of detail requested in the following section. Please only report information for which you have a high degree of confidence and ability to support. Please be prepared to provide support for attendance and donor information. Bravo may request a detailed explanation of how figures were developed. If you are able to accurately and accountably provide attendance and donor information broken out by zip code for your most recently completed fiscal year, please respond "Regional Zip Code" to the following questions. If you are able to accurately and accountably provide attendance and donor information totals for your most recently completed fiscal year, but are unable to break it down to the zip code level, please respond "Overall Data, Not by Zip Code" to the following questions. If you are unable to provide any participation and donor information, please respond "Unable to Provide Overall Data" to the following questions.

## Attendance and Donor Definitions

**Paid Attendance:** Each unique occurrence of an individual paying an admission, ticket or entrance fee to visit an organization, attend a performance, participate in a program, etc. that is not intended exclusively for school groups or students: one subscriber who attended three performances during the year should be counted as "3", and one member who visited a museum six times a year should be counted as "6". Or, one family of four who attended a special after-house family program should be counted as "4". **NOTE:** Individuals that participated in feed-for-service or free education programs should be counted in the education/outreach line so that each participant is only counted in one category. **Free/Unpaid Attendance:** Each unique occurrence of an individual attending an event, program or organization where no admission, ticket, entrance fee or fee-for-service was collected. **NOTE:** Students who participated in fee-for-service or free education programs should be counted in the education/outreach line so that each participant is only counted in one category. **Education/Outreach Participation:** Each unique individual that participated in a fee-for-service or free education or outreach program.



Individuals participating in a program should not be double-counted. EX: A student participating in a week-long program should be counted only once, not for each day they participated. Individuals who participate may be counted more than once if the program was provided to them in multiple separate occasions. EX: An outreach program visiting a school classroom, where the organization provides a similar program to the same classroom twice in a year, should be counted as "2". Donor: Each unique individual or entity that provides a donation to the organization in a fiscal year. This section may include organization membership, if and when applicable, as well as paid attendees of fundraisers or events for the purpose of supporting the organization.

**\*My organization is**

- Able to provide ALL requested information by Regional Zip Code.
- Able to provide SOME requested information by Regional Zip Code Data.
- Able to provide only Overall Data, Not by Zip Code.
- Unable to Provide Overall Data

**My organization can provide**

Please make only one selection per row.

	Regional Zip Code	Overall Data, Not by Zip Code	Unable to Provide Overall Data
Paid Attendance by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/Unpaid Attendance by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Outreach Participation by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donor by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Data, Not by Zip Code**

Enter "0" if none.

	Overall Data
Paid Attendance:	<input style="width: 100%;" type="text"/>
Free/Unpaid Attendance:	<input style="width: 100%;" type="text"/>
Education/Outreach Participation:	<input style="width: 100%;" type="text"/>
Donors:	<input style="width: 100%;" type="text"/>

## Overall Attendance and Donor Data Totals

This field should automatically calculate the sum of the Overall Attendance and Donor Data you entered. If it does not, or if the calculation is incorrect, please update the response.

## If you are unable to provide overall data on paid attendance, free/unpaid attendance, education/outreach participation and donors, please provide the below information.

Describe the geographic area that your organization serves. Without participation data, how did you build your assessment?

What are the barriers to collecting overall data on paid attendance, free/unpaid attendance, education/outreach participation and donors?

How would having zip code data help your organization achieve objectives?

## Paid Attendance Zip Code Table

Enter "0" when applicable.

	By Zip Code
Altoona (50009)	<input type="text"/>
Ankeny (50021, 50023)	<input type="text"/>
Bondurant (50035)	<input type="text"/>
Carlisle (50047)	<input type="text"/>
Clive (50325)	<input type="text"/>
Des Moines (50301-50321, 50327-50336, 50339, 50340, 50347, 50359-50364, 50367-50369, 50380, 50381, 50391-50387, 50396, 50940, 50947, 50950, 50980, 50981)	<input type="text"/>
Grimes (50111)	<input type="text"/>
Indianola (50125)	<input type="text"/>
Johnston (50131)	<input type="text"/>
Norwalk (50211)	<input type="text"/>

Pleasant Hill (50317, 50327)

Polk City (50226)

Urbandale (50322, 50323, 50398)

Waukee (50263)

West Des Moines (50265, 50266)

Windsor Heights (50324)

Other (Zip code outside of Des Moines Metro)

Other (Unknown Zip Code)

Polk County

### Total Paid Attendance

This field should automatically calculate the sum of the Paid Attendance Data you entered. If it does not, or if the calculation is incorrect, please update the response. Polk County attendance figures are not included in total to avoid double-counting.

### Paid Attendance

Overall Paid Attendance, Not by Zip Code: \_\_\_\_\_

Unable to Provide Overall Data

### Free/Unpaid Attendance Zip Code Table

Enter "0" when applicable.

By Zip Code

Altoona (50009)

Ankeny (50021, 50023)

Bondurant (50035)

Carlisle (50047)

Clive (50325)

Des Moines (50301-50321, 50327-50336, 50339, 50340, 50347, 50359-50364, 50367-50369, 50380, 50381, 50391-50387, 50396, 50940, 50947, 50950, 50980, 50981)

Grimes (50111)

Indianola (50125)

Johnston (50131)

Norwalk (50211)

Pleasant Hill (50317, 50327)

Polk City (50226)

Urbandale (50322, 50323, 50398)

Waukee (50263)

West Des Moines (50265, 50266)

Windsor Heights (50324)

Other (Zip code outside of Des Moines Metro)

Other (Unknown Zip Code)

Polk County

### Total Free/Unpaid Attendance

This field should automatically calculate the sum of the Free/Unpaid Attendance Data you entered. If it does not, or if the calculation is incorrect, please update the response. Polk County attendance figures are not included in total as to avoid double-counting.

### Free/Unpaid Attendance

- Overall Free/Unpaid Attendance Data, Not by Zip Code: \_\_\_\_\_
- Unable to Provide Overall Data

### Education/Outreach Participation Zip Code Table

Enter "0" when applicable.

	By Zip Code
Altoona (50009)	<input type="text"/>
Ankeny (50021, 50023)	<input type="text"/>
Bondurant (50035)	<input type="text"/>
Carlisle (50047)	<input type="text"/>
Clive (50325)	<input type="text"/>
Des Moines (50301-50321, 50327-50336, 50339, 50340, 50347, 50359-50364, 50367-50369, 50380, 50381, 50391-50387, 50396, 50940, 50947, 50950, 50980, 50981)	<input type="text"/>
Grimes (50111)	<input type="text"/>
Indianola (50125)	<input type="text"/>
Johnston (50131)	<input type="text"/>
Norwalk (50211)	<input type="text"/>
Pleasant Hill (50317, 50327)	<input type="text"/>
Polk City (50226)	<input type="text"/>

Urbandale (50322, 50323, 50398)

Waukee (50263)

West Des Moines (50265, 50266)

Windsor Heights (50324)

Other (Zip code outside of Des Moines Metro)

Other (Unknown Zip Code)

Polk County

### Total Education/Outreach Participation

This field should automatically calculate the sum of the Education/Outreach Participation Data you entered. If it does not, or if the calculation is incorrect, please update the response. Polk County attendance figures are not included in total as to avoid double-counting.

### Education/Outreach Participation

Overall Education/Outreach Participation Data, Not by Zip Code: \_\_\_\_\_

Unable to Provide Overall Data

### Donor Zip Code Table

Enter "0" when applicable.

By Zip Code

Altoona (50009)

Ankeny (50021, 50023)

Bondurant (50035)

Carlisle (50047)	<input type="text"/>
Clive (50325)	<input type="text"/>
Des Moines (50301-50321, 50327-50336, 50339, 50340, 50347, 50359-50364, 50367-50369, 50380, 50381, 50391-50387, 50396, 50940, 50947, 50950, 50980, 50981)	<input type="text"/>
Grimes (50111)	<input type="text"/>
Indianola (50125)	<input type="text"/>
Johnston (50131)	<input type="text"/>
Norwalk (50211)	<input type="text"/>
Pleasant Hill (50317, 50327)	<input type="text"/>
Polk City (50226)	<input type="text"/>
Urbandale (50322, 50323, 50398)	<input type="text"/>
Waukee (50263)	<input type="text"/>
West Des Moines (50265, 50266)	<input type="text"/>
Windsor Heights (50324)	<input type="text"/>
Other (Zip code outside of Des Moines Metro)	<input type="text"/>
Other (Unknown Zip Code)	<input type="text"/>
Polk County	<input type="text"/>

**Total Donors**

This field should automatically calculate the sum of the Donor Data you entered. If it does not, or if the calculation is incorrect, please update the response. Polk County attendance figures are not included in total as to avoid double-counting.

## Donor Data

- Overall Donor Data, Not by Zip Code: \_\_\_\_\_
- Unable to Provide Overall Data

## Additional Narrative (Optional)

Please take this opportunity to share any additional information with Bravo that you would like Bravo to know, or that you think should be weighed during funding consideration. 350-word maximum; does not include spaces.

## INFORMATION PROVIDED BELOW WILL NOT BE PART OF BRAVO'S GRANT AWARD DECISIONS.

**NOTE: In addition to your responses below, selected narrative (non-financial) answers from your grant application will be shared confidentially with the Bravo Gala Award Selection Committee.**

On February 3, 2018, Bravo will host the 13th Annual Bravo Awards Gala. Each year, a Bravo-funded organization is recognized with the Encore Award to recognize exceptional contributions over time. In 2017, a new Standing Ovation Award was added to recognize an organization that has recently (past 12-24 months) gone over-the-top to exceed expectations. For both awards, criteria include the quality of the organization's programming and contributions to the regional cultural community and alignment with Bravo core values of collaborative, inclusive, accountable, regional, opportunistic, and passionate.

### PAST RECIPIENTS Encore Award

2011 Des Moines Performing Arts

2012 Des Moines Arts Festival

2013 Des Moines Symphony

2014 Blank Park Zoo

2015 Des Moines Metro Opera

2016 Des Moines Social Club

2017 Des Moines Art Center

### Standing Ovation Award:

2017 Hoyt Sherman Place



Would you like your organization to be considered for a Bravo Award?

- The Encore Award
- The Standing Ovation Award
- Both
- Neither

**Please tell us why your organization exemplifies award criteria and should be recognized with the Encore Award.**

250-word maximum; does not include spaces.

**Please tell us why your organization exemplifies award criteria and should be recognized with the Standing Ovation Award.**

250-word maximum; does not include spaces.

## Sign Your Application

Applicants awarded with a GC18 Cultural Enrichment Grant will be required to commit to the terms of the grant agreement, which must be signed by an authorized signatory of the awarded organization and submitted to Bravo no later than 3:00 p.m. on Friday, December 8, 2017. Bravo Greater Des Moines reserves the right to deny funding or partially or fully withhold, defer, reduce, adjust or rescind awards to organizations that are not in good standing. An organization that has been awarded Bravo funds is considered not in good standing if:

- The organization provides false or inaccurate information, or information that cannot be substantiated, in its application, supplemental materials and/or reports;
- The organization fails to submit progress or final reports on past funding by the stated deadline;
- The organization fails to sign and/or submit a grant agreement by the stated deadline;
- The organization fails to honor one or more of the terms stated in an executed grant agreement, including, but not limited to: expending all funds within the grant period or using funds as described in the awarded application; and/or
- The Bravo Grantmaking Committee designates it thus, with sound cause and reasoning.

**\*If awarded a Cultural Enrichment Grant, does the applicant have the ability to have an authorized signatory of the organization sign the grant agreement re later than 3:00 p.m. on Friday, December 8, 2017?**

- Yes
- No

**\*I certify that this application is true, correct and complete.**

Please use your mouse to electronically sign on the line below.

## Submit Your Application

You have answered all of the questions in the Grant Cycle 2018 Cultural Enrichment Grant application. Your responses are editable until your application is submitted. Hit the "Back" button to return to any previous responses you would like to edit. If you are satisfied with your responses and are ready to submit your application, please follow the below steps:

1. Select the "Save & Exit" button at the bottom of this page. You will be taken back to the "Cultural Enrichment Grant Application Round" page.
2. Select the large, green "Submit GC18 CEG Application" button on the "Application Round" page.
3. You will be prompted to confirm that you are ready to submit your application. Selecting "Cancel" will take you back to the previous page. Selected "Continue" will submit your application to Bravo. Your application will not be submitted to Bravo until you select "Continue".
4. Check your inbox to confirm that your submission was received. Please check junk/spam folders.
5. If you do not receive a confirmation email immediately after you submit your application, please contact Bravo staff at (515) 243-0388 or [grants@bravogreaterdesmoines](mailto:grants@bravogreaterdesmoines). Thank you!