

WEAVE-A-DREAM

2019 Application Form
Cultural Resources



Please read the Guidelines prior to completing the application. Questions regarding the guidelines or potential WAD programs should be directed to the Cultural Resources Department, (912) 651-6783).

APPLICANT INFORMATION

Applicant _____

Mailing Address _____

Website _____

Federal Tax I.D. Number _____

Date of Incorporation _____

Contact Person _____

Email Address _____

Contact Telephone Number _____

Has the organization/individual ever received funding from Cultural Resources? Yes No

MISSION STATEMENT (ORGANIZATION) / OBJECTIVES (INDIVIDUAL)

PROJECT INFORMATION

Project Title _____

WAD \$ Amount Requested _____

Project Location _____

of Project Services _____

Start Date _____

End Date _____

PERFORMANCE MEASURES

Number of Services in each City of Savannah Aldermanic District

District 1: _____ District 2: _____ District 3: _____
District 4: _____ District 5: _____ District 6: _____

PROJECT BUDGET

Instructions: Please enter the Project Revenue and Expenses.

- Round all budget figures to the nearest whole dollar.
- The budget must balance; total 2019 Revenue must equal total 2019 Expenditures (line 8 and line 16).
- Listed expenses must be applied to the proposed project, in the proposed timeframe.
- Only cash operating expenses should be entered.
- Do not include in-kind or capital expenses in the budget below.

Please provide the itemizations for asterisks line-items from Revenue and Expenses and In-kind Contributions (applied as matching funds) as an attachment (Word, PDF, or Excel).

Revenue:

- Revenue should include only committed revenue to the proposed project.
- If any Revenue does not meet the descriptions below, please list the revenue in the "Other" section.
- Please itemize all line item with asterisk in the Itemization document.

Expenses:

- For limitations on what City funds can and cannot cover, please refer to the 2019 Weave-A-Dream guidelines.
- Enter the expenses that will be covered by the Weave-A-Dream request in the 2019 City Share column.
- Enter expenses covered by other revenue sources in the 2019 Organization/Individual Share column.
- The 2019 Total Project Expense column is the sum of the previous two columns.
- Only line items with an asterisk should be itemized.
- Please itemize all line item with asterisk on Itemization document.

			*2019 TOTAL PROJECT BUDGET
1.	<u>REVENUE</u>		
2.	GOVERNMENT		
	CITY OF SAVANNAH (<i>amount of requested from Cultural Resources</i>)		
	CITY OF SAVANNAH (other departments)		
	CHATHAM COUNTY		
	STATE		
	FEDERAL		
3.	FOUNDATIONS*		
4.	CORPORATIONS*		
5.	INDIVIDUALS		
6.	BENEFITS		
7.	REVENUE FROM OPERATIONS		
	ADMISSIONS		
	MEMBERSHIPS		
	CLASSES/WORKSHOPS		
	VENDORS		
	OTHER*		
8.	TOTAL ACTUAL INCOME		

9. EXPENSES	City PROJECT SHARE	+	Organization /Individual SHARE	=	2019 TOTAL PROJECT EXPENSE
10. PERSONNEL FEES					
ADMINISTRATIVE*	_____		_____		_____
ARTISTIC*	_____		_____		_____
PRODUCTION/TECHNICAL*	_____		_____		_____
TOTAL PERSONNEL FEES	_____		_____		_____
11. OUTSIDE PERSONNEL FEES					
ADMINISTRATIVE*	_____		_____		_____
ARTISTIC*	_____		_____		_____
PRODUCTION/TECHNICAL*	_____		_____		_____
TOTAL OUTSIDE PERS. FEES	_____		_____		_____
12. SUPPLIES AND EQUIPMENT FEES					
OFFICE	_____		_____		_____
PRODUCTION/TECHNICAL	_____		_____		_____
TOTAL SUPPLIES & EQUIP. FEES	_____		_____		_____
13. MARKETING FEES					
ADVERTISING	_____		_____		_____
PRINTING	_____		_____		_____
POSTAGE	_____		_____		_____
TOTAL MARKETING FEES	_____		_____		_____
14. SPACE RENTAL FEES					
PERFORMANCE/EXHIBITION*	_____		_____		_____
REHEARSAL*	_____		_____		_____
OFFICE*	_____		_____		_____
TOTAL SPACE RENTAL FEES	_____		_____		_____
15. OTHER FEES*					
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
TOTAL OTHER FEES	_____		_____		_____
16. TOTAL EXPENSES	_____		_____		_____

NARRATIVE

Respond to each of the following questions in 11 point type. **The narrative cannot to exceed 4 pages in length.** Narrative can be submitted in the form provided, or as a Word document or PDF.

HISTORY

1. Discuss the organization/individual's recent experience in presenting or producing arts, cultural, and/or heritage programs.

PROJECT SUMMARY

2. Summarize the scope of the project with specific details (locations, activities, etc.). Include detailed information regarding the type of project and which creative leaders are involved.
3. Identify the participants/audience and discuss how the project will strategically position the disciplines of the creative sector to address the following investment priorities:

NEIGHBORHOOD

Implement programs that reestablish and preserve vibrant, sustainable neighborhoods.

and/or

YOUTH FOCUSED

Present cultural and art projects which are designed specifically for youth

4. Describe the goals and objectives of the project. Describe the evaluation methods that will be used to measure the goals.

COLLABORATIVE PARTNERS

5. Describe the collaborations or partnerships the project will use. How will these relationships contribute to the project's success?

MARKETING STRATEGY

6. Provide a description of the strategies that the organization/individual will employ to ensure participation from the target audience as well as the general public if applicable.

APPLICATION CHECKLIST

All sections of the application form must be completed. Please check the list below to ensure all sections have been completed.

Application Form

The following is required from all applicants (hard-copy & e-file):

- Organization/ Individual Information Project Information
- Outcomes & Demographics
- Budget
- Narrative (Questions 1 - 6) (Form, Word or PDF)
- Application Checklist

Attachments

All Applicants:

- Budget Itemization (Word, PDF, or Excel) **required** (hard-copy & e-file)
- Support Materials: Description of Support Materials **required if submitting support materials** (e-files only)
 - Resumes/Bios
 - Media Reviews
 - Script, Prose, Poetry
 - Publicity Materials
 - Venue Contract (s)
 - Slides/Images (no more than five; jpeg or tiff)
 - Letters of Support
 - Other

If the Applicant is a non-profit organization, the **required** attachments are as follows (hard-copy):

- Mission Statement & By Laws
- Certification of Incorporation in GA
- Proof of Tax Exempt Status (IRS 501(c) 3 Letter of Determination)
- Tax Form 990 from recently completed fiscal year
- Board List

Submission & Packaging

Applicants must submit one original, hard-copy application form with Certification. The complete proposal packet must be submitted electronically. The Support Materials must ONLY be submitted electronically to Lissette Garcia Arrogante, LArrogante@Savannahga.Gov.

CERTIFICATION: With the submission of this proposal, I certify that the information contained in this application, including all attachments and support materials, is true and correct to the best of my knowledge. I further certify that I will abide with all legal, financial, crediting, and reporting requirements in accordance with the rules and regulations governing the acceptance of support from the City of Savannah.

First & Last Name

Signature

Date

For City staff use only

Delivered by: _____

Date: _____

Emailed on: _____

Received by: _____

Date: _____