



## St. Lucie County Cultural Affairs Council

### Mini-Grant Application Instructions/Conditions

1. All mini-grants applications must be filed on a **current** St. Lucie County Cultural Affairs Council (CAC) application form.
2. The properly completed application **must be received** by the CAC by **5:00 PM on Friday, January 16, 2009**.
3. On a separate page, answer the narrative questions as requested on the application.
4. Fill out the application with direct answers. ("see attached", etc. is not acceptable.)
5. Return one original application (pages 3-7), the narrative answer page, and the signed Certification and Accountability Checklist page and a copy of the 501 ©3 status.
6. The Evaluation/Compliance Form (page 8), which is attached to the application, shall be submitted to the CAC **within 45 days after** the grantee event has taken place. The CAC may require a refund of grant funds if the grantee fails to submit the Evaluation/Compliance Form in a timely manner.
7. It is the responsibility of the grantee to meet the following:
  - a. Comply with all the terms of the mini-grant contract
  - b. Credit the CAC with Sponsorship status in ALL advertising (A media information page is included)
  - c. Obtain and display the CAC banner at all sponsored events
  - d. Furnish admission to the CAC Board member assigned to the event
  - e. A table must be provided so CAC can display related materials
8. Projects with a religious or anti-religious theme shall not be eligible for grant funding.
9. Grant projects for youth are encouraged. However, to be eligible for funding, the project shall be discussed with Cultural Affairs staff before submitting the formal application.

#### NOTE:

The prior noted nine conditions must be met for any application for a mini-grant is to be considered. Specific criteria for CAC evaluation are included in application. For more information, assistance or to request the application to be emailed to you please contact CAC at (772) 462-1767.

## IMPORTANT INFORMATION ON GRANTS SCHEDULE

Grant money will be available mid-March in 2009. The grants can be for projects that take place between February 10, 2009 and December 31, 2009. Submitting an application by the January 16<sup>th</sup> deadline does not guarantee funding.

Due to limited County grant funds, the CAC may choose to only award one \$1,000 grant per applicant. Again, if you received a grant in December 2007-08, **please be sure to submit the compliance report before submitting this current grant application.**

### TIMELINE FOR CULTURAL MINI-GRANTS

|                   |  |
|-------------------|--|
| December 16, 2008 | Cultural Affairs Mini-grant cycle opens  |
| January 16, 2009  | Mini-grant applications are due at the St. Lucie County Grants Office<br>2300 Virginia Avenue, Fort Pierce, Florida 34982 (772-462-1767)   |
| February 10, 2009 | Cultural Affairs Council approves the funding recommendation of the<br>CAC Mini-grant subcommittee   |
| February 16, 2009 | Contracts mailed out with W-9 forms<br>Contracts should be returned as soon as possible for further<br>processing and release of the checks<br>Four original signed contracts need to be mailed asap |



**ST. LUCIE COUNTY CULTURAL AFFAIRS COUNCIL  
2009 MINI-GRANT PROGRAM APPLICATION  
(PLEASE TYPE OR PRINT)**

**MUST BE RECEIVED NO LATER THAN**

5:00 P.M. on January 16, 2009  
[www.stlucieco.gov/culturalaffairs/](http://www.stlucieco.gov/culturalaffairs/)

**MAIL OR DELIVER TO:**

CULTURAL AFFAIRS COUNCIL Attn: Mini-Grant  
Grants and Disaster Recovery Department  
2300 Virginia Avenue, Fort Pierce, Fl 34982  
(772) 462-1767

**SECTION A: PROGRAM INFORMATION**

1. Florida County \_\_\_\_\_
2. Program Name \_\_\_\_\_
3. Program Type (e.g. art show, concert, etc.) \_\_\_\_\_
4. Amount of grant funds requested \_\_\_\_\_
5. Estimated number of persons to be served \_\_\_\_\_
6. Cost per participant: amount of funds requested divided by the estimated number of participants in the event/project (\$/#) \_\_\_\_\_

**SECTION B: CONTRACTOR INFORMATION**

Identify the agency and official who will sign the Certificate of Assurance, if selected for a grant:

1. Grantee agency name \_\_\_\_\_
2. Authorized Official's name \_\_\_\_\_
3. Street address \_\_\_\_\_
4. City \_\_\_\_\_ Florida Zip Code \_\_\_\_\_
5. Telephone Number ( ) \_\_\_\_\_
6. Federal Identification Number \_\_\_\_\_
7. Contractor agency status: Governmental \_\_\_ Private not for profit \_\_\_ Private for profit \_\_\_
8. Name of fiscal officer \_\_\_\_\_ Telephone number \_\_\_\_\_
9. Name of fiscal agency, if not Grantee \_\_\_\_\_
10. Program Director's name \_\_\_\_\_
11. Mailing address for all program correspondence \_\_\_\_\_
12. Email of main contact person \_\_\_\_\_
13. Website: \_\_\_\_\_

**SECTION C: PROJECT DESCRIPTION**

- 1. Project Name \_\_\_\_\_
- 2. Population Number to Be Served: Artists (participants) \_\_\_\_\_ Audience \_\_\_\_\_
- 3. Total Project Cost \_\_\_\_\_
- 4. Amount Requested From this Fund \_\_\_\_\_
- 5. Date and Place of Event\_\_\_\_\_
- 6. List other potential and actual sources of support for this project (put an \* by those committed, noting any matching fund requirements).

| AMOUNT | FUND  |
|--------|-------|
| -----  | ----- |
| -----  | ----- |
| -----  | ----- |
| -----  | ----- |
| -----  | ----- |

**SECTION D: PROPOSAL NARRATIVE INSTRUCTIONS**

**On a separate page,** please answer the following as concisely as possible. Please limit your response to 500 words or less. Please limit responses to these questions **only**.

- 1. What type of program are you proposing? What overall changes are you trying to create and with whom?
- 2. What are the specific outcomes you seek to achieve? Describe in measurable terms the outcomes you are focusing upon.
- 3. How will you produce the changes described above? Include information about what participants will do - Describe their experiences.
- 4. How will you know the changes have occurred? Include information about how you will verify the extent to which participants achieve outcomes/performance targets.
- 5. What is the target audience? Briefly describe the geographic service areas (i.e., Port St. Lucie, Ft. Pierce, rural, etc.) and any issues of diversity (children, seniors, ethnic, handicapped, etc.)
- 6. What is the future of this project? Please list other funds that will be utilized to make this project successful. Also, please explain how this project will be continued in the future.

**NOTE: When responding to the Narrative section please answer all questions completely. Do not attach organization brochures or pamphlets to application. (“See Attached” is not an acceptable response to questions.)**

**SECTION E: PROJECT BUDGET**

**Projected Income:**

|                                       |                 |                |
|---------------------------------------|-----------------|----------------|
| Federal Grant                         | \$ _____        |                |
| State Grant                           | \$ _____        |                |
| County Grant Request                  | \$ _____        |                |
| Other Government Grant                | \$ _____        | Source _____   |
| Other Grant                           | \$ _____        | Source _____   |
| Other Grant                           | \$ _____        | Source _____   |
| Contracts/Fees for Services           | \$ _____        |                |
| Contributions/Donations               | \$ _____        |                |
| Fund-Raising Events                   | \$ _____        |                |
| Grantee Cash Contribution             | \$ _____        |                |
| In-Kind Support                       | \$ _____        |                |
| Other                                 | \$ _____        | Describe _____ |
| <b>Total Confirmed Project Income</b> | <b>\$ _____</b> |                |

| <b>Projected Expenses:</b>    | <b>Project expenses covered by this requested grant</b>   | <b>Total Project Expenses</b> |
|-------------------------------|---|-------------------------------|
| Salary and Wages              | \$ _____  | \$ _____                      |
| Consultants/Contract Services | \$ _____  | \$ _____                      |
| Space costs                   | \$ _____  | \$ _____                      |
| Equipment                     | \$ _____  | \$ _____                      |
| Consumable supplies           | \$ _____ (Only \$100 can be used for event refreshments.) |                               |
| Entertainment                 | \$ _____  | \$ _____                      |
| Travel                        | \$ _____  | \$ _____                      |
| Phone/fax                     | \$ _____  | \$ _____                      |
| Printing/postage              | \$ _____  | \$ _____                      |
| Training                      | \$ _____  | \$ _____                      |
| Evaluation                    | \$ _____  | \$ _____                      |
| In-Kind Expense               | \$ _____  | \$ _____                      |
| Other                         | \$ _____  | Describe _____                |
| <b>Total Project Expenses</b> | <b>\$ _____</b>   | <b>\$ _____</b>               |

**SECTION F: CERTIFICATION**

I do hereby certify that all facts, figures and representations made in this application are true and correct. Furthermore, all applicable statutes, regulations and procedures for program compliance and fiscal control will be implemented to ensure proper accountability of grant. The filing of this application has been authorized by the Grant Applicant and I have been duly authorized to act as the representative of the contractor in connection with this application.

-----  
Authorized Official's Signature

-----  
Print Authorized Official's Name

-----  
Name of Organization

-----  
Telephone number

-----  
Date



**(RETURN THIS SHEET SIGNED WITH YOUR APPLICATION)**

**ST. LUCIE CULTURAL AFFAIRS COUNCIL  
ACCOUNTABILITY CHECKLIST**

**45 days prior to the event, these guidelines must be in place:**

- Licenses for city and/or county -----
- Permits-(facility, alcohol) -----
- Proof of Liability Insurance -----
- Location procured -----
- \*Receipts for purchases -----
- Entertainment booked -----
- Advertising proof -----
- Volunteers available -----
- Consumer's Certificate of Exemption -----

**I HAVE READ, UNDERSTAND AND WILL COMPLY WITH THE ACCOUNTABILITY CHECKLIST.**

-----  
Event chairperson's signature

-----  
Date

**Please FAX or mail the final press information to the CAC office at (772) 462-2535, so we may assist with press and schedule a CAC Board member to attend the event. Any questions call (772) 462-1767.**

**\*Return 'Receipts for Purchases' with the EVALUATION/COMPLIANCE FORM after the event.**



**2009 MINI-GRANT EVALUATION/COMPLIANCE FORM**

**MUST BE RECEIVED NO LATER THAN  
45 DAYS AFTER EVENT**

[www.stlucieco.gov/culturalaffairs/](http://www.stlucieco.gov/culturalaffairs/)

**MAIL OR DELIVER TO:**  
CULTURAL AFFAIRS COUNCIL  
Attn: Mini-Grant Compliance  
2300 Virginia Avenue  
Ft. Pierce, Florida 34982

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Date and Place of Event: \_\_\_\_\_

Grant Amount Awarded : \_\_\_\_\_

Brief Explanation of Project (first time event, location, audience, participants, goals, accomplishments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. How many people were exposed to the project? \_\_\_\_\_
2. Did attendance increase from last year? \_\_\_\_\_
3. Was this a collaborative effort, and if so, with what groups/individuals? \_\_\_\_\_  
\_\_\_\_\_
4. What was the overall budget for this event/project? \_\_\_\_\_
5. What other resources were utilized? \_\_\_\_\_  
\_\_\_\_\_
6. What was the time frame from planning to completion? \_\_\_\_\_  
\_\_\_\_\_
7. Will your organization continue this event/project? \_\_\_\_\_  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In addition, please attach copies of "Receipts for Purchase" to cover amount awarded. In addition, please submit copies of press coverage and photographs.**

This compliance form must be processed before we can consider future Mini-Grant Awards. If you have any questions, please contact CAC office at (772) 462-1767.



**KEEP THIS COPY FOR YOUR FILES**

**CAC MINI GRANT APPLICATION EVALUATION**

**(THIS FORM IS A SAMPLE OF HOW CAC EVALUATES EACH APPLICATION)**

1. Project supports other cultural organizations, programs or activities of the county.
2. Event works in cooperation with other civic, social service and business groups.
3. Event encourages partnerships with children in the county.
4. Event encourages interest in other cultural resources
5. Event has other funding resources.
6. Event encourages participation in future events
7. Event's projected goal is a practical expectation.
8. Project encourages attendance by diverse groups in the county
9. Estimated costs for the event are well documented
10. Project has potential growth value for the community's benefit.

**Point System**

5 - Excellent

4 - Very Good

3 - Good

2 - Fair

1 - Unsatisfactory

**NEWSPAPERS AND RADIO STATIONS**

|                         |                                     |                   |
|-------------------------|-------------------------------------|-------------------|
| PSL/FORT PIERCE TRIBUNE | Tel: 221-4206                       | Fax: 221-4180     |
| HOMETOWN NEWS           | Tel: 465-5656                       | Fax: 465-5301     |
| FLASHES                 | Tel: 287-0650                       | Fax: 283-5090     |
| ORANGE PEEL GAZETTE     | Tel: 260-4343                       | Fax: 692-4629     |
| LIFESTYLE 50 PLUS       | Tel: 221-4173(Editor Peter Chapman) | Fax: 692-3619     |
| CHANNEL 16 - ADELPHIA   |                                     | Fax: 561-747-2250 |
| WQCS/88.9FM             | Tel: 462-4744                       | Fax: 462-4743     |
| COAST 101.3             | Tel: 692-9454                       | Fax: 692-0258     |
| FLAME 104.7             | Tel: 460-2700                       | Fax: 460-2700     |
| WIRA 1400               | Tel: 464-1400                       |                   |
| WJFP/91.1               | Tel: 467-2400(Attn: Linda Hendry)   | Fax: 467-9400     |
| WQOL                    | Tel: 335-3291                       | Fax: 335-3291     |

