

LEXARTS 2018 Fiscal Year General Operating Support Application

Type and complete this form in its entirety. WARNING! Fillable PDF files such as this do not allow you to save your information without Adobe Acrobat Pro. Do not close the application before printing your information or your information will be lost. This short form is only to be used in conjunction with an up-to-date goodgiving.net organizational profile.

Organizational Information

<input type="text"/>	<input type="text"/>
Organization Legal Name	Doing Business As
<input type="text"/>	<input type="text"/>
Chief Administrator Name (paid staff)	Title
<input type="text"/>	<input type="text"/>
Chief Volunteer's Name	Title
<input type="text"/>	<input type="text"/>
Contact Person	Title
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Contact Telephone	Contact e-mail
Federal Employer ID #: <input type="text"/> — <input type="text"/>	
DUNS #: <input type="text"/> — <input type="text"/> — <input type="text"/>	

FY17 Financials (Projected)

Total Revenue \$ Total In-Kind \$ Total Expenses \$ LEXARTS Funding \$

Attendance for Events in FY16

	Adults	Youth	Total	What percent of the total represent the following populations?			
Attendance at ticketed/pay events	<input type="text"/>	<input type="text"/>	<input type="text"/>	Asian	<input type="text"/>	African-American	<input type="text"/>
Attendance at free events	<input type="text"/>	<input type="text"/>	<input type="text"/>	Caucasian	<input type="text"/>	Hispanic	<input type="text"/>
Total attendance	<input type="text"/>		<input type="text"/>	Other	<input type="text"/>	Total (must = 100%)	<input type="text"/>

Organizational Information (continued)

Show numbers for staff, board and volunteers of your Organization in the boxes provided. List any individual only once in the most appropriate category. Then indicate the population represented including ; African Americans (AFR), Asians/Pacific Islanders (ASI), Latinos/Hispanics (LH), People with Disabilities (PWD), or other populations.

STAFF	Full-time	Part-time	Unpaid	Total	AFR	ASI	LH	PWD	Other
Administrative:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Artistic:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tech/Production:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOARD MEMBERS				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VOLUNTEERS				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What measures are being taken by your Organization to recruit and maintain a diverse Board and staff?

ARTISTS	# of paid Artists in FY16	<input type="text"/>	# of paid Artists projected in FY17	<input type="text"/>
	# of non-paid Artists in FY16	<input type="text"/>	# of non-paid Artists projected in FY17	<input type="text"/>

Regional Impact

Number of events held in counties other than Fayette

Number of Kentucky school districts that benefited from your programs or services in FY16.

Please list all counties served in the state of Kentucky.

Description of Core & On-going Programs

1. Describe any highlights of the past year that stand out as indicators of your Organization's mission and contribution to central Kentucky's cultural life.
2. Provide an overview of upcoming programs not found on goodgiving.net

Description of Financial Challenges

Describe any significant financial challenges which may affect your organization's stability.

Effective & Responsible Fiscal Management and Governance

If the financial statements indicate a deficit, please describe measures taken to address and a timetable for implementation.

Has the above deficit elimination plan been approved by the Board?

Does your Organization have an active long-range or strategic plan?

If yes, date adopted by Board: month year

If No, please indicate a timeline for drafting a plan.

Effective & Responsible Fiscal Management and Governance (continued)

Do you have a Finance/Budget Committee? If Yes, how frequently does it meet?

Do you have an Audit Committee?

Does the Board or Executive Committee regularly review financial statements? If Yes, how frequently?

Do your Organization's by-laws call for term limits for Board members? If Yes, length of term

If No or Other, please explain

Are term limits enforced?

If No, please explain:

Does your Organization have Directors & Officers liability insurance?

Community Outreach and Youth Programs

What percentage of your total expense budget is dedicated to community outreach programs? %

Describe any programs specifically designed to attract audience members from targeted communities that are considered underserved or are not actively engaged in Organization's programs, and are these programs on-going?

Community Outreach and Youth Programs (continued)

If your Organization's Mission is not directed to youth, describe any programs specifically designed for youth populations, and are these programs on-going?

Does your Organization provide free or discounted tickets to specific populations?

If yes, please describe and if possible indicate the number of people benefiting.

What percent of your attendees have disabilities?

Describe any special assistance offered to persons with disabilities.

Does your Organization provide scholarships? Number awarded in FY16 Dollar value of all awards \$

Community Outreach and Youth Programs (continued)

List and describe partnerships with non-arts related organizations that contributed to community outreach and/or youth programs.

Describe staff expertise in areas of outreach and youth programs. [include resumes of up to four full-time employees]

With regard to your Organization's community outreach initiatives, please let us know about any particular success or lessons learned from such efforts.

Does your organization have an extended audience via radio, television or other media? If so please describe.

Program Evaluation

Do you evaluate your Organization's programs?

If yes, please describe and indicate what tools you use to evaluate.

If no, how does your organization evaluate its effectiveness?

Grant Application Checklist

Required Supplemental Material

Do Not Staple. Use paperclips or binder clips for multiple pages.

Unless otherwise stated, please provide eight (8) copies of each of the following collated into sets.

- FY16 Audited Financial Statements along with Management Letter from Auditor.
- Board approved Conflict of Interest Statement.
- Board approved long-range or strategic plan with updates if applicable.
- Sample of program evaluation tools.
- Resumes of all full-time executive, artistic, and education staff.
- Two (2) sets of printed materials including promotional flyers, newsletters, program books, brochures, print advertising, annual report, etc.

Signatures

The signatures below signify that information in this application has been reviewed by the appropriate authorities within the organization. All figures contained herein are accurate to the best of your knowledge.

Signature of Chief Executive Officer

Date

Printed Name of Chief Executive Officer

Signature of Chief Volunteer Officer

Date

Printed Name of Chief Volunteer Officer