

Zoo, Arts & Parks Tier II 2009 Application

General Information

Name of Organization:

Organization Address:

City, State, Zip Code:

Please check box if this is a new address

Mailing Address:

(if different from above)

City, State, Zip Code:

Submitted by:

(Name/Title/Phone/Email)

Alternate Contact Person:

(Name/Title/Phone/Email)

Fax:

Website:

Dun and Bradstreet Number: (optional)

Salt Lake County Council District #:

Summary Information

- | | Yes | No |
|--|-----------------------|-----------------------|
| A. Does your organization have a significant presence and manages and presents in Salt Lake County? | <input type="radio"/> | <input type="radio"/> |
| B. Check one, our organization is: _____nonprofit _____municipal or county cultural council | | |
| C. Federal Tax ID Number <i>(Required)</i> : _____ Date of 501(c)(3) Status: _____ | | |
| D. Date Organization was founded: _____ Age of Organization _____ | | |
| E. Are you a member of the Utah Nonprofits Association (UNA)? <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you are not a member of UNA, does your organization abide by any nonprofit ethics and professional standards? <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. How much ZAP Funding are you requesting? \$ _____
(this amount should be the same as the total of your proposed project budget on page 5 of the application) | | |
| G. If you are requesting over \$60,000, what are your ZAP Qualifying Expenditures? \$ _____
(Line # 57 from the summary page of the financial spreadsheet) | | |
| H. For what time period are you asking for funds? _____
(may be any 12 month period between January 1, 2009 – December 31, 2010) | | |
| I. What is your organization's eligible discipline? _____ | | |
| J. Are you a first time applicant? _____yes _____no | | |

Narrative

The goal of the Zoo, Arts and Parks Program is to enhance the quality of life for the residents of Salt Lake County by funding the operation of non-profit cultural organizations and botanical organizations. Please address each of the following operational issues and questions. (Clarity and brevity in answers are encouraged. You may use up to five single-spaced pages to answer all the following questions).

1. Mission Statement (as Approved by Board of Directors):
2. Please provide a summary overview of your organization, including major program areas, brief history, and major accomplishments.
3. What are your short-term and long-term operational goals and objectives? What are your plans for achieving them?
4. How is your organization funded? What sources of funding has your organization secured in the past 12 months? If you charge admission, please describe.
5. Describe how Zoo, Arts, & Parks funds will be used. What do you plan to do? When? Where? Who will be instrumental in implementing this plan or project? ***Please be specific. This should indicate how you plan to spend the funds you are applying for in this application.***
6. Community Service:
 - a. What are your goals for serving the communities in Salt Lake County? How would you describe your primary and/or target audience? Explain how your organization intends to maintain and or grow its audience over the next year.
 - b. Please identify and explain how your organization partners with other organizations and service providers located within Salt Lake County.

University, College, or Educational Affiliation

Utah Code Ann. §59-12-701, et. seq. for County option funding for botanical, cultural, recreational, and zoological organizations or facilities states that a “cultural organization” does not include any educational institution whose annual revenues are directly derived more than 50% from state funds.

If you are a University, College, or Educational Affiliate, answer the question below:

Does the educational institution receive more than 50% of its funding from state funds?

- Yes
- No

Community Impact and Outreach

The purpose of this list is to provide information on the scope and type of activities your organization does in Salt Lake County, and the audience or constituency served. Please summarize where appropriate; you do not need to list every individual event. For example, you may group program activity into types, such as regular season, main stage, outreach, touring, special exhibitions, educational, residencies, trainings, etc. Include only events and activities held in Salt Lake County. This information should look at your **past 12 months of activities** (use either your fiscal year or the calendar year) and be as close to actuals as possible in terms of numbers (especially if you use a ticketing system). *Do not include events that have not occurred.*

Date (mm/yy)	Location (street address, city)	Event (name or type and full description)	Number of People in Attendance	Indicate Actual, Estimated or Both

Total # of people that received a performance, event, educational outreach or other service from your organization in Salt Lake County for no cost (to the audience/constituent member)	
Total Audience/Constituents served in Salt Lake County	
Total Audience/Constituents served (everywhere)	

How do you track the number of participants or audience members that attend your program? Are these numbers estimates or somehow verified by tickets, counters, etc?

Financial Worksheet: Proposed Project Budget

Complete the first worksheet in the excel template file or fill in the information below.

How will requested funds be used?

- Specific Project
- Operating Expenditures
- Both

Project Title: _____

If applying for Operating Expenditures write: Operating Expenditures.

If applying for a specific project, write a short descriptive title for the project.

Proposed Use of 2009 ZAP Funds	
Proposed Expenses	Proposed Expense
12. Salaries & Benefits	
13. Independent Contractor Fees	
14. Program Expenses	
15. General Administration/Office Expense	
16. Travel & Housing (including per diems)	
17. Marketing	
18. Development/Fundraising	
19. Facility Rent (including utilities)	
20. Accounting and Legal	
21. Other Expenses (please explain)	
Total All Operating Expenses *	\$ -
<p>* this amount should equal the amount on question F of the first page of this application</p>	

Organization Financial Statement and Budgets

Revenue	Column A Actual 2008	Column B Current Budget 2009	Column C Projected Next Year 2010
1. Admissions/Earned Income			
2. Other Event Income			
3. Contributions (Corporate)			
4. Contributions (Individual)			
5a. Grants - City Government			
5b. Grants - State Government			
5c. Grants - Other government			
6. ZAP Grant			
7. Other Grants			
8. Investment Income			
9. Rental Revenue			
10. Other Revenue (if over 10% of budget, explain below)			
11. Total Revenue	\$0.00	\$0.00	\$0.00

Expenditures	Column A Actual Last Year 2008	Column B Current Year Budget 2009	Column C Projected Next Year 2010
12. Salaries & Benefits			
13. Independent Contractor Fees			
14. Program Expenses			
15. General Administration/Office Expense			
16. Travel & Housing (including per diems)			
17. Marketing			
18. Development/Fundraising			
19. Facility Rent (including utilities)			
20. Accounting and Legal			
21. Other Expenses (please explain)			
22. Total All Operating Expenses *	\$0.00	\$0.00	\$0.00
23. Income/Loss	\$0.00	\$0.00	\$0.00

If your total expenditures have increased or decreased by 25% from any of these years, please explain why:

Explanation of Other Revenue if over 10%:

Checklist

Use the following checklist to ensure that your application is complete. If you have any questions about the application process, please call 801 468-3517.

ALL APPLICANTS

- Application Completed in Full with Proposed Project Budget and Financial Information Sheet pages **(Submit original plus five copies – Total of six – paper clipped, & 3-hole punched – DO NOT staple!, DO NOT submit in folders, binders, plastic, etc.)**
- Copy of Organization's IRS 501(c)(3) Letter – **2 copies**
- Municipal cultural councils using city status must include a letter from their City – **2 copies**
- An Organizational Chart including both the Title and the name of individual filling each position (include consultants if appropriate)— **2 copies**
- Current Names, Addresses and Phone Numbers of Board Members, officers, and list of Board Committees – **2 copies**
- Please include current season brochure or other indication of your upcoming activities. – **6 copies**

FOR ORGANIZATIONS REQUESTING more than \$15,000 but less than \$30,000

- Review (at minimum) for most recently completed fiscal year (2008) - **(2 copies – unbound preferred)**
- Excel Template Spreadsheet file submitted digitally (electronic version emailed, floppy or CD)

FOR ORGANIZATIONS REQUESTING \$30,000 -59,999.99

- Audits for last fiscal year (2008) - **(2 copies – unbound preferred)**
- Excel Template Spreadsheet file submitted digitally (electronic version emailed, floppy or CD)

FOR ORGANIZATIONS REQUESTING \$60,000 OR MORE

- Audits for last three fiscal years - **(2 copies – unbound preferred)**
- Excel Template Spreadsheet file submitted digitally (electronic version emailed, floppy or CD)

FOR ORGANIZATIONS listing LOCAL ARTS AGENCY as a discipline *please submit 10 copies of your application plus one original.*

Signature

The undersigned hereby acknowledges that the submitted information is true and correct and that she/he has the authority to bind the applying organization.

Dated this _____ day of _____, _____.

Name of Administrative Officer

Title

Signature

Application must be received in the ZAP Program office by 5:00 p.m. or postmarked on or before Friday, May 1, 2009

Mail To: Zoo, Arts & Parks Program, Salt Lake County, 2001 South State N4100, SLC, UT 84190

LATE APPLICATIONS WILL NOT BE ACCEPTED

Financial Summary: *For information only*

All Applicants must complete the entire application which includes...

- Proposed Project Budget (page 6 in application)
- Organization Financial Statement and Budgets Sheet (page 7 of application – all three columns!)

Additional Explanations are requested ...

- a) If your total expenditures have increased or decreased by 25% from any of the 3 years on page 6 and
- b) If other revenue is over 10%
- c) If you enter an amount in Other Revenue (Line 10) or Other Expenses (Line 21), please describe.

For Organizations requesting over \$15,000

Tier II Organizations requesting more than \$15,000 and less than \$30,000

- **must submit at minimum their most recently completed review** (Fiscal 2008)
- **must submit the 2008 and the summary spreadsheets from the excel template**

Tier II Organizations requesting \$30,000 or more and less than \$60,000

- **must submit their most recently completed audit** (Fiscal 2008)
- **must submit the 2008 and the summary spreadsheets from the excel template**

Tier II Organizations requesting \$60,000 or more

- **must submit their last three years of fiscal audits** (the most recent being Fiscal 2008)
- **must complete the following spreadsheets from the excel template:**
 - Fiscal 2006 Worksheet (in excel template)
 - Fiscal 2007 Worksheet (in excel template)
 - Fiscal 2008 Worksheet (in excel template)
 - Summary & Revenue Worksheet (in excel template)
- As set in County ZAP policies, no one Tier II Organization may receive more than 7% of the total ZAP revenues allocated for Tier II. In 2009, this 7% cap is estimated to be approximately \$100,000.

FOR INFORMATION ONLY
DO NOT INCLUDE THIS SHEET WITH YOUR APPLICATION!!!