

SAMPLE ONLY.

No paper applications will be accepted. Please contact Stephanie Scalos at 727-562-4026 if you need to arrange for assistance in accessing or completing the online application.

Program Overview

Please provide the following information.



City of Clearwater Cultural Affairs Nonprofit Grant Program

The City of Clearwater received a total of \$22,483,893 under the American Rescue Plan Act (ARPA). Clearwater City Council has approved funding allocations for various programs and projects, including \$1,000,000 for cultural affairs programs and projects. Nonprofit organizations may apply for each unique cultural program or project; however, no organization shall receive a cumulative award of more than \$250,000.

Applicants may apply for one or both of the following grant types:

Ongoing Program Support

Ongoing Program Support grants are for organizations that are continuing existing programs despite the COVID-19 pandemic or wish to bring a program back to pre-pandemic levels of effectiveness, and are to support the activities of an organization that is realizing its stated mission and furthering the city's cultural objectives by conducting, creating, producing, presenting, staging, or sponsoring cultural exhibits, performances, educational programs, or events.

Specific Cultural Projects

Applications in this category include construction projects, one-time events, or art installations that will not have ongoing supporting costs outside of routine maintenance and/or utility costs. These grants are for organizational programs that are focused on placemaking efforts aimed at reinvigorating a sense of community in Clearwater and driving the city's status as a destination for the arts.

Completed applications must be submitted by February 15, 2023. Recommendations for Grant Awards will be presented to City Council on April 20, 2023. Funds will be made available to awardees in May, 2023. Afterward, applications will be accepted on a rolling deadline until all grant funds have been awarded. Please contact Stephanie Scalos, at stephanie.scalos@myclearwater.com or 727-562-4026 with any questions you may have.

Eligibility Overview

Organizations are not required to be based within the city of Clearwater, but the benefits of the program must be local as described further in the Grant Proposal Application. All applicants must meet the following eligibility requirements at

the time of application:

1. Applicant organization must be either a public entity or a Florida nonprofit, tax-exempt corporation, and shall maintain that status throughout the funding period;
2. Applicant organization must have at least one year of completed arts and cultural programming and be able to provide their last completed fiscal year's operating budget;
3. Applicant organization must have registered with the Division of Corporations, and their status listed as "active;"
4. Applicant organization must be registered as a vendor with the Department of Financial Services and provide a copy of their Florida Substitute W9 form with their application; and
5. Applicant organization must provide a copy of their most recently completed Federal 990 form with the application.
6. Nonprofit organizations may apply for each unique cultural program or project however, no organization shall receive a cumulative award of more than \$250,000 over the period of the Cultural Affairs Nonprofit Grant Program. Receipt of a CAN grant does not exclude the organization from requesting additional non-grant support from the city of Clearwater.

A. Eligibility

Applicant must check each box to confirm that each statement is true for all questions. If any statement is not true, the organization is not eligible to apply for this grant.

- Applicant organization is a public entity or a Florida nonprofit, tax-exempt corporation, and will maintain this status throughout the funding period.
- Applicant organization has at least one year of completed arts and cultural programming and will include their last completed fiscal year's operating budget as part of this application.
- Applicant organization is registered with the Florida Division of Corporations, is listed as "active" and will include documentation of active status as part of this application.
- Applicant organization is registered as a vendor with the Florida Department of Financial services and will include a copy of their Substitute W9 form as part of this application.
- Applicant organization will include a copy of their most recently completed Federal 990 form as part of this application.
- Grant Funds must be used by December 1, 2026, with final report due to the city by December 15, 2026.



IF YOU DID NOT CHECK BOX FOR ALL ABOVE QUESTIONS, YOUR ORGANIZATION WILL NOT QUALIFY FOR THE CLEARWATER'S CULTURAL AFFAIRS NONPROFIT GRANT.

B. General Information

Please provide the following information.

B.1. Legal Name of Organization (as shown in Line 1 of W-9)

B.2. DBA (if applicable – as shown in Line 2 of W-9)

B.3. Type of Agency

B.4. Physical Address of Organization

B.5. Taxpayer ID (TIN) (if sole proprietorship, enter social security number of sole proprietor) (As shown in Part 1 of W-9)

B.6. Organization Legal Entity Type (as shown in Line 3 of W-9)

B.7. Mailing Address for Grant Check (As shown in Line 5 & 6 of W-9)

B.8. Mission Statement of Organization

B.9. Applicant Discipline (select all that apply)

- Culture
- Education
- History
- Literary Arts
- Museum
- Performing Arts

REPRESENTATIVE CONTACT INFORMATION

B.10. First Name

B.11. Last Name

B.12. Title of Position

B.13. Primary Email

B.14. Phone Number

Visual Arts

Other

Other Explained

C. Project Information

Please provide the following information.

C.1. Project Description

C.2. Project Goals (minimum 3 required)

C.3. Project Activities

C.4. Project Impact – Describe how the project/program benefits the Clearwater community.

C.5. Project Alignment with Cultural Arts Strategic Plan (select one or more of the following)

- Strengthen the identity of neighborhoods through an investment in public art at the neighborhood level.
- Invest in iconic public art in strategic locations to bolster the public art experience.
- Implement programs that build the capacities of the arts and culture sector to be more unified in their vision toward the same goal.
- Define spaces in Clearwater that an investment in the arts can be concentrated for maximum impact.
- Support neighborhoods through broadening and diversifying arts experiences.

C.6. Project Alignment with [Greenprint 2.0](#) – Describe how the project/program supports the goals and objectives of Clearwater Greenprint 2.0 as it pertains to the following:

- Education and Awareness
- Green Energy and Buildings
- Transportation
- Livability
- Water Conservation
- Waste Reduction
- Local Food

- Green Economy

C.7. Project Evaluation

- Describe how you will determine goals of the project are achieved.
- Who will conduct the evaluation?
- Who or what will the evaluation target?
- What methods will be used to collect participant feedback? (surveys, evaluation forms, interviews, etc.)
- When will you collect this information?
- How will you use this information for future programs?

C.8. Identify the timeline for implementation of the proposed project/program.

C.9. Sustainability – Describe plans to sustain the project/program after grant funds are expended.

C.10. Routine Maintenance and Utility Costs – If funding is requested for a capital or infrastructure project, provide the anticipated routine maintenance, including utility costs.

C.11. Fiscal Condition – Describe the fiscal condition of your organization as it relates to the successful completion of the project/program proposed.

C.12. Organization’s Fiscal Year

C.13. Organizational Operating Budget Summary

Expenses	Total Cash Expenses	In-Kind Contributions	Total Operating Expenses
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[System will allow you to create rows for each type of expense in your Operating Budget]

Income	Total Cash Income	In-Kind Contributions	Total Operating Income
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[System will allow you to create rows for each type of income in your Operating Budget]

D. Funding Request

Please provide the following information.

D.1. Funding Request Table

	Project Estimate	Funding Request	Amount From Other Funding Sources	Source of Other Funding
Personnel: Administrative	\$0.00	\$0.00	\$0.00	\$0.00
Personnel: Programmatic	\$0.00	\$0.00	\$0.00	\$0.00
Outside Fees and Services: Administrative	\$0.00	\$0.00	\$0.00	\$0.00
Outside Fees and Services: Programmatic	\$0.00	\$0.00	\$0.00	\$0.00
Outside Fees and Services: Other	\$0.00	\$0.00	\$0.00	\$0.00
Space Rental	\$0.00	\$0.00	\$0.00	\$0.00
Marketing	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
For Projects: Utility Costs	\$0.00	\$0.00	\$0.00	\$0.00

D.2. City of Clearwater Cultural Affairs Nonprofit grant funds requested? Note: Allocation of the grant funds will be paid on a case-by-case basis after consulting with awardees their need for the funds.

\$0.00

D.3. Does this project/program anticipate the use of funds or assistance from other organizations?

D.4. Describe your plans to use other funds on this project. In this section, only describe funds that are secured. Provide the source of funds, amounts, and how these funds will be used.

D.5. Describe your plans to seek new funding to supplement ARPA funding. Describe the sources to which you will apply, the amounts sought, and the proposed use of those funds.

D.6. What will happen if this project is not funded?

D.7. What will happen if this project is partially funded?

E. Required Documentation

Please provide the following information.

- Awardees must use all ARPA grant funds towards the proposed project/program.
- Awardees must keep a record of all grant materials on file for six years. This includes the grant application, budget, quarterly reports, and evaluation documentation. The City of Clearwater may request access to these records at any time during the six-year retention period.
- Quarterly reports must be submitted to City of Clearwater through Neighborly to update the progress of the project/program. Failure to submit the required reporting may result in forfeiture of awarded funds.

INSURANCE INFORMATION

Insurance is required for all funded activities. Select each insurance instrument that your agency currently carries. (Specific insurance requirements will be determined during the city's application review process. You are not required to purchase these or additional insurances at this time.)

- General Liability - Bodily Injury (\$500,000/ per person/per occurrence)
- General Liability - Property Damage (\$100,000/per occurrence)
- Workers' Compensation (Per State of Florida Law)
- Flood Insurance if applicable
- Employee Fraud (Losses due to fraud/theft/physical damage)
- Professional Liability

FOR MORE INFORMATION ABOUT REQUIRED DOCUMENTATION, PLEASE REFER TO THE TEXT BELOW.

- Completed W-9 form for organization. DBA, Tax ID Number (or Social Security Number for sole proprietor), and Mailing Address for Grant Check MUST MATCH ENTRIES IN GENERAL INFORMATION SECTION
- If incorporated, copy of "active" state business registration from Florida Division of Corporations
 - Search by "Entity Name" here (use full legal business name), select listing with "Active" Status, and attach most recent filing as a screenshot; or
 - If not required to register with Florida Division of Corporations, attach documentation showing the organization was operating prior to October 1, 2022 and meets all regulatory requirements of the City of Clearwater.

For 501(c)(3) Organizations, a copy of your certificate must be uploaded.

Financials

- A copy of last fiscal year budget is required.

Current Clearwater Business Tax Receipt (BTR), if applicable. Note that certain organizations are not required to file a BTR.

Proof of insurance (General Liability (Bodily Injury and/or Property Damage, Workers Compensation, Flood Insurance (if applicable), Employee Fraud, Professional Liability)

Documentation

W-9 Form ***Required**

Active State Business Registration, local business registration/license, or 501(c)(3) certificate ***Required**

Financials ***Required**

Current Clearwater Business Tax Receipt

Proof of Insurance

Form 990 ***Required**

Other Documentation to Support Answers in Application

Submit

Please provide the following information.

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public

records request is made for such information, and the City will not be liable to Applicant for such disclosure.

Social security numbers are collected, maintained and reported by the City to be in compliance with IRS 1099 reporting requirements and are exempt from public records pursuant to Florida Statutes §119.071.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The City does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the City disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

I certify that, I am authorized to submit this application on behalf of the business, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the City or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

Applicant Name

Applicant Title

Date