



FY24 Arts and Humanities Operations Grant Application

Name of Organization: _____

Address of Organization: _____

Primary Contact _____

Title: _____

Name: _____

Phone Number: _____

Email Address: _____

Grant Amount Requested: _____

Grant Eligibility Checklist

_____ My organization is a tax-exempt organization as defined in section 501(c) (3) of the Internal Revenue Code (IRC).

_____ My organization's core mission includes one of the following: research, production, presentation, exhibition, education or performance of arts, culture, theatre or history.

_____ My organization resides in the City of Falls Church with a City of Falls Church address on record.

_____ At least 75 % of my organizations programming or activities take place in the City of Falls Church.

_____ My organization has completed all previous Arts and Humanities grant reports and submitted receipts for all grant funds previously awarded.

What is the organization's official mission statement?

[Empty text box for mission statement]

Description of the need for Operation Funds Requested

[Empty text box for description of need]

How does the Organization meet the Goals of the Art and Humanities Grant Program? (The grant program's goals are listed in the project grant guidelines)

List the organizations main programs or activities.

Does your organization have the organizational capacity to fulfill its organizational goals? (staff resources, management, leadership, vision)

The following items **MUST** be submitted with this application:

_____ Copy of IRS 501 (C) 3 Determination Letter

_____ List of Current Board Members

_____ Statement of Activities form (attachment A) with the most recently completed budget year (by April 2023)

_____ Copy of Board approved Statement of Activities (Income Statement) from the most recently completed budget year (by April 2023)

_____ Copy of Board approved budget for year FY24 grant funds will be used

I certify that the information provided in this application is correct and the organization meets all of the eligibility requirements:

*Signature of Chief Administrator of the Organization or Chairman of the Board

Signature _____ Date _____

Submit completed application to Holly Irwin, Recreation and Parks Department at 312 Park Ave., Falls Church VA 22046 or hirwin@fallschurchva.gov by deadline July 28, 2023 at 5:00 pm. Additional documentation may be requested based on the discretion of the grant administrator for the Recreation and Parks Department.

Statement of Activities form: Attachment A
Please complete form based on the last completed budget year

Organization Name _____

Fiscal Year Start Date _____

Fiscal Year End Date _____

Revenue

Contributions (Individual and Corporate) _____

Foundation Grants _____

Government Funding _____

Fees for Programming _____

Other _____

TOTAL REVENUE _____

Expenses

Wages & Related Costs _____

Programs _____

Facilities _____

General Administration _____

Other _____

Fundraising _____

TOTAL EXPENSES _____

NET SURPLUS/ (Deficit) _____

Operational Expenses Calculation

Total Expenses _____ – (Programs _____ + Fundraising _____) = **Operational Expenses** _____

Operational Grant Fund Calculation

Operational Expenses _____ X .25 = **Maximum Operational Grant Amount** _____
(*Capped at \$15,000)