

**ARTS FOUNDATION OF CAPE COD
AMERICAN RESCUE PLAN SUBGRANTING PROGRAM
GRANT APPLICATION**

Before applying, please read the attached **Terms and Conditions** thoroughly to ensure that you will be able to comply with all terms and conditions if you receive funding.

Organization Name

Mailing Address

Primary Contact

- Title
- Phone
- Email

Grant Contact

- Title
- Phone
- Email

Organization Tax ID Number

Organization UEI

Has your organization been disbarred, suspended, excluded, or disqualified from doing business with the federal government?

- Yes
- No

Please state your organization's mission statement.

Please describe your organization's programming.

Please list your organization's area of focus (museum, cultural center, etc.)

Please describe your constituency.

Do you serve populations that are underserved, such as those whose opportunities to experience the arts are limited by ethnicity, economics, geography, or disability?

- Yes
- No

If yes, please describe.

Describe what your organization does to support the community.

Please check all that apply:

- Our space and services are physically accessible (required).
- We are an Equal Opportunity Employer (required).
- We have a staff member who is the designated ADA coordinator (recommended).

- We routinely check and update our accessibility practices and the accessibility of our programs (recommended).

Are you currently open to the public?

- Yes
- No

Were you able to remain open throughout the pandemic?

- Yes
- No

Discuss the fiscal health of your organization and how the COVID-19 pandemic has affected your organization's budget.

Please state your total income for FY2019

Please state your total expenses for FY2019

FY2019 net gain/loss

Please state your total income for FY2020

Please state your total expenses for FY2020

FY2020 net gain/loss

Please state your total income for FY2021

Please state your total expenses for FY2021

FY2021 net gain/loss

Please state any COVID-19 relief revenue you have received (Paycheck Protection Program, Economic Injury Disaster Loan, Employee Retention Tax Credits, or funding provided by other federal or state agencies, including but not limited to the Small Business Administration, the National Endowment for the Arts or Humanities, or the Massachusetts Cultural Council) with the associated dates.

What were the costs to staying open and keeping staff during the height of the pandemic?

Did you lay people off?

- Yes
- No

If yes, how many?

Have you used endowment funds?

- Yes
- No

If yes, how much?

What are your biggest challenges?

What are your plans for the next year?

Amount you are requesting.

How will you use these funds? Please be specific.

- For salary support, please note the number of employees with their positions.
- For facilities costs, please note the portion of costs this grant will cover.
- For health and safety supplies, please be specific.
- For marketing and promotion costs, please be specific.

You will be required to submit a report one year after receiving funding. All funds must be accounted for and accurately documented. Please describe your system for financial accounting.

Do you have an approved negotiated indirect cost rate negotiated with the federal government?

- Yes
- No

If no, you may use a de minimis indirect rate of up to 10% of modified total direct costs.

Attachments:

- Please provide a document, not more than two pages, answering the following:
Describe the impact of the pandemic on your organization, with specifics on staffing, programming, attendance, closures, safety measures, etc. Are you still impacted, and if so, how?
- Completed budget using template provided
- Organization budget
- 501(c)(3)