Grant Cycle 2019:
Cultural Enrichment Grant

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 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:

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 <u>not</u> 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 include information that will help the committee evaluate award amount).

*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 organizations most recently completed fiscal year, I can supply

Select all that apply (at least one). If fiscally-sponsored, use sponsor's information.
(You will submit only the items you check).

☐ Independent Financial Audit

☐ Independent Financial Review

☐ A Form 990

☐ Unofficial End of Year Financials

☐ None of the Above

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

[ ]

Please explain why you are unable to provide documentation from your last completed fiscal year.

250-word maximum; does not include spaces.

[ ]

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 of applicants whose current fiscal year's budgeted 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.):

Secondary program revenue (lease or facility rental, concessions, valet, retail & merchandise, etc.):

Passive revenue (endowment distributions, investment interest, capital gains, etc.):

Contributed revenue (all sources; may include revenue from special and fundraising events, sponsorships and memberships, if applicable; do not include grants):

Grants (all sources including Bravo; do not include direct budget appropriation from any level of government):

Direct budget appropriation from any level of government (do not include funds granted from public sources):

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): [   ]

Primary program expenses (do not include staff time; costs to deliver programming directly to participants): [   ]

Secondary program expenses (do not include staff time; costs to provide non-program-essential amenities to participants, e.g. concessions, valet, retail & merchandise, etc.): [   ]

Facility rental and special event expenses (do not include staff time): [   ]

Marketing, advertising and communications expenses (do not include staff time): [   ]

Fundraising and development expenses (do not include staff time): [   ]

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

Facilities expenses (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 of applicants whose current fiscal year's budgeted 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.):

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):

Direct budget appropriation from any level of government (do not include funds granted from public sources):

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):

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.):

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 of applicants whose current fiscal year's budgeted expenses are less than $50,000.

Revenue

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

Detail

Earned revenue: [ ]

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: [ ]

Operations expenses: [ ]

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**.**

[   ]

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, including any deviations from prior year that Bravo should be aware of. If your organization anticipates a deficit in the current fiscal year, please explain. If your organization anticipates a variance of more than 10% compared to budget, please explain. *350-word maximum; does not include spaces.*

Governance and Staff

*Does your organization have a Board of Directors/Trustees comprised primarily of independent persons?

Independent persons are not organizational stakeholders and/or they do not receive monetary gain from the organization.

○ Yes
○ No

*How many directors/trustees comprise the board?

*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.

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):

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 unique value to the community. How is your organization distinctively 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, additions or challenges to your organization's operations and/or programs in the 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.*

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 occasion. 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:	☐	☐	☐
Free/Unpaid Attendance by:	☐	☐	☐
Education/Outreach Participation by:	☐	☐	☐
Donor by:	☐	☐	☐

Overall Data, Not by Zip Code

Enter "0" if none.
Do not use commas when entering your data.

	Overall Data
Paid Attendance:	
Free/Unpaid Attendance:	
Education/Outreach Participation:	
Donors:	

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.
Do not use commas when entering your data.

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 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.

Do not use commas when entering your data.

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.

Do not use commas when entering your data.

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 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.
Do not use commas when entering your data.

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 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 GC19 GRANT AWARD DECISIONS.

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

On February 2, 2019, Bravo will host the 14th Annual Bravo Awards Gala. Each year, a Bravo-funded organization is recognized with the Encore Award to recognize exceptional contributions over time. In 2017, the 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
2018 Greater Des Moines Botanical Garden

<u>Standing Ovation Award:</u>
2017 Hoyt Sherman Place
2018 Pyramid Theatre Company

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 GC19 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 14, 2018. 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 affirm that Bravo funds will be used to advance the mission and strategic objectives of the organization as outlined in this application?

◯ Yes
◯ No

*If awarded a Cultural Enrichment Grant, does the applicant have the ability to have an authorized signatory of the organization sign the grant agreement no later than 3:00 p.m. on Friday, December 14, 2018?

◯ 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 2019 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 GC19 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. Thank you.