# Application: CIAG24-25-0000000433

Community Impact Arts Grant (CIAG)

#### **Summary**

ID: CIAG24-25-0000000433 Labels: CIAG 24-25

### 501c3 Verification

Completed - Company:

Country: United States

Ein: State: CA

## 2024-25 Community Impact Arts Grant Main Page

Incomplete

### 2024-2025 COMMUNITY IMPACT ARTS GRANT

**DEADLINE:** Applications must be submitted no later than 11:59 PM PST on October 4, 2023. Applications that are submitted after the deadline will not be considered and deadlines cannot be extended. We recommend submitting 3-5 days prior to the deadline to avoid last-minute technical issues.

REMINDER: The Supporting Documentation task of the application will generate AFTER this Main Page form has been completed by clicking "Mark as Complete."

## Main Page

# **Organizational Account Information**

Please note: Several of the fields in this task contain information that is auto filling from your Eligibility/Account Settings form. If you need to override any auto filled info, follow the steps below and re-save your eligibility profile, so that the info is updated on this page.

- Click on your name in the top menu (upper right corner)
- · Click on my account
- · On left side, click eligibility
- · Update your eligibility profile as needed

Organization Legal Name	(No response)
Popular Name or DBA (if different from legal name)	(No response)
Organization Type	(No response)
Main Address 1	(No response)
Main Address 2	(No response)
City	(No response)
State	(No response)
Zip Code	(No response)
Main Phone (Format: ###-####)	(No response)
Website	(No response)

# **LA County Vendor Number**

NOTE: Not required during the application, however, to receive a grant you must be a registered LA County Vendor with an active vendor number, and enrolled in direct deposit. Visit this website and register today <a href="http://camisvr.co.la.ca.us/webven/">http://camisvr.co.la.ca.us/webven/</a>

(No response)

# Federal Employer Identification Number (EIN)

(No response)

# **Primary Organizational Contact Information**

The individual at your organization with the responsibility and authority to make decisions about your grant and use of funds, with the responsibility of managing and completing your grant application, including making corrections to the application. Do not provide generic phone numbers or e-mail addresses.

Should you be awarded a grant, this contact information will be used for all communication with important and time sensitive information, e.g. award announcements, grant contracting and reporting requirements.

Primary Organizational Contact First Name:	(No response)
Primary Organizational Contact Last Name:	(No response)
Primary Organizational Contact Title:	(No response)
Primary Organizational Contact Phone: (This field must be a 10 digit phone number in ###-### format.)	(No response)
Primary Organizational Contact Email:	(No response)

# **Executive Director/Organizational Leadership**

Executive Director/Leadership First Name:	(No response)
Executive Director/Leadership Last Name:	(No response)
Executive Director/Leadership Title:	(No response)
Executive Director/Leadership Phone: (Format: ###-###)	(No response)
Executive Director/Leadership Email:	(No response)

# **Primary Arts Programming Contact Information**

The individual at your organization with the responsibility of managing and completing your arts and culture projects and programs. Do not provide generic phone numbers or e-mail addresses.

Primary Arts Programming Contact First Name:	(No response)
Primary Arts Programming Contact Last Name:	(No response)
Primary Arts Programming Contact Title:	(No response)
Primary Arts Programming Contact Phone: (This field must be a 10-digit phone number in ###-#### format.)	(No response)
Primary Arts Programming Contact Email:	(No response)

### COUNTY SUPERVISORIAL DISTRICT INFORMATION

District where main administrative office is located: (Look up your district HERE)

District 1	×
District 2	×
District 3	×
District 4	×
District 5	×

District where most of your arts programming takes place:

**No Responses Selected** 

# District(s) your organization serves (check all that apply):

No Responses Selected

# California Secretary of State Entity #

If the applicant is awarded funding, the organization must be listed on the California Secretary of State website and the organization's status must be "active" at the time of contracting. (Look up HERE)

California Secretary of State Entity #:	(No response)
---	---------------

# Is your organization a first-time applicant to the Community Impact Arts Grant program?

No Responses Selected

# Has your organization previously been awarded a CIAG grant? If yes, how many years?

#### No Responses Selected

Does your organization currently offer sports programming? This question is for informational purposes only.

(No response)

## 2024-25 CIAG Project Request

Incomplete

# **Organizational Budget Size**

FORMATTING NOTE: Please enter plain non-formatted numbers into the fields below. This form will not accept dollar signs (\$), commas (,) or cents (i.e."0.50"). Please round figures to the nearest dollar.

#### **Organizational Budget Size**

The Department of Arts and Culture defines budget size as total operating revenue less in-kind for the most recently completed fiscal year. This number must correspond with the organization's submitted Federal Form 990 (Total Revenue line 12). For organizations with budgets over \$2M, this must correspond with the submitted audit. Budget size should not include any revenue dedicated to a cash reserve, endowment and/or capital project.

If applicant is a Model A Fiscal Sponsor, please list the organizational budget of the fiscal sponsor/applicant of record.

If applicant is a Model A Fiscal Sponsor, please list the annual operating budget for the fiscally sponsored project/organization:

Model A Fiscal Sponsors may apply on behalf of sponsored projects/organizations that otherwise meet all eligibility requirements. Fiscally sponsored projects/organizations must have an annual operating budget of \$25,000 or more. Note: The fiscal sponsor is the applicant of record.

(No response)

#### **Annual Arts and Culture Programming Budget Size**

Provide the dollar amount of the arts programming budget for the most recently completed fiscal year. This information is required and is an indication of your organization's investments to arts and culture.

If applicant is a Model A Fiscal Sponsor, please list the arts programming budget of the fiscally sponsored project/organization.

(No response)

#### **Arts and Culture Programming Experience**

Years of arts and culture programming experience. If applicant is a Model A Fiscal Sponsor, please list the years of arts and culture programming experience of the fiscally sponsored project/organization.

(No response)

#### TOTAL GRANT AMOUNT REQUESTED

(Request can be between \$5,000 and \$20,000)

No Responses Selected
ARTS AND CULTURE PROJECT/PROGRAM REACH (check all that apply):
Check all descriptions of the specific communities targeted for service in this project.
No Responses Selected
If other, please describe:
(No response)
Brief Project Description
Please complete the following sentence:
(No response)
2024-25 CIAG Narrative Part 1 - Organizational Information
Incomplete
CIAG Narrative Part 1 - Organizational Information
A. MISSION/PURPOSE OF THE APPLICANT: [Criteria 2, 5] *500 Character Limit*
Provide the applicant's mission statement.
(No response)

DISCIPLINE OF PROPOSED PROJECT (check all that apply):

# B. ORGANIZATIONAL HISTORY/CORE PROGRAMMING: [Criteria 2, 5] \*2,000 Character Limit\*

Briefly describe the history of current core programs and services.

Note any significant administrative changes and/or major accomplishments and initiatives that took place over the past two years.

(No respons
-------------

C. How many arts-related classes/workshops/events did your organization produce virtually or in person in the last two years? Reminder: a minimum of 8 activities are required to be eligible to apply.

Enter a numerical value only.

D. ARTS + CULTURE HISTORY/PROGRAMMING: [Criteria 1, 5] \*1,500 Character Limit\*

Please describe organizational history of arts and culture programming as part of the broader services the organization provides.

How does arts and culture programming support the applicant's mission?

Describe the types of programming the applicant is engaged in.

How are artists selected to work with the program? Describe the applicant's practice of payment to artists.

(No response)

# E. COMMUNITY/CORE CONSTITUENCY: [Criterion 5] \*1,500 Character Limit\*

Describe the applicant's community and core constituency in terms of geography, age, cultural, economic or other characteristics, as applicable or that are important to your organization. Please include demographic information.

F. CULTURAL EQUITY AND INCLUSION: [Criterion 5] \*2,000 Character Limit\*

Describe how the applicant addresses and is taking steps to integrate and reflect the values of cultural equity and inclusion both internally and externally. Provide specific details highlighting progress or efforts made in the last two or more years. Please reference the CEII definitions listed on our website: CEII Definitions

(No response)

G. How has your organization been impacted since the onset of the pandemic and how has it responded to those challenges? \*1,000 Character Limit\*

(No response)

2024-25 CIAG Project Budget

Incomplete

## PROJECT BUDGET

Complete the table with the projected budget for proposed arts project <u>during the grant period</u>: July 1, 2024 - June 30, 2025.

Click	"Next"	to	Start.
CIICK	INCAL	w	Juli

Total amount requested in budget form

ERROR MESSAGE: If the fields are not populating the request amount and you've already completed the Project Request task, click the PREVIOUS button at the bottom of this page and then the NEXT button on the opening page and your request figures will populate.

Enter projected budget for proposed arts project during the grant period. Only include income and expenses that are specific to the arts project; do not enter your organization's total annual budget. Indicate how your organization will match grant funds in the CASH MATCH column. We do not require a match across categories/line items.

For example, the full CIAG fund request could be placed in the Artistic Personnel and Fringe Benefits line items, while the Cash Match could be reflected in Production/Exhibition Costs. [Criteria 2, 3]

IMPORTANT NOTE: CIAG funds cannot be used for catering and hospitality, lodging, meals or travel outside of LA County. These types of expenses, however, can be included as part of the matching funds. Please see <u>CIAG Guidelines</u> for a full list of unqualified expenses.

FORMATTING NOTE: Please enter plain non-formatted numbers into the table below. This form will not accept dollar signs (\$), commas (,) or cents (i.e."0.50"). Please round figures to the nearest dollar.

#### **CIAG Project Budget Expense Detail**

	CIAG Fund Request	CIAG Required Match
Request/Match Amount		

### Personnel/Salary Expenses

	GRANT EXPENSES	MATCH EXPENSES
Artistic		
Program (non-artistic)		
Fringe Benefits		

### **Project Expenses**

**GRAND TOTAL EXPENSE** 

	GRANT EXPENSES	MATCH EXPENSES
Advertising, Marketing, PR		
Artist Fees - Non Salary		
Fees paid to Partner Organization		
Other Consultant Fees**		
Space Rental		
Equipment Rental or Purchase		
Facility Fees		
Insurance		
Honoraria		
Printing		
Production & Exhibition Costs		
Project Materials & Supplies		
Other**		

# **Verification of Budget**

**Do not edit this section**. This field is auto-calculated to ensure that your budget meets CIAG minimum requirements. If this reads "False" your math is wrong or you have added formatting that prevents validation.

Meets or Exceed Explanations	

# **Budget Expense Explanations - REQUIRED**

Use this space to explain the budget expenses.

Detail all "Other" expenses, including consulting fees. Also use this space to explain, clarify and detail the type, frequency and breakdown of relevant expenses, as applicable. This includes details regarding multiple program and non-artistic salary positions.

List "MATCH EXPENSES" sources specific to the project by entering both anticipated and confirmed sources of funding with the amount of each contribution. The total match amount must at least equal (1:1) the CIAG request.

(No response)

## **Partner Expenses**

If project partner is independently paying for a portion of the project, please describe. If not applicable, enter N/A.

# **CIAG Project Budget Income Detail**

## Identify income sources of Matching Funds

#### **LACDAC Grant Request Amount:**

Government (Federal, State, City)	(No response)
Foundation Contributions	(No response)
Corporate Contributions	(No response)
Trustee/Board Contributions	(No response)
Other Individual Contributions	(No response)
Earned Income	(No response)
Other**	(No response)

#### **Grand Total Project Income**

(No response)

#### Meets or Exceeds Matching Fund Requirements

(No response)

# **Budget Income Explanations - REQUIRED**

Use this space to provide details about the sources of the stated income budget.

If there are multiple sources of income in the Government (City, County, State, Federal), Foundation or Corporate categories, provide a detailed list naming the sources along with the amount of each contribution.

Provide a detailed list of "Other" income sources.

## 2024-25 CIAG Narrative Part 2 - Proposed Arts and Culture Project

Incomplete

## **CIAG Narrative Part 2 - Proposed Arts Project**

A. PROJECT OVERVIEW: [Criteria 1, 3] \*1,500 Character Limit\*

Describe the arts project for which funds are requested. Is this a new initiative or an expansion of a current program?

If applicable, how does this arts project relate to any previous initiatives?

(No response)

# B. PROJECT TIMELINE and PARTICIPANTS: [Criteria 3, 5] \*750 Character Limit\*

Include the start and end date of the proposed project/program within the eligible grant period. Clarify which sections/elements of the project will be supported by CIAG funding, if the start and end date exceed the CIAG project time frame.

Where will it take place?

Describe *in detail* the target participants for your arts and culture project/program.

How will participants be selected for participation?

What is the total number of participants the organization expects to serve with this project/program?

(NIA	rochoncol
UNO	response)

C. PROJECT ACTIVITIES: [Criteria 1, 3] \*1,500 Character Limit\*

Describe what happens/will happen during project planning and implementation. If applicable, what happens during a workshop, class or presentation?

NOTE: We HIGHLY recommend attaching a sample lesson plan/curriculum/agenda in the Support Materials section if applying to support a workshop/class-based program.

(No response)

D. If applicable, briefly describe your approach to developing curriculum and content for arts program/project – particularly if serving youth. Consider providing 1-2 concrete examples. [Criteria 1, 3] \*1,500 Character Limit\*

# E. PROJECT PARTNERS/ARTISTS/STAFF/VOLUNTEERS: [Criteria 1, 3, 5] \*1,500 Character Limit\*

Describe the planning process of working with the partner organization(s) or artist(s).

How are partner organizations, artists, staff, volunteers selected for this project? If not yet selected, what are the selection criteria?

What is the compensation rate for project/program partners?

If you are working with a partner organization(s) or artist(s), please describe what role and title each will be filling.

If utilizing temporarily employed individuals or volunteers, how are they trained?

(No response)	(No	response	e)
---------------	-----	----------	----

F. PROJECT FEES: Is there a fee constituents/clients must pay to participate in the project/program?

(No response)

If yes, please describe rate to participate. If applicable, describe sliding scale and how sliding scale rates are determined.

G. PROJECT GOALS and OBJECTIVES: [Criteria 3, 4] \*1,000 Character Limit\*

What are the goals and objectives of this arts project/program?

How does this project/program serve the applicant's overall mission?

How does it meet community, constituent and/or client needs?

(No response)

H. PROJECT EVALUATION: [Criterion 4] \*750 Character Limit\*

How will you monitor, measure and track the success of this arts project?

What qualitative (narrative) and/or quantitative (numbers/data) will you use to demonstrate how well you are achieving the arts project/program goals and objectives, as described above?

I. PROJECT OUTREACH: [Criterion 5] \*1,000 Character Limit\*

What kind of outreach/marketing strategy do you have for this arts project/program? How are you reaching new participants?

How is information about community, constituent and/or client needs gathered?

How are culminating events promoted, if applicable?

(No response)

2024-25 CIAG Arts and Culture Partner(s) Information - Optional

Incomplete

**CIAG Arts Partner(s) Information - Optional** 

Is your organization working with a partner arts organization(s) or artist(s) for this project?

(No response)

2024-25 CIAG Project Primary Staff & Artists Profiles

Incomplete

# **Project Primary Staff & Artists Profiles**

[CRITERIA 1,2] Provide short biographies of key organizational staff. Begin with the applicant's leadership (e.g. Executive Director, Managing Director) and follow with key project staff, emphasizing their experience in areas of **direct relevance to the proposal**, e.g. professional, educational or community-based experience in arts and culture including years of experience. NOTE: All volunteer organizations should provide the biographies of key volunteers who are accomplishing the work on the proposed project.

If beneficial, an attachment may be uploaded listing additional staff to support/carry out the proposed project and highlight organizational capacity.

Full Name:	(No response)
Title:	(No response)
Bio:	(No response)
Project Role:	(No response)
Full Name:	(No response)
Title:	(No response)
Bio:	(No response)
Project Role:	(No response)
Full Name:	(No response)
Title:	(No response)
Bio:	(No response)
Project Role:	(No response)
Full Name:	(No response)
Title:	(No response)
Bio:	(No response)
Project Role:	(No response)

Optional - To add Additional Project Staff, upload document(s)

2024-25 CIAG - Board of Directors

### **Board of Directors**

Provide a list of the applicant organization's board of directors beginning with board officers (President/Chair, Vice President/Co-Chair, Secretary, Treasurer) listed in first four rows. You may upload an additional attachment to accommodate more board members.

NOTE: Professional affiliation is intended to provide insight about the board member's area of expertise and experience.

PLEASE SCROLL TO THE RIGHT TO ACCESS FULL TABLE and COLUMNS.

F	Full Name	Board Position Title	Professional Affiliation (Organization)	Professional Affiliation (Title)	City and State of Residence (e.g. LA, CA)	Years Served on Board

# **Optional - Additional Board Documentation Upload**

## Do the board members have term limits?

No Responses Selected

If your organization has term limits for its Board of Directors, please write that term limit below. Example: three years.
(No response)
How often does the board meet on an annual basis?
(No response)
Does the board have a "Give or Get" policy?
WHAT IS A GIVE-OR-GET POLICY? Board members agree to either donate (give) a certain amount of money every year, paid out of their own personal resources, or to raise the equivalent amount from others (get).
No Responses Selected
Please describe the ways your board members provide leadership and support to the organization in ways other than monetarily:
(No response)

Please select all of the statements below that describe your organizational leadership (Executive Director/CEO/Managing Director) and Board of Directors (If applicable):

## **No Responses Selected**

## 2024-25 CIAG - Nonprofit Supporting Documentation

Incomplete - Hidden from applicant

# **Artistic Documentation and Support Materials**

ERROR MESSAGE: If you are receiving an error message preventing you from submitting this task and you've completed all fields, scroll to the right in the Sample Details boxes and make sure ALL FIELDS ARE COMPLETE.

# Name files using the following naming conventions:

- Organization Name-Artistic Documentation-Video
- Organization Name-Artistic Documentation-Images
- Organization Name-990
- Organization Name-Financial Audit

### A. ARTISTIC DOCUMENTATION

Artistic documentation is crucial for evaluating the artistic quality of the applicant and project. REMINDER: Provide the context of the submission in the Artistic Description section. This includes, as applicable, title, location, artist(s), date(s) and participant impact.

A minimum of one (1) and maximum of two (2) artistic samples must be included with the application. We recommend using recent samples.

Review **CIAG Guidelines** for requirements and recommendations.

REMINDER: All materials must remain active and viewable until July 2024.

PASSWORDS: If applicable, include passwords for uploaded artistic documentation in the Artistic Description text section for the corresponding sample.

DISCLAIMER: All submitted application materials are documents of public record upon submission to the Los Angeles County Department of Arts and Culture and subject to public records requests.

## Sample 1 - UPLOAD

# **Sample 1 - DETAILS**

	Video/Audio /Images/Published Materials (Please specify sample type below.)	Title	Artist(s)	Year work was completed YYYY/MM/DD
Sample 1				

# **Sample 1 - RUNNING TIME (Video and Audio only)**

(No response)

# **Sample 1 - ARTISTIC DESCRIPTION**

Briefly describe the artistic sample and explain its relationship to the application.

(No response)

# **Sample 2 - UPLOAD**

# **Sample 2 - DETAILS**

	Video/Audio /Images/Published Materials (Please specify sample type below.)	Title	Artist(s)	Year work was completed YYYY/MM/DD
Sample 2				

# **Sample 2 - RUNNING TIME (Video and Audio only)**

(No response)

## **Sample 2 - ARTISTIC DESCRIPTION**

Briefly describe the artistic sample and explain the relationship of the artistic sample to the application.

(No response)

B. REVIEWS/LETTERS OF RECOMMENDATION - Two (2) letters of recommendation and/or reviews written within the past 18 months MUST be submitted.

Compile Reviews/Letters of Recommendation into one pdf.

# C. STRONGLY ENCOURAGED of all Applicants proposing workshop or class-based arts programs.

Provide a sample lesson plan/agenda outlining the activities/work planned and scheduled during a workshop or class session.

# D. PROMOTIONAL MATERIALS (OPTIONAL) - One piece of promotional material.

I.e. Season brochures, flyers, postcards, newsletters, reviews, etc.

## **Financial Information**

## E. Federal Form 990, 990 EZ or 990-N\*

Only upload a Federal Form 990 for a tax year ending on or after December 31, 2021.

\*Religious organizations should submit a financial statement or annual profit/loss and balance sheet information.

### F. Financial Audit

All applicants with budgets of \$2,000,000 and greater are required to submit a financial audit for the most recently completed fiscal year OR tax year ending on or after December 31, 2021. If an audit for the organizations most recently completed fiscal year is not available, the applicant may submit a financial audit for the previous year.

\*Religious organizations should submit a financial statement or annual profit/loss and balance sheet information.

## 2024-25 CIAG - Fiscal Sponsors Supporting Documentation

Incomplete - Hidden from applicant

# **Artistic Documentation and Support Materials**

ERROR MESSAGE: If you're receiving an error message preventing you from submitting THIS PAGE and you've completed all fields, scroll to the right in the Sample Details box and make sure ALL FIELDS ARE COMPLETE.

Name files using the following naming conventions:

- Organization Name-Artistic Documentation-Video
- Organization Name-Artistic Documentation-Images
- Organization Name-990
- Organization Name-Fiscally Sponsored Project-Annual Budget
- Organization Name-Model A Fiscal Sponsorship Agreement

## A. ARTISTIC DOCUMENTATION

Artistic documentation is crucial for evaluating the artistic quality of the applicant and/or project. REMINDER: Provide the context of the submission in the Artistic Description section. This includes, as applicable, title, location, artist(s), date(s) and participant impact.

A minimum of one (1) and maximum of two (2) artistic samples must be included with the application. We recommend including recent samples.

Refernce **CIAG Guidelines** for requirements and recommendations.

REMINDER: All materials must remain active and viewable until July 2024.

PASSWORDS: If applicable, include the passwords for uploaded artistic documentation in the Artistic Description text section for the corresponding sample.

DISCLAIMER: All submitted application materials are documents of public record upon submission to the Los Angeles County Department of Arts and Culture and subject to public records requests.

## Sample 1 - UPLOAD

# **Sample 1 - DETAILS**

	Video/Audio /Images/Published Materials (Please specify sample type below.)	Title	Artist(s)	Year work was completed YYYY/MM/DD
Sample 1				

# Sample 1 - RUNNING TIME (Video and Audio only)

(No response)

## **SAMPLE 1 - ARTISTIC DESCRIPTION**

Briefly describe the artistic sample and explain the relationship of the artistic sample to the application.

(No response)

# Sample 2 - UPLOAD

# **Sample 2 - DETAILS**

	Video/Audio /Images/Published Materials (Please specify sample type below.)	Title	Artist(s)	Year work was completed YYYY/MM/DD
Sample 2				

# **Sample 2 - RUNNING TIME (Video and Audio only)**

## Sample 2 - ARTISTIC DESCRIPTION

Briefly describe the artistic sample and explain the relationship of the artistic sample to the application.

(No response)

B. Reviews/Letters of Recommendation - Two (2) letters of recommendation or reviews written within the past 18 months MUST be submitted.

Compile Review/Letters of Recommendation into one pdf.

# C. STRONGLY ENCOURAGED of all Applicants proposing workshop or class-based arts programs.

Please provide a sample lesson plan/agenda outlining the activities/work planned and scheduled during a workshop or class session.

# D. Promotional Materials (OPTIONAL) - One piece of promotional material.

I.e. Season brochures, flyers, postcards, newsletters, reviews, etc.

# Financial Information for Fiscal Sponsors with Fiscally Sponsored Projects

## E. Federal Form 990, 990 EZ or 990-N of Fiscal Sponsor\*

Only upload a Federal Form 990 for a tax year ending on or after December 31, 2021.

## **F. Financial Audit of Fiscal Sponsor\***

All applicants with budgets of \$2,000,000 and greater are required to submit a financial audit for the applicant organization's most recently completed fiscal or tax year ending on or after December 31, 2021.

If an audit for the organizations most recently completed fiscal is not available, the applicant may submit a financial audit for the previous year.

## **Financial Information for Fiscally Sponsored Projects**

# G. Revenue & Expense Statement of Fiscally Sponsored Projects

Revenue & Expense or Profit & Loss Statement of the fiscally sponsored project/organization's Annual Operating Budget

## H. Model A Agreement for Fiscally Sponsored Organizations

Some, not all, fiscally-sponsored organizations meet CIAG eligibility requirements. To assess whether you are eligible, please attach the required documentation below. If you are not able to provide proof of a Model A Comprehensive Fiscal Sponsorship Agreement, you do not meet the eligibility requirements for this application. Note - Model A Comprehensive Fiscal Sponsorship Agreements are also known as direct-program agreements. In this relationship, the organization's administrative, legal and fiscal governance is overseen by the fiscal-sponsor and the sponsor owns and is legally liable for the work of the organization it sponsors.

## 2024-25 CIAG - Municipality Supporting Documentation

Incomplete - Hidden from applicant

## **Artistic Documentation and Support Materials**

ERROR MESSAGE: If you are receiving an error message preventing you from submitting THIS PAGE and you've completed all fields, scroll to the right in the Sample Details box and make sure ALL FIELDS ARE COMPLETE.

Name files using the following naming conventions:

- Organization Name-Artistic Documentation-Video
- Organization Name-Artistic Documentation-Images
- Organization Name-Departmental Annual Budget

### A. ARTISTIC DOCUMENTATION

Artistic documentation is crucial for evaluating the artistic quality of the applicant and/or project. REMINDER: Provide the context of the submission in the Artistic Description section. This includes, as applicable, title, location, artist(s), date(s) and participant impact.

A minimum of one (1) and maximum of two (2) artistic samples must be included with the application. We recommend including recent samples.

Review **CIAG Guidelines** for requirements and recommendations.

REMINDER: All materials must remain active and viewable until July 2024.

PASSWORDS: If applicable, include the passwords for uploaded artistic documentation in the Artistic Description text section for the corresponding sample.

DISCLAIMER: All submitted application materials are documents of public record upon submission to the Los Angeles County Department of Arts and Culture and subject to public records requests.

# Sample 1 - UPLOAD

# **Sample 1 - DETAILS**

	Video/Audio /Images/Published Materials (Please specify sample type below.)	Title	Artist(s)	Year work was completed YYYY/MM/DD
Sample 1				

# **Sample 1 - RUNNING TIME (Video and Audio only)**

(No response)

# **Sample 1 - ARTISTIC DESCRIPTION**

Briefly describe the artistic sample and explain the relationship of the artistic sample to the application.

(No response)

# Sample 2 - UPLOAD

# **Sample 2 - DETAILS**

	Video/Audio /Images/Published Materials (Please specify sample type below.)	Title	Artist(s)	Year work was completed YYYY/MM/DD
Sample 2				

## Sample 2 - RUNNING TIME (Video and Audio only)

(No response)

# **Sample 2 - ARTISTIC DESCRIPTION**

Briefly describe the artistic sample and explain the relationship of the artistic sample to the application.

(No response)

B. Reviews/Letters of Recommendation - Two (2) letters of recommendation or reviews written within the past 18 months MUST be submitted.

Compile Review/Letters of Recommendation into one pdf.

# C. STRONGLY ENCOURAGED of all Applicants proposing workshop or class-based arts programs

Provide a sample lesson plan/agenda outlining the activities/work planned and scheduled during a workshop or class session.

# D. Promotional Materials (OPTIONAL) - One piece of promotional material.

I.e. Season brochures, flyers, postcards, newsletters, reviews, etc.

## **Financial Information**

## E. Adopted Annual Department Budget

## 2023-24 CIAG Finalizing and Submitting your Application

Incomplete

## FINALIZING AND SUBMITTING YOUR APPLICATION

Applications, artistic documentation and support materials **must be submitted** via the Department of Arts and Culture's online application system at <u>SurveyMonkey Apply</u> no later than **11:59 p.m. on OCTOBER 11, 2022**. Applications that are submitted after the deadline will not be considered. Deadlines cannot be extended.

Hardcopy materials will not be accepted.

DISCLAIMER: All submitted application materials are documents of public record upon submission to the Los Angeles County Department of Arts and Culture and subject to public records requests.

#### **Certification Instructions:**

Provide the Name and Title of the authorized official submitting this application.

This individual must be a representative of the applicant organization with authority to submit this application on behalf of the applicant organization.

By entering in their name below, the authorized individual certifies that they have reviewed the content of this application and certifies that the information contained in this application is true and correct to the best of their knowledge.

Once this section is complete, please click the **green "Submit" button** on the left to finalize and submit your 2023-24 CIAG application.

Full Name:	(No response)
Title:	(No response)
Telephone #:	(No response)
Email Address:	(No response)
I certify:	(No response)