

CAMPAC

MILWAUKEE COUNTY CULTURAL ARTISTIC & MUSICAL PROGRAMMING ADVISORY COUNCIL

Richard Clark, Administrator

APPLICATION FORMS FOR 2020 FUNDING

ORGANIZATION _____

Telephone _____

ADDRESS _____
Street

_____ City

_____ Zip

CHECK WHAT TYPE (S) OF FUNDING YOU ARE REQUESTING:

1. MATCHING GRANT

- a. Established Organization
b. Emerging Organization

2. COMMUNITY CULTURAL EVENTS

CONTACT PERSON FOR THIS APPLICATION

Title _____

Telephone _____

Email _____

CHIEF STAFF OFFICER _____

Telephone _____

NUMBER OF FULL-TIME EMPLOYEES _____ DATE OF ESTABLISHMENT _____

ARE YOU A NON-PROFIT & TAX EXEMPT ORGANIZATION? YES OR NO

ORGANIZATION'S FISCAL YEAR _____ to _____

SUMMARY OF ANNUAL OPERATING BUDGET FOR:

FISCAL YEAR ENDING IN 2018*

Dates (____/____/____ to ____/____/____)

Expenses _____ Income _____

FISCAL YEAR ENDING IN 2019*

Dates (____/____/____ to ____/____/____)

Expenses _____ Income _____

****BUDGET SUMMARY SHOULD MATCH BUDGET TOTALS ON INCOME AND EXPENSE
BUDGET FORMS FOUND IN THIS APPLICATION.***

ATTACHMENTS

PLEASE REVIEW THE CHECKLIST DOCUMENT RE: THE ATTACHMENTS THAT MUST BE SUBMITTED IN HARD COPY/PDF FORM WITH YOUR APPLICATION TO THE CAMPAC ADMINISTRATOR ON OR BEFORE THE CAMPAC DEADLINE.

8. GENERAL ORGANIZATION INFORMATION (To be completed by all applicants)

1. PLEASE PROVIDE, IN THE SPACE BELOW, AN OVERVIEW OF YOUR ORGANIZATION, INCLUDING MISSION STATEMENT.

2. PLEASE DESCRIBE HOW LONG YOUR ORGANIZATION HAS BEEN IN OPERATION, THE GOALS YOU HAVE SET FOR THIS YEAR AND AN OUTLINE OF THE PRIMARY PROGRAMS AND SERVICES YOUR ORGANIZATION PLANS TO PROVIDE TO THE PUBLIC IN 2020

3. DESCRIBE YOUR PAID PROFESSIONAL ADMINISTRATIVE STAFFING – QUALIFICATIONS, TIME COMMITMENT & SALARIES.

4. DESCRIBE YOUR EFFORTS TO EMPLOY ARTISTIC PERSONNEL ORIGINATING FROM OR RESIDING IN MILWAUKEE COUNTY.

5. DO YOU PAY WITHHOLDING TAXES FOR ALL PAID PERFORMERS AND STAFF WHO ARE EMPLOYEES OR FILE 1099'S FOR PERFORMERS AND STAFF WHO ARE INDEPENDENT CONTRACTORS? (NOTE: PAYMENT OF EMPLOYMENT TAXES FOR EMPLOYEES OR FILING OF A 1099 FOR INDEPENDENT CONTRACTORS IS REQUIRED BY LAW.)

Withholding: Yes No
1099: Yes No

6. a. DESCRIBE YOUR CAPACITY TO MAINTAIN FINANCIAL RECORDS.

b. HOW OFTEN IS FINANCIAL INFORMATION REPORTED TO THE BOARD OF THE ORGANIZATION?

c. NAMES OF PERSONS RESPONSIBLE FOR MAINTAINING AND OVERSEEING FISCAL RECORDS AND REPORTS:

STAFF: Name _____ Position _____

BOARD: Name _____ Position _____

d. DO YOU EMPLOY AN OUTSIDE AUDITING FIRM? Yes No
IF YES, PLEASE LIST: _____

e. IF YOU HAVE AN ACCUMULATED DEFICIT, STATE THE AMOUNT: _____
SUBMIT WITH THIS APPLICATION YOUR BOARD-APPROVED PLAN TO REDUCE THIS DEFICIT.

7. DESCRIBE YOUR FUND RAISING EFFORTS FOR YOUR CURRENT FISCAL YEAR, INCLUDING METHODS EMPLOYED, TOTAL FUNDS RAISED AND NUMBER OF CONTRIBUTORS.

8. WHAT ARE YOUR PLANS TO IMPROVE YOUR FUND RAISING EFFORTS?

9. WHAT TYPES OF FREE PERFORMANCES AND OUTREACH ACTIVITIES IS YOUR ORGANIZATION OFFERING IN 2020? YOU MAY INCLUDE THIS INFORMATION ON A SEPARATE PAGE IF NECESSARY.

10. IF A LOSS IS SHOWN OR PROJECTED ON YOUR INCOME/EXPENSE STATEMENT PLEASE EXPLAIN HOW THE LOSS WILL BE COVERED.

INCOME
MATCHING GRANTS PROGRAM
ORGANIZATION BUDGET FORM

Total Organization Budget: <u>Cash Income</u> *	<u>Fiscal year ending in 2018</u> Actuals as of __/__/__	<u>Fiscal year ending in 2019</u> Actuals or Budget approved by board: __/__/__
INDIVIDUAL CONTRIBUTIONS	_____	_____
CORPORATE/BUSINESS	_____	_____
FOUNDATIONS	_____	_____
EARNED INCOME (TICKET SALES, PERFORMANCE FEES, ETC.)	_____	_____
GOVERNMENT FUNDS (EXCLUDING MILWAUKEE COUNTY)	_____	_____
OTHER (SPECIFY)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
CAMPAC ELIGIBLE SUB-TOTAL	_____	_____
 MILWAUKEE COUNTY FUNDS	 _____	 _____
 Funds being applied from endowments, investments, reserve funds, or previously restricted funds (specify).	 _____	 _____
_____	_____	_____
_____	_____	_____
TOTAL CASH INCOME	_____	_____

*Operating income, considering both earned and contributed income, excluding the following:

1. In-kind contributions;
2. Income dedicated to capital improvements (that is, purchase of real estate, construction or purchase of equipment costing over \$500, major building renovations, etc.)
3. Contributions for an endowment campaign;
4. Contributions received for re-granting purposes;
5. Income dedicated to the principal payment of bank loans;
6. Contributions received from Milwaukee County directly or indirectly.
7. Previously restricted, endowed, reserve or other funds outside of annual earned/contributed revenues.
8. Investment/endowment income growth through interest, dividends, etc. or reflecting increase in share price of the investment.

CERTIFICATION *

We certify that the information contained in this application, including budgets and attachments, is true and correct to the best of our knowledge. It is understood and agreed that any funds awarded as a result of this application will be used for the purposes set forth herein. Should the organization cease operations, or fail to complete its programming, the CAMPAC administrator should be contacted immediately. In such circumstances, it may be required that the full amount of the grant, or a portion thereof, be returned to the County as determined by the CAMPAC council.

BUDGET PREPARED BY _____ TITLE/POSITION _____

CHIEF STAFF OFFICER

Print

Signature

Date

BOARD OFFICER

Print

Signature

Date

BOARD OFFICER TITLE _____

***Application will be considered incomplete and will not be accepted unless signed by appropriate individuals.**

11. COMMUNITY CULTURAL EVENTS PROGRAM

ORGANIZATION NAME:

1. TO BE ELIGIBLE FOR THIS PROGRAM, ALL OR PART OF YOUR PRIMARY MISSION MUST INCLUDE SERVICE TARGETING SPECIFIC AUDIENCES, WHICH MAY INCLUDE MINORITY POPULATIONS, HANDICAPPED AND DISABLED INDIVIDUALS, LOW INCOME AND OTHERS WHOSE ACCESS TO ARTISTIC EVENTS IS LIMITED. PLEASE INCLUDE MISSION STATEMENT.

2. DESCRIBE THE COMPOSITION OF THE AUDIENCES EXPECTED AT YOUR PROGRAMS. IF POSSIBLE, USE STATISTICS FROM PRIOR SEASONS.

3. WHAT EFFORTS WILL BE MADE TO ENSURE ACCESSIBILITY TO YOUR PROGRAMS (PHYSICAL, GEOGRAPHIC AND FINANCIAL ACCESSIBILITY)?

4. HOW DO YOU PLAN TO PUBLICIZE YOUR PROGRAMS?

5. HOW WILL THE FUNDS RECEIVED FROM THE COMMUNITY CULTURAL EVENTS GRANT BE USED?

COMMUNITY CULTURAL EVENTS APPLICATION PROGRAM BUDGET FORM

THE BUDGET FORMS FOR THE MATCHING GRANTS PROGRAM WILL BE USED FOR THIS APPLICATION. PLEASE FILL OUT THE MATCHING GRANTS INCOME BUDGET FORM AND EXPENSES BUDGET FORM WITHIN THE APPLICATION. IF YOU ARE ALSO APPLYING TO THE MATCHING GRANTS PROGRAM, ONLY ONE BUDGET DOCUMENT SHOULD BE SUBMITTED.