



## 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.**

**[FOR AIP AND CIAG ONLY] Check the box that describes your organization type:**

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

### QUESTIONS FOR NONPROFIT ORGANIZATIONS, MODEL A FISCALLY SPONSORED ORGANIZATIONS, AND TRIBAL GOVERNMENTS

1. Does your organization have a parent, subsidiary, fiscal sponsor, or related organization, including a related political organization or committee (collectively "Related Organizations")?

- Yes
- No

If yes, name the organization(s) below:

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

If yes, list their names and titles below:

Name	Title/Role
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3. Does your organization (inclusive of any Related Organizations named above) have paid board members?

Yes.

No.

If yes: List your organization's paid board members:

Name	Title/Role
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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

If yes, list their names, employer, and title/role:

Name	Name of Employer	Title/Role
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**[If applicants answer [Yes] to Questions 2, 3, or 4, Question 5 will apply]**

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.

If yes, 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
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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.

If yes, please provide information for each instance, including the date.

Date Contribution was Solicited or Directed	Name of Recipient Officer	Amount of Contribution
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## QUESTIONS FOR MUNICIPAL AGENCY APPLICANTS

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.

If yes, list the names of such paid non-employee(s) below:

Name
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### [If applicant answers [Yes] to Question 1, Questions 2 and 3 will apply]

2. Do any of the paid non-employee(s) and/or representative(s) listed above have decision-making authority for your 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 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.

If yes, provide the following information for each contribution.

Date contribution was made	Name of Contributor	Name of Officer that received contribution	Amount of Contribution
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## 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.

### 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.

*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.*