



**OPERATING GRANT - \$1K - \$30K BUDGETS**

Grant Cycle 2023 Application

[grants@bravogreaterdesmoines.org](mailto:grants@bravogreaterdesmoines.org)

515.243.0388

*Bravo Greater Des Moines will only accept applications submitted [online via SurveyMonkey Apply](#). These questions are provided for planning purposes only. Final application questions may differ. Please review the [Operating Support Grant Overview](#) for Grant Cycle 2023 (GC23) eligibility requirements, requirements and deadlines.*

**GC23 STREAMLINED OPERATING GRANT APPLICATION FOR ORGANIZATIONS WITH \$1,000-\$30,000 BUDGETS**

January 1, 2023– December 31, 2023

**Instructions:** Please answer questions with clear and compelling details so that someone without knowledge of the organization can understand how and why the organization operates. Your answers matter, and we strongly encourage you to review the [Tips for Writing a Successful Application](#) and [List of Eligible Operating Grant Expenses](#) before beginning your application. Please avoid duplicating answers and use a variety of vibrant examples to illustrate how you fulfill your mission. More is not always better, so please be thoughtful and concise. Responses will be scored using the following scale:

<b>Inadequate</b>	<b>Satisfactory</b>	<b>Exemplary</b>
Applicant has provided <u>limited or insufficient</u> evidence to demonstrate funding criteria are met.	Applicant has provided <u>satisfactory</u> evidence to demonstrate funding criteria are met.	Applicant has provided <u>clear and substantial</u> evidence to demonstrate funding criteria are met.

**This section will be a reusable task for all organizations. It will populate with entered info which can then be edited.**

**GENERAL INFO:**

Organization Legal Name  
 Employer ID Number (EIN)  
 City of Organization’s Headquarters  
 Mailing Address (Street or PO Box)  
 City  
 State  
 Zip  
 Phone

Contact Information  
 Application Contact Name  
 Contact Title  
 Contact Email  
 Phone

Authorized Official  
 Authorized Official Title  
 Authorized Official Email  
 Phone

My organization has the following:

	URL/Handle	Do Not Have
Website		
Facebook		
Instagram		
Twitter		
YouTube		

**DISCIPLINE:** Check the most appropriate and primary classification for your organization:

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="checkbox"/> Culture  | <input type="checkbox"/> Multi-Disciplinary | <input type="checkbox"/> Theatre                |
| <input type="checkbox"/> Dance    | <input type="checkbox"/> Museum             | <input type="checkbox"/> Visual Art             |
| <input type="checkbox"/> Film     | <input type="checkbox"/> Music              | <input type="checkbox"/> Other: Please specific |
| <input type="checkbox"/> Heritage | <input type="checkbox"/> Performing Arts    |   |

Provide the organization's Board approved mission statement. (75 words)

Briefly describe the organization's history and any background that helps frame your current purpose and programming. (200 words)

**SUPPORT MATERIALS:**

Select up to 3 support materials that best illustrate the organization's mission, programming, and community impact. Support materials may include PDFs of annual reports, posters, brochures; image files; or other supporting documents that help bring your organization's mission and programs to life. Photos, videos, audio and other documents do not need to be professionally produced to demonstrate vibrant programming.

Selections 1-3: Upload PDF, JPEG, or PNG file (10MB file size limit) or share YouTube or Vimeo links.

- Make sure permissions are set so that anyone opening the link has permission to view.
- Please note that panelists will only review 3 minutes of your shared file. Include the start time when they should begin viewing if applicable.

**This will begin the application:**

Organization Name:

Please use this space to briefly provide context for the selected support materials uploaded in the previous task. Describe what was attached and why they were chosen to represent the organization. (100 words)

**PROGRAMMING:**

Our organization offers programming: *(Programming includes community events/festivals, performances, education programs & summer camps, public museum hours of operation, exhibitions, etc.)*

- 7 days or less per year
- 1 week - 3 months per year
- 3 - 6 months per year
- 6 – 9 months per year
- Year-round

In general, the majority of our programming is presented:

- In-person only
- Virtual only
- Combination of both in-person and virtual

Give an example of how your organization's programs advance ONE of the [Regional Cultural Priorities](#): (200 words)

- Every Day, Everywhere Art – Generates more spontaneous artistic and cultural connections in new and different places.
- Strengthen the Creative Economy – Develops the talent and skillsets of creative entrepreneurs and artists.
- Cultural Tapestry – Supports arts, culture and heritage as diverse, accessible, inclusive and equitable throughout Central Iowa
- Youth Connections – Ensures that all young people in the region have access to a rich array of creative and cultural experiences, both formal and informal, educational and recreational.

Give an overview of the arts, culture, or heritage programs, services, and activities the organization plans to offer in 2023. (200 words)

**IMPACT:**

In 2023, how many people does the organization anticipate will engage with your programming as presenters, participants, and audience members?

- Fewer than 100
- Between 100 - 400
- Between 400 - 1000
- More than 1,000

Please define the community you serve (presenters, participants, and audience members) and how your organization’s work uniquely impacts and benefits Greater Des Moines. (250 words)

**DEAI (Diversity, Equity, Accessibility & Inclusion):**

Please give at least two examples of what your organization is doing to reduce barriers and be more accessible and inclusive in your programming, leadership, decision-making, policies, and/or procedures. (250 words)

**LEADERSHIP & CAPACITY:**

How many times does the full Board generally meet each fiscal year? \_\_\_\_

How many members comprise the organization’s Board of Directors? \_\_\_\_

Does the organization have an executive director? Please check all that apply.

- The organization does not have an executive director.
- The executive director is a volunteer/not paid by the organization.
- The executive director is classified as an independent contractor.
- The executive director is classified as an employee by the IRS.
- The executive director works part-time (less than 29-hours per week).
- The executive director works full-time (more than 30-hours per week) executive director on staff.
- The executive director works year-round.
- The executive director works seasonally.

Enter the number of the organization’s **paid** employees. (Include independent contractors. Enter “0” if none. Do not use commas.)

- Full-time (more than 30 hours per week): \_\_\_\_
- Part-time (between 20-30 hours per week): \_\_\_\_
- Short-hour/seasonal/temporary (less than 20 hours per week): \_\_\_\_
- Of these employees, how many are artists, designers, directors, performers, actors, musicians or other creative professionals? \_\_\_\_

Enter the current number of your organization’s unpaid volunteers including Board members: \_\_\_\_

Who is primarily responsible for implementing your program plans?

- Paid staff/independent contractor(s)
- Board of Directors
- Non-Board volunteers
- Other: Please specify \_\_\_\_

**FINANCIAL MANAGEMENT & USE OF GRANT FUNDS:**

- Upload required financial documentation. PDF Only. No more than 1-2 pages strongly preferred. Click on this [link of Eligible Operating Expenses](#) to understand what Bravo dollars can and cannot support.
- *Board Approved Current Fiscal Year Budget (revenue and expenses) – Please use your organization’s format as long as it is clear and understandable to an outside reviewer.*

In what month does your organization's fiscal year begin: \_\_\_\_

To help reviewers evaluate budget information in a consistent format, please use your uploaded budget to complete the following budget summary for your organization's current fiscal year and make sure totals match. (Enter "0" if none. Do not use commas.)

- Total Revenue: \_\_\_\_
- Total In-Kind: \_\_\_\_
- Total Expenses: \_\_\_\_

Please identify any ineligible expenses: (Optional) (100 words)

Do you anticipate a 10% or more change in your next fiscal year budget for revenue and/or expenses? Yes/No

If yes, please explain any significant variances. Be sure to address any increases or reductions in expenses or sources of revenue, and/or any deficit spending or use of cash reserves. (200 words)

OPTIONAL: Upload your organization's Board approved next fiscal year budget if available. PDF Only. 1-2 pages strongly preferred.

If uploaded: To help reviewers evaluate budget information in a consistent format, please summarize your next fiscal year budget totals here: (Enter "0" if none. Do not use commas)

- Total Revenue: \_\_\_\_
- Total In-Kind: \_\_\_\_
- Total Expenses: \_\_\_\_

How much cash does your organization have readily available right now?

- \$0 - 1,000
- \$1,000 - 5,000
- \$5,000 - \$15,000
- \$15,000 - \$30,000
- More than \$30,000

In general, describe how the funds from Bravo will be used. (200 words) \*Please click on this [link of Eligible Expenses](#) to ensure proper use of funds.

How is the organization working to secure additional funds to support operations and financial sustainability? (200 words)

### **OPTIONAL FINAL NARRATIVE**

As part of Bravo's evaluation process, we appreciate and value an organization's honest reflection of where the organization is and where it is going. Please feel free to share a recent point of pride, recognition, collaboration, or anything else you think Bravo should know in order to consider this application for funding during the period of January 1, 2023 – December 31, 2023. (Optional)(250 words)

### **DATA FOR BRAVO'S REGIONAL CULTURAL ASSESSMENT METRICS**

Bravo's success is directly linked to the achievement of larger, regional objectives found [here](#). We appreciate your help to assess our reach by connecting your mission to the RCA priorities in your application and responding to the following survey about diversity, reach, and youth opportunities.

- My organization can provide actual attendance numbers by zip code if requested by Bravo. Yes/No
- My organization collects demographic data on current audiences. Yes/No
- My organization's mission is centered on advancing, creating, and/or preserving artistic and cultural traditions rooted in communities of color. Yes/No
- My organization plans to present programming at more than one location between January 1, 2023 -December 31, 2023. Yes/No
- My organization plans to present programming specifically targeted to young people (less than 18 years old) between January 1, 2023 -December 31, 2023. Yes/No

### **CERTIFY & SIGN YOUR APPLICATION**

- I understand recipients of a GC23 Operating Support Grant award will be required to sign and submit a Grant Agreement by 3:00 p.m. on Friday, December 16, 2022.
- I acknowledge that I have read and understand the application materials and grant overview.
- I certify that all representations and statements made or furnished in connection with this application are true and correct in all material respects, and that the organization can supply reasonable documentation if requested.
- I certify that financials are true and do not include any ineligible expenses.
- I am authorized to sign and submit this application on behalf of my organization. (Only people designated as Owners in SurveyMonkey Apply may submit the final application. Contact [grants@bravogreaterdesmoines.org](mailto:grants@bravogreaterdesmoines.org) to request a change in status from Collaborator to Owner).

### **SURVEYMONKEY APPLY INSTRUCTIONS TO SUBMIT YOUR APPLICATION**

1. Sign the Application and click the “Mark as Complete” blue button at the bottom right of the page. On the next page, 3 green dots with check marks will be shown in a box on the left side, and it will say 3 of 3 tasks complete.
2. If you would like to review the application, please click the gray “Review” button.
3. Next, click the blue “Submit” button and confirm that selection.
4. Your application has been submitted when you receive a response that says “Application Submitted” with a checkmark in a green dot.
5. To download a copy for your records, click on the box that says “Go to my application.” A box will appear with your application, and on the top right-hand corner you will have the option to download or review your application.



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