

# Organizational Account Information

Please note: Several fields in this application contain information that is auto-filling from your User Setup form. If any auto-filled info is not current, follow the steps below to update your User Setup.

- 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: <http://camisvr.co.la.ca.us/webven/>

(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 email 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 email 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)

# What LA County Supervisorial District(s) do you serve?

Link to County of LA Supervisorial District Lookup

<https://lavote.net/apps/precinctsmaps>

District where Main (Administrative/Office) is located:	(No response)
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District where most of your programming takes place:	(No response)
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## District(s) 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)
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## 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

# CIAG Project Request & Organizational Budget Size

Incomplete

## Project Request and 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 whole 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.

(No response)

**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 response)

## PRIMARY DISCIPLINE (check all that apply):

**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)

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**Brief Project Description**

Please complete the following sentence: "To support..."

(No response)

## 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)

#### 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 response)



**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.

(No response)

**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.**

(No response)

**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)

# CIAG Project Budget

Incomplete

## PROJECT BUDGET

**Complete the table with the projected budget for proposed arts project during the grant period: July 1, 2025 - June 30, 2026.**

Click "Next" to Start.

---

Total amount requested in budget form

(No response)

*ERROR MESSAGE: If your request amount is not auto-filling 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. Reach out to [ciag@arts.lacounty.gov](mailto:ciag@arts.lacounty.gov) if the error persists.*

**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.**

**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 [CIAG Guidelines](#) 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**

	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**		

<b>GRAND TOTAL EXPENSE</b>		
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# 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.

(No response)

# 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.

(No response)



## 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 and culture project for which funds are requested. Is this a new initiative or an expansion of a current program?**

**If applicable, how does this arts and culture 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 (July 1, 2025 - June 30, 2026.) 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?**

(No 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 Supporting Documentation section if applying with a workshop/class-based program.***

(No response)

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

(No response)

**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)

**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.**

(No response)

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

**What are the goals and objectives of this arts and culture 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 and culture project?**

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

(No response)

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

**What kind of outreach/marketing strategy do you have for this arts and culture 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)

# CIAG Project Primary Staff & Artists Profiles

Incomplete

## Project Primary Staff and 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)
Phone:	(No response)

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

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

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

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

# CIAG - Board of Directors

Incomplete

## 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 attachment to accommodate additional 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.

	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**

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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**

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Please describe the ways your board members provide leadership and support to the organization in ways other than monetarily:

(No response)

# CIAG Artistic Documentation & Financial Support Materials

Incomplete

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## TIPS FOR UPDATING OR EDITING YOUR APPLICATION TASKS:

- TO MAKE AN EDIT TO YOUR APPLICATION, VIEW THE APPLICATION,
- CLICK ON THE THREE DOTS IN THE TOP RIGHT CORNER OF THE TASK THAT NEEDS TO BE CORRECTED
- CLICK *EDIT* TO REOPEN AND EDIT THE APPLICATION.

# CIAG Artistic Documentation and Support Materials

## Artistic Documentation and Support Materials - REQUIRED OF ALL APPLICANTS

NOTE - AFTER UPLOAD, TEST YOUR SAMPLES TO ENSURE THEY WORK CORRECTLY.

## A. ARTISTIC DOCUMENTATION (MINIMUM ONE REQUIRED)

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 2025.

PASSWORDS: If applicable, include passwords for 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.

HOW MANY ARTISTIC SAMPLES ARE YOU INCLUDING:

(No response)

## A. ARTISTIC DOCUMENTATION (ONE REQUIRED)

Briefly describe the artistic sample and explain the relationship of the artistic sample to the application. Description of materials should include type of file, title of piece, artist(s) name(s), date the work was completed and running time (for audio and video).

(No response)

**Please denote what type of artistic sample for Sample A:**

(No response)

**Link - Sample A**

format: <http://www.URL.com>

(No response)

**Upload Attachment - Sample A**

**Please denote what type of artistic samples you are submitting under Sample A and Sample B:**

(No response)

## Sample A

Briefly describe the artistic sample and explain the relationship of the artistic sample to the application. Description of materials should include type of file, title of piece, artist(s) name(s), date the work was completed and running time (for audio and video).

(No response)

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### Link - Sample A

format: <http://www.URL.com>

(No response)

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### Upload Attachment - Sample A

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## Sample B

Briefly describe the artistic sample and explain the relationship of the artistic sample to the application. Description of materials should include type of file, title of piece, artist(s) name(s), date the work was completed and running time (for audio and video).

(No response)

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## Link - Sample B

format: <http://www.URL.com>

(No response)

## Upload Attachment - Sample B

### B. REVIEWS/LETTERS OF RECOMMENDATION (OPTIONAL)

A maximum of two (2) letters of recommendation and/or reviews written within the past 12 months that speak to your arts programming are **STRONGLY ENCOURAGED**.

Compile Reviews/Letters of Recommendation into one pdf.

### C. SAMPLE LESSON PLAN (OPTIONAL)

**For 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)

Up to three (3) pieces of promotional materials (i.e. Season brochures, flyers, postcards, newsletters, reviews, etc.) may be uploaded as one PDF document.

### E. FINANCIAL INFORMATION (REQUIRED)

One or more financial documents will be required to upload below, depending on your organization type.

# "Levine Act Compliance"


## Contribution and Agent Declaration Form

### Applicants to Department of Arts and Culture Grant Programs

This digital form must be completed by applicants for a grant award from the County of Los Angeles ("County") through the Department of Arts and Culture's Organizational Grant Program ("OGP"), Community Impact Arts Grant ("CIAG") and Arts Internship Program ("AIP") (collectively, "Grant"). Effective January 1, 2023, the Levine Act (SB1439) prohibits certain appointed and elected local officers, including members of the County Board of Supervisors, from taking part in decisions about awarding contracts, grants, licenses, or permits if the officer received a political contribution of more than \$250 in the last 12 months from a bidder, proposer, or applicant (or the bidder, proposer, or applicant's paid representative/agent). California State law requires you to disclose information about contributions made by certain individuals (such as paid employees, paid agents, or paid board members) that represent your organization/agency. Please answer the questions below and take reasonable steps to ensure your responses are complete and accurate. Information is being collected for transparency and compliance purposes only. Reporting contributions will not disqualify you from the grant program. However, incomplete or false answers may lead to disqualification. **Failure to complete this form in its entirety will result in immediate disqualification of your application to the grant program without exception. No grace period will be provided to complete this requirement. Additional information and resources can be found [here](#).**

 Check the box that describes your organization type:

- Nonprofit Organization or Model A Fiscally Sponsored Organization
- Tribal Government
- Municipal Agency

 1. Does your organization (inclusive of any Related Organizations named above) have a parent, subsidiary, or related organization, including a related political organization or committee (collectively "Related Organizations")?

- Yes
- No

 1a. If yes, name the organization(s).

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 2. Does your organization (inclusive of any Related Organizations named above) have paid employees that:

- Have appeared or will appear before or communicate with the County to influence the County's decision about this grant award (do not list individuals whose communications with the County are not for the purpose of influencing decisions about this grant award), OR- Have authority for the organization to make decisions about contributions.

- Yes
- No

 2a. Paid Employees

If yes, list their names and titles below:

	Name	Title/Role
Employee 1	_____	_____
Employee 2	_____	_____
Employee 3	_____	_____
Employee 4	_____	_____
Employee 5	_____	_____
Employee 6	_____	_____
Employee 7	_____	_____

Employee 8 \_\_\_\_\_

Employee 9 \_\_\_\_\_

Employee 10 \_\_\_\_\_

**3. Does your organization (inclusive of any Related Organizations named above) have paid board members?**

- Yes
- No

**3a. Paid board members**

List your organization's paid board members:

	Name	Title/Role
Board Member 1	_____	_____
Board Member 2	_____	_____
Board Member 3	_____	_____
Board Member 4	_____	_____
Board Member 5	_____	_____

**4. Does/will your organization (inclusive of any Related Organizations named above) pay other individuals such as, but not limited to, consultants, lobbyists, or attorneys, to communicate with County employees or officers on behalf of your organization to influence the County's decision about this grant award?**

- Yes
- No

**4a. Paid individuals outside your organization.**

List their names, employer, and title/role:

	Name	Name of Employer	Title/Role
Individual 1	_____	_____	_____
Individual 2	_____	_____	_____
Individual 3	_____	_____	_____
Individual 4	_____	_____	_____
Individual 5	_____	_____	_____

**5. Did any individual(s) listed above make one or more contributions totaling more than \$250 in the past 12 months to any County Supervisor, another elected County officer, or any other County officer or employee?**

- Yes
- No

**5a. Contributions**

5a. Please provide information for each instance, including the date:

	Date contribution was made	Name of Contributor	Name of Officer that received contribution	Amount of Contribution
Individual 1	_____	_____	_____	_____



Individual 2	_____	_____	_____	_____
Individual 3	_____	_____	_____	_____
Individual 4	_____	_____	_____	_____
Individual 5	_____	_____	_____	_____
Individual 6	_____	_____	_____	_____
Individual 7	_____	_____	_____	_____
Individual 8	_____	_____	_____	_____
Individual 9	_____	_____	_____	_____
Individual 10	_____	_____	_____	_____
Individual 11	_____	_____	_____	_____
Individual 12	_____	_____	_____	_____
Individual 13	_____	_____	_____	_____
Individual 14	_____	_____	_____	_____
Individual 15	_____	_____	_____	_____

**6. In the past 12 months, has your organization (inclusive of any Related Organizations named above) asked or directed your employees or agents to make a contribution to a County Supervisor, another elected County officer, or any other County officer or employee, either through fundraising events, communications, or any other way?**


Yes

No

**6a. Contributions**

Please provide information for each instance, including the date.

	Date Contribution was Solicited or Directed	Name of Recipient Officer	Amount of Contribution
Individual 1	_____	_____	_____
Individual 2	_____	_____	_____
Individual 3	_____	_____	_____
Individual 4	_____	_____	_____
Individual 5	_____	_____	_____
Individual 6	_____	_____	_____
Individual 7	_____	_____	_____
Individual 8	_____	_____	_____
Individual 9	_____	_____	_____
Individual 10	_____	_____	_____
Individual 11	_____	_____	_____
Individual 12	_____	_____	_____
Individual 13	_____	_____	_____
Individual 14	_____	_____	_____
Individual 15	_____	_____	_____

 **1. Does your agency have any paid non-employee(s) and/or any other paid representative(s) (such as an attorney, lobbyist, or consultant) who has communicated or will communicate with the County about this grant application?**

- Yes
- No


 **1a. Paid non-employees/representatives**

List their names and titles below:

	Name
Representative 1	_____
Representative 2	_____
Representative 3	_____
Representative 4	_____
Representative 5	_____
Representative 6	_____
Representative 7	_____
Representative 8	_____
Representative 9	_____
Representative 10	_____
Representative 11	_____
Representative 12	_____
Representative 13	_____
Representative 14	_____
Representative 15	_____

 **2. Do any of the paid non-employee(s) and/or representative(s) listed above have decision-making authority for your public agency related to this grant application?**

- Yes
- No

 **3. Did any of the paid non-employee(s) and/or representative(s) listed above make one or more contributions in the past 12 months to any County Supervisor, another elected County officer, or any other County officer or employee that, when added together, is more than \$250?**

- Yes
- No

 **3a. Contributions**

Provide the following information for each contribution:

	Date contribution was made	Name of Contributor	Officer's Name	Amount
Representative 1	_____	_____	_____	_____
Representative 2	_____	_____	_____	_____
Representative 3	_____	_____	_____	_____
Representative 4	_____	_____	_____	_____
Representative 5	_____	_____	_____	_____

Representative 6	_____	_____	_____	_____
Representative 7	_____	_____	_____	_____
Representative 8	_____	_____	_____	_____
Representative 9	_____	_____	_____	_____
Representative 10	_____	_____	_____	_____
Representative 11	_____	_____	_____	_____
Representative 12	_____	_____	_____	_____
Representative 13	_____	_____	_____	_____
Representative 14	_____	_____	_____	_____
Representative 15	_____	_____	_____	_____
<b>ATTESTATIONS</b>	_____	_____	_____	_____

By checking this box you attest that you made a reasonably diligent investigation regarding the organization/ agency that is seeking a grant award, and that the responses to the questions in this Contribution and Agent Contribution Declaration Form are true and correct to the best of your knowledge and belief.

Check Here

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS**

By checking this box, you also agree that, if your organization/ agency hires an agent during the course of these proceedings and has compensated or will compensate them for communicating with the County about this grant application, you or your organization/ agency will inform the County of the identity of the agent and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer, or any other County officer or employee by your organization's/agency's paid agents who have communicated or will communicate with the County about this grant application after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested grant award.

Check Here

**This material is intended for use by applicants for a Grant issued by the County of Los Angeles through the Department of Arts and Culture and does not constitute legal advice.**

If you have questions about the Levine Act and how it applies to you and your organization/agency, you should call your lawyer or contact the Fair Political Practices Commission for further guidance at 1-866-ASK-FPPC (1-866-275-3772) or [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov).

# CIAG Finalizing and Certifying your Application

Incomplete

## FINALIZING AND CERTIFYING YOUR APPLICATION

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 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 CIAG application. YOUR APPLICATION IS NOT SUBMITTED UNTIL THIS IS DONE.**

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