



Department of Art, Culture + Tourism

Angel Taveras, Mayor | Lynne McCormack, Director

NEIGHBORHOOD PERFORMING ARTS INITIATIVE 2013

Application

Please read Application Guidelines before completing application, including new information on organization categories and funding request caps.

In addition to the application, please attach the following materials:

- For the Veteran Organization category, a list of the organization's Board of Directors. For New Organizations, a list of personnel who will be planning and coordinating the events.
- A resume or biographical statement of the Project Manager and the organization's Executive Director.
- Resumes of key artistic personnel taking part in this project and supporting materials that include examples of artistic merit. You may submit a USB flash drive with videos, music or images, or supply a list of direct web links to specific videos or images.
- A line item project budget. Please use the form attached to this document.
- For the Veteran Organization category, a copy of the 501(c)(3) letter of determination from the IRS. For New Organizations, a copy of the 501(c)(3) of the fiscal agent.

Please complete and send original plus two copies by February 28, 2013 at 4pm to:

Department of Art, Culture + Tourism | 444 Westminster St. 3<sup>rd</sup> Floor, Providence, RI 02903

Organization Information

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

If New Organization, please also list 501(c)(3) fiscal sponsor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Event Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization's Mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Please note: Project dates must be between 7/1 and 9/1/13

Estimated number of individuals who will benefit from this initiative: \_\_\_\_\_

Estimated number of artists who will benefit from this initiative: \_\_\_\_\_

Grant category and budget (you must select one):

☐ Veteran Organization (actively working for 4+ years)

TOTAL AMOUNT REQUESTED FOR PROJECT (not to exceed \$4,000.00) \$ \_\_\_\_\_

☐ New Organization (in existence for 3 years or less)

TOTAL AMOUNT REQUESTED FOR PROJECT (not to exceed \$1,500.00) \$ \_\_\_\_\_

**Organization History**

Briefly describe your organization's history. If New Organization, please describe your organization's structure and development.

**Project Summary**

Please provide one paragraph that summarizes the proposed project.

**Project Producers and Artists**

Who will participate in producing this project? Do you have other community partners? If yes, please state which organization(s) and their role(s) in the project.

**Project Location**

Which Providence Neighborhood(s) are you proposing for this project?

- |                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Blackstone             | <input type="checkbox"/> Olneyville             |
| <input type="checkbox"/> Charles                | <input type="checkbox"/> Reservoir              |
| <input type="checkbox"/> College Hill           | <input type="checkbox"/> Silver Lake            |
| <input type="checkbox"/> Elmhurst               | <input type="checkbox"/> Smith Hill             |
| <input type="checkbox"/> Elmwood                | <input type="checkbox"/> South Elmwood          |
| <input type="checkbox"/> Federal Hill           | <input type="checkbox"/> Southside              |
| <input type="checkbox"/> Fox Point              | <input type="checkbox"/> Upper South Providence |
| <input type="checkbox"/> Hartford               | <input type="checkbox"/> Valley                 |
| <input type="checkbox"/> Hope/Summit            | <input type="checkbox"/> Wanskuck               |
| <input type="checkbox"/> Lower South Providence | <input type="checkbox"/> Washington Park        |
| <input type="checkbox"/> Manton                 | <input type="checkbox"/> Wayland                |
| <input type="checkbox"/> Mount Hope             | <input type="checkbox"/> West Side              |
| <input type="checkbox"/> Mount Pleasant         |                                                 |

## Project Description

On a separate page please describe the activities to take place, including the following information. Please do not exceed two typewritten pages.

1. Please list the goals and objectives of the project.
2. Why did your organization choose this particular neighborhood?
  - a. How will this project benefit this neighborhood (i.e. community vitality, economically, etc.)?
  - b. How will this project impact the public space suggested for the performance?
3. Provide a timeline and schedule of events to take place.
  - a. How will you be promoting your events and when? Include marketing on your timeline.
4. Please describe how you will coordinate this project's technical requirements, for example, sound rentals, equipment set up, and break down, etc.
5. What assorted in-kind services will your group and/or partners be providing?

**PROJECT BUDGET**

*Please note: Do not include in-kind donations.*

INCOME	SOURCE	AMOUNT
Grants	<hr/>	<hr/>
	<hr/>	<hr/>
Corporate Contributions	<hr/>	<hr/>
	<hr/>	<hr/>
Individual Contributions	<hr/>	<hr/>
	<hr/>	<hr/>
Fundraising/Other	<hr/>	<hr/>
	<hr/>	<hr/>

CITY OF PROVIDENCE FUNDING REQUEST

**TOTAL INCOME** \$ 

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EXPENDITURES	SOURCE	AMOUNT
Artistic Fees	<hr/>	<hr/>
	<hr/>	<hr/>
Administrative	<hr/>	<hr/>
	<hr/>	<hr/>
Supplies & Materials	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
Technical Requirements	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
Travel & Subsistence	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
Other (Please Specify)	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

**TOTAL EXPENDITURES** \$ 

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## SIGNATURE PAGE

The applicant, by signing below, agrees to comply with all applicable local, state, and federal laws that prohibit discrimination based on race, color, national origin, ancestry, religion, age, gender, sexual orientation, or disability, and also to comply fully with all of the other terms, conditions, and guidelines of this application.

Authorized Official

Applying Organization \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Board Chair

Applying Organization \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



Department of Art, Culture + Tourism  
Angel Taveras, Mayor | Lynne McCormack, Director

# Final Report

## NEIGHBORHOOD PERFORMING ARTS INITIATIVE 2013

### Mayor Angel Taveras and the Providence Department of Art, Culture + Tourism

**Please complete and send original plus two copies to:**

Department of Art, Culture + Tourism

444 Westminster St. 3<sup>rd</sup> Floor, Providence, RI 02903

This report **MUST** be filed by September 30, 2013.

### Organization Information

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

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

If New Organization, please also list 501(c)(3) fiscal sponsor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Event Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

Funding Amount Received: \_\_\_\_\_

### Constituency Served

Please tell us to the best of your ability about the individuals benefiting from this funding. Please list the number of individuals for each category.

	American Indian/Native American	Asian/Pacific Islander	African/African American, not Hispanic	Hispanic	Caucasian, not Hispanic	Total Individuals
Organization's Board of Directors						
Organization's Staff						
Artists Benefiting						

**Audience**

Please tell us to the best of your ability about the individuals who attended your performance(s). Please list the number of individuals for each category.

Children						
Adults						

**Neighborhood(s) served by this project:**

- |                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Blackstone             | <input type="checkbox"/> Olneyville             |
| <input type="checkbox"/> Charles                | <input type="checkbox"/> Reservoir              |
| <input type="checkbox"/> College Hill           | <input type="checkbox"/> Silver Lake            |
| <input type="checkbox"/> Elmhurst               | <input type="checkbox"/> Smith Hill             |
| <input type="checkbox"/> Elmwood                | <input type="checkbox"/> South Elmwood          |
| <input type="checkbox"/> Federal Hill           | <input type="checkbox"/> Southside              |
| <input type="checkbox"/> Fox Point              | <input type="checkbox"/> Upper South Providence |
| <input type="checkbox"/> Hartford               | <input type="checkbox"/> Valley                 |
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| <input type="checkbox"/> Lower South Providence | <input type="checkbox"/> Washington Park        |
| <input type="checkbox"/> Manton                 | <input type="checkbox"/> Wayland                |
| <input type="checkbox"/> Mount Hope             | <input type="checkbox"/> West Side              |
| <input type="checkbox"/> Mount Pleasant         |                                                 |

**Please attach the following:**

- A one to two page narrative that illustrates the impact of this project in the neighborhood and any constructive feedback that you would like to share with us about this program especially information that will help us improve the program for next summer.
- A final budget for this project that outlines total cash income and expenses.

**ASSURANCES**

This certification must be signed by the authorizing official of the funded agency. The undersigned certifies that the information contained in this Final Report and its attachments, is true and correct to the best of his/her knowledge.

**AUTHORIZING OFFICIAL**

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_