



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #RelFundInd0001

Primary Contact:

Phone:

Email:

Applicant Profile

Applicant Type

Organization

Legal Name

Address

Telephone

Primary Contact

Applicant Status

Applicant Institution

Applicant Discipline

FEIN / TAX ID

Web Address



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #RelFundInd0001

Primary Contact:

Phone:

Email:

Cover Sheet

How To Use This Application:

You may navigate the online application either by clicking through the "Application Pages" links in the upper left-hand corner, or by using the "Previous" and "Next" buttons at the bottom of each page. PLEASE NOTE: clicking the "Previous" or "Next" buttons does NOT save your work. You must click the "Save Work" button on each page, as you input content.

You do not need to complete this application in one sitting. You must click the "Save Work" button at the bottom of each page in order to log back in at any time to make edits or to complete the application for submission. If you have questions about the application, visit our Frequently Asked Questions here.

Legal Name of Organization

Primary Contact First Name

Primary Contact Last Name

Primary Contact Title

Primary Contact Daytime Phone Number

(Please format as (###) ###-####)

Email

Name, title, and email address of Executive Director, if different from above.

Organization Address (Must be in Oakland to qualify. Enter street number and name. only, enter suite or unit number below.)

(Do not enter a P.O. Box. You must include a physical address in Oakland.)

address

Suite or Unit Number



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #RelFundInd0001

Primary Contact:

Phone:

Email:

(List only your suite number here, not in the previous line. If you do not have a suite number, leave blank.)

City

Oakland

State

CA

Zip Code

(Please enter only a 5-digit zip code.)

Website address

What is the main location where you primarily conduct your activities? (Provide a location name and street address in Oakland. Examples include using the address of the rental venue most commonly used, an address on the street where the organization produces its annual street fair, the address of a cultural center most used for providing programming that reaches diverse audiences, the property owned by the land trust, or re-list your organizational address if that is where the organization provides services.) Please note that this information will be a determining factor in adjudication.

Address where you primarily conduct your activities. (Must be in Oakland to qualify.)

(Enter street name and number only, enter suite or unit number below.)

Suite number (if applicable)

City

Oakland

Zip code

Which type of organization do you represent?

Has your organization received more than \$20,000 through the Paycheck Protection Program, or an National Endowment for the Arts (CARES) award, or an award from any other City of Oakland



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #RelFundInd0001

Primary Contact:

Phone:

Email:

CARES-funded grant program?

(Applicants who received this funding are NOT eligible to apply.)

Enter the Federal Tax ID Number for your organization. For applicants applying with a fiscal sponsor, please enter your sponsor's Tax ID number.

What is your annual operating budget, based on your last completed fiscal year? (Please note funding will only support small arts organizations at this time, with budgets up to \$2.5 million as of FY19. If you are fiscally sponsored, please indicate the fiscally sponsored entity's annual operating budget, NOT the annual operating budget of the fiscal sponsor.)

Provide your organization's mission statement

(1000 characters maximum)

Upload proof of 501(c)3 nonprofit status. For applicants applying with a fiscal sponsor, please upload your sponsor's proof of nonprofit status.

You may upload one of the following:

- 501(c)3 Tax Determination letter; or
- Form 1023 Application for 501(c)3 status; or
- 990 Federal Tax Return from either FY18 or FY19 (or most recent fiscal year that ends before March 1, 2020).



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #ReIFundInd0001

Primary Contact:

Phone:

Email:

Required Artistic & Cultural Practice

If you are fiscally sponsored please provide the following information. If you are fiscally sponsored you must complete all fields. If you are not fiscally sponsored, please advance to the next section.

Fiscal Sponsor Name

Fiscal Sponsor Contact Person

Fiscal Sponsor Contact Person Title

Fiscal Sponsor Email

Fiscal Sponsor Phone Number

Upload a copy of your fiscal sponsorship agreement along with a statement from your fiscal sponsor on their letterhead verifying that 75% or more of your programming takes place in the City of Oakland.

No File Uploaded



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #ReIFundInd0001

Primary Contact:

Phone:

Email:

Narrative

The narrative question below is required, and is meant to illustrate the organization's financial need. Please note that the maximum character count is 2,500 characters (inclusive of spaces) which equates to about 350-400 words, or a 3/4 page of text.

Describe the organization's financial situation, and the economic injury your arts organization has suffered due to COVID-19 and the related economic shutdown, including the kinds of expenses that cannot be paid due to loss of arts-business related income and/or financial expenses incurred due to the pandemic, and how funding will help retain employees or continue operations.

(2,500 characters maximum)



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #RelFundInd0001

Primary Contact:

Phone:

Email:

Request Amount and Priorities

When does your fiscal year begin? (Enter month and date)

How many full-time employees did you support in the most recently completed fiscal year that ended prior to March 1, 2020?

How many contractors did you support in the most recently completed fiscal year that ended prior to March 1, 2020?

How much are you requesting?

(Please ask only for what is urgently needed. Additionally, please note the following tiers for award amounts: For budgets up to \$999,999, grants will be up to \$10,000; for budgets of \$1 million-\$1,499,999, grants will be up to \$15,000; and for budgets of \$1.5-\$2.5 million, grants will be up to \$20,000.)

(Please round to the 100th. For example: if your total expenses are \$2,568.92, request \$2,600.)

How many part-time employees did you support in the most recently completed fiscal year that ended prior to March 1, 2020?

If awarded funding, what are your top two priorities? (Select two)

(Your answer has no bearing on your application and will not be a factor for this Fund. We are collecting responses to understand the arts community's pressing financial needs.)

If you selected "Write-in option" above, please describe.

Upload an Income and Expense statement for the most recently completed fiscal year that ended prior to March 1, 2020. This can be an audited statement or actuals produced internally.

(Please upload a PDF or Excel file.)



Center for Cultural Innovation - Oakland CARES Fund for Arts Nonprofits

D

Application #RelFundInd0001

Primary Contact:

Phone:

Email:

Reimbursable Expense Budget

List the reimbursable expenses incurred since March 1, 2020 that were incurred due to COVID-19's medical and economic crises.

Examples of eligible expenses are in two categories:

LOST INCOME: Expenses that the applicant is unable to afford due to lost income due to the COVID-19 economic shutdown. Examples of such expenses include overdue rent or mortgage payments that create a risk of eviction or foreclosure; overdue utility payments that threaten service disruption; accounts payable; employee salaries; repayment of loans, and overall costs to keep the organization in business in the City of Oakland.

Expenses incurred to deal with COVID-19. Examples of such expenses include COVID-19 staff medical expenses; teleworking costs; educational or daycare costs to enable working from home; purchase of PPE or other measures for COVID-19 prevention; and/or purchase of technology or other goods or services to shift business practices due to the COVID-19 shutdown.

Ineligible expenses include lobbying; legal settlements; severance pay; purchasing property; providing bonuses; taxes (unless nonpayment would cause eviction or foreclosure); or improving one's property.

Round figures to the hundredth in whole dollars. The reimbursable expenses you list can exceed your request amount to ensure that you list enough eligible expenses; however, we suggest only listing no more than five major expense items. We will not reimburse CARES ineligible expenses. Please note that we will not require receipts for these expenses at this time; however you may be asked to provide receipts or proof of your COVID-19-related expenses at a later time. In accordance with the CARES Act, recipients should maintain records of the expenses they claimed for a period of three years.

Enter your Expense Date, Expense Description, and Amount into the table below. List your expense description in detail, for example:

<u>Expense Date and Expense Description (Column 1)</u>	<u>Amount (Column 2)</u>
June 1, 2020: Monthly staff salaries for 1 full-time and 2 part-time employees	\$3,500
April 1, 2020: Telework office set-up: Professional Dropbox subscription	\$300
March 28, 2020: Upgraded staff's internet services	\$500
TOTAL:	\$4,300



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #RelFundInd0001

Primary Contact:

Phone:

Email:

Expense Date and Expense Description	Amount
Example: May 1 and June 1, 2020: Rent for gallery storefront	6,000
Example: July 15 and August 15, 2020: 50% Executive Director salary	3,500
Example: March, 20, 2020: Upgraded internet service for 2 employees (Comcast)	500
Example: March 25, 2020: Professional zoom subscription	200
SubTotals:	\$10,200
Expense Totals:	\$10,200



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #RelFundInd0001

Primary Contact:

Phone:

Email:

Demographics

We asked a few questions about demographics in the online application's "Profile" section. The "Profile" section is set by the online application provider and is not customizable, so we have a few more questions about demographics that we're asking here.

CCI is committed to distributing resources equally, equitably, and fairly in ways that reflect the diversity of application pools and populations. To that end, we ask you to fill out demographic data so we better understand the communities we are trying to serve. The information requested below is CONFIDENTIAL and will be used for internal purposes only. As such, the information you provide may be used in summary statistics, but will not be used in reviewing your application.

The following demographic questions refer to the artists and/or audiences your organization serves:

Is more than 50 percent of your artists and/or audience people of color? And/or does your mission statement explicitly mention communities of color?

If you answered "Yes" above, please select which communities of color make up 25 percent of your artists/audience served.

If you selected "Write-in Option" above, please describe.

Is more than 50 percent of your artists and/or audience women? And/or does your mission statement explicitly mention women?

Is more than 50 percent of your artists and/or audience trans and/or non-gender binary? And/or does your mission statement explicitly mention trans and/or non-gender binary communities?

Is more than 50 percent of your artists and/or audience LGBQ or two-spirit? And/or does your mission statement explicitly mention LGBQ or two-spirit communities?

Is more than 50 percent of your artists and/or audience immigrants? And/or does your mission statement explicitly mention immigrants?



Center for Cultural Innovation - Oakland CARES Fund
for Arts Nonprofits

D

Application #ReIFundInd0001

Primary Contact:

Phone:

Email:

Is more than 50 percent of your artists and/or audience disabled? And/or does your mission statement explicitly mention the disabled community?

Is more than 50 percent of your artists and/or audience children and youth and/or family with children and youth? And/or does your mission statement explicitly mention families and/or children and/or youth? Children and youth are defined as ages 0-24.

If your organization does not reflect the designated communities above, provide a brief summary of the communities you do serve.

(500 characters maximum.)