

1. OGP Grant Main Page

Organization Account Info Organization Legal Name
Organization Account Info Popular Name or DBA (if different from legal name)
Organization Account Info Main Address 1
Organization Account Info Main Address 2
Organization Account Info City
Organization Account Info State
Organization Account Info Zip Code
Organization Account Info Main Phone
Organization Account Info Main Email
Organization Account Info Website
Location of Most Programming Is your organization's main address the same as your primary programming address(s)? (IF YES, SELECT YES, then skip to contact information).
Location of Most Programming Programming Address
Location of Most Programming City
Location of Most Programming State
Location of Most Programming Zip Code
Primary Organizational Contact Information Primary Organizational Contact Name:
Primary Organizational Contact Information Primary Organizational Contact Title:
Primary Organizational Contact Information Primary Organizational Contact Phone:
Primary Organizational Contact Information Primary Organizational Contact Email:
Executive Director Contact Information Executive Director Name:
Executive Director Contact Information Executive Director Phone:
Executive Director Contact Information Executive Director E-Mail:
Primary Application Contact Information Primary Application Contact Name:
Primary Application Contact Information Primary Application Contact Title:
Primary Application Contact Information Primary Application Contact Phone:
Primary Application Contact Information Primary Application Contact Email:
Secondary Application Contact Information Secondary Application Contact Name:
Secondary Application Contact Information Secondary Application Contact Title:
Secondary Application Contact Information Secondary Application Contact Phone:
Secondary Application Contact Information Secondary Application Contact Email:
What LA County Supervisorial District(s) do you serve? District where Main (Administrative/Office) is located:
What LA County Supervisorial District(s) do you serve? District where most of your programming takes place:
District(s) organization serves (check all that apply):
What year was your organization founded?
Is your organization a first-time applicant to the Organizational Grant Program?
California Secretary of State Entity #

2. OGP Budget and Project Information

Budget Size for the Most Recently Completed Fiscal Year (from your OGP Funder Report)
Total Amount Requested:
Does (or will) the applicant PRIMARILY AND SPECIFICALLY serve children or youth (5-18 years old) through its MAIN PROGRAMS / GENERAL ACTIVITIES over the next two years?
Discipline
Project Category
Brief Project Description (150 Characters Max)

3. OGP Organizational Narrative

Mission/Purpose of Applicant: Provide the applicant's mission statement (3,000 Characters Max)
History/Programming (3,000 Characters Max) Briefly describe the history of the applicant and current core programs and services. Note any significant administrative or artistic changes and/or major accomplishments and initiatives that have taken place over the past two years.
Planning & Leadership (3,000 Characters Max) TIPS: If you have a strategic plan or if a previous OGP grant was used to address issues of planning and leadership, you may wish to refer to it. Where does the applicant want to be, artistically, administratively and financially, within the next two years? What short-term goals have been established to work toward this desired state? What specific steps have been taken recently? How have board and staff members contributed to the applicant's overall planning?
CEI Planning and Leadership (2,000 Characters Max) Describe how the applicant addresses and is taking steps to integrate and reflect the values of cultural equity and inclusion at the board, leadership and staff level. Provide specific details highlighting progress or efforts made in the last two or more years. (2,000 Characters Max)
Community/Core Audience (3,000 Characters Max) Describe the applicant's community/core audience including any relevant demographic, geographic, cultural, economic or other characteristics, as applicable or that are important to your organization. Describe how the applicant identifies community/core audience needs (including any advisory councils) and how the applicant develops programs to meet these needs.
Describe how the applicant addresses and is taking steps to integrate and reflect the values of cultural equity and inclusion via external activities, such as programming, audience, and community engagement or other strategies. Provide specific details highlighting progress or efforts made in the last two or more years. (2,000 Characters Max)
Artistic Engagement and Quality (3,000 Characters Max) This question focuses on how artistic decisions are made within your organization, how the applicant defines artistic and cultural standards, and the types of artistic programming that have been planned. Briefly describe the background and experience of the artistic leader(s) within your organization. Describe the applicant's practice for payment of artists and/or other resources to support cultural workers (i.e.- professional development, technical assistance, mentorship/partnership opportunities, etc). Briefly describe the organization's process for producing artistic content.

3.1. Cultural Equity and Inclusion Statement, Policy and/or Plan

Indicate what type of document you are submitting:
Upload Statement, Policy or Plan
Upload Proof of Board Adoption

4. OGP Project Narrative

Project/Funding Request Evaluation Methodology: (1,500 Characters Max)
Project/Funding Request Overview: (750 Characters Max)
Project/Funding Request Details: (1,500 Characters Max)
Project/Funding Request Leaders/Staff/Volunteers (750 Characters Max)

5. OGP Arts Ed/Youth Engagement Projects

Does (or will) the applicant serve youth (5-18) through its MAIN or PRIMARY PROGRAMS / GENERAL ACTIVITIES?
Does (or will) the applicant serve youth (5-18) through its EDUCATIONAL or OUTREACH activities?
Will the applicant primarily engage youth (5-18) through this FUNDING REQUEST?
Is the applicant an Arts Education organization?
Is the applicant requesting funds for an arts education-related project?
Is the applicant requesting funds for a school-based/school-sponsored arts education program or project?
Which of the following best describes the type of arts education programming, which you are requesting support for?
Briefly describe the organization's arts education programs and services. Be sure to provide detail on: - Program objective(s) - Desired outcome(s) - Ages of youth involved
If you selected in-school programming explain how you ensure alignment between your programming and what is taught in the classroom. (3,000 Characters Max)
Briefly describe the applicant organization's staff qualifications and experience in providing arts education. Note culturally-relevant/responsive* initiatives, partnerships or plans in place.* Read the arts education definitions on the first page of this form for more information regarding this term. (1,500 Characters Max)
Briefly describe your approach to developing curriculum and content for youth to ensure its quality and responsiveness to the needs of the communities you serve. (3,000 Characters Max)
Upload Arts Education Curriculum Sample
Upload Additional educational materials/curricula/lesson plans/images or video of youth engagement programming

6. OGP Project Revenue

Total Matching Revenue (Year 1+Year 2)
PROJECT BUDGET - MATCHING REVENUE EXPLANATION

7. OGP Projected Expenditures

	% of Expenditure for Year 1	% of Expenditure for Year 2	Notes
Administrative Salaries, Fees/Fringe			
Artistic Salaries/Fees/Fringe			
Artist Commission Fees			
Artists/Performers-Non Salaried			
Professional Fees			
Advertising/Marketing/PR			
Operational Costs (rent, supplies, utilities, insurance, accounting, etc)			
Fundraising Professionals			
Fundraising Other Expenses			
Professional Development			
PD - Conferences/Meetings			
Production/Exhibition Costs			
Programs-Other			
Touring			
Other Expenses**			
TOTAL % (should sum up to 100 in each column)			

8. Staff Bios

Name:
Title:
Bio:
Email:
Name:
Title:
Bio:
Email:
Name:
Title:
Bio:
Email:

9. OGP Financial Documentation

Upload OGP Funder Report
What is the end year of your OGP Funder Report (note that it must be the same end year as your submitted 990 Tax Form)?
Upload 990 Tax Form
What is the end year of your 990 Tax Form (note that it must be the same end year as your OGP Funder Report)?
What is the "total revenue" on your 990 Tax Form (note that it must be the same as the OGP Budget Size of your OGP Funder Report)?
Upload Financial Audit (if budget is over \$2M)
OGP FUNDER REPORT EXPLANATIONS
Upload Additional Financial Forms
Upload Internal Financial Information (For Fiscally Sponsored Organizations)

10. OGP Artistic Documentation and Support Materials

Sample A
Upload Attachment or Insert Link
Sample A Description
Sample B
Upload Attachment or Insert Link
Sample B Description
Upload Other Attachments
Optional Reviews and/Letters of Recommendation
Optional Promotional Materials

11. Board of Directors

Name	Board Position Title	Professional Affiliation (Organization)	Professional Affiliation (Title)	City + State of Residence	Years on Board

12. Levine Act Compliance (OGP)

1. Does your organization have a parent, subsidiary, fiscal sponsor or related organization, including a related political organization or committee (collectively "Related Organizations")?
1a. If yes, name the organization(s).
2. Does your organization (inclusive of any Related Organizations named above) have <u>paid</u> 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.
2a. Paid Employees If yes, list their names and titles below
3. Does your organization (inclusive of any Related Organizations named above) have <u>paid</u> board members?
3a. Paid board members If yes, list your organization's paid board members
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?
4a. Paid individuals outside your organization. If yes, list their names, employer, and title/role
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?
5a. Contributions Please provide information for each instance, including the date:
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?
6a. Contributions Please provide information for each instance, including the date.
ATTESTATIONS 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.
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.

13. Finalizing and Submitting Your Application

Applicant Organization Certification Authorized Official's Name:
Applicant Organization Certification Title:
Applicant Organization Certification Telephone #:
Fiscal Sponsor Certification (if applicable) Authorized Official's Name:
Fiscal Sponsor Certification (if applicable) Fiscal Sponsor
Fiscal Sponsor Certification (if applicable) Title:
Applicant Organization Certification I certify:
Fiscal Sponsor Certification (if applicable) I certify:
Fiscal Sponsor Certification (if applicable) Telephone #: