Included below are the questions from the online application tool. We recommend filling out the answers in this document and then cutting and pasting them into the form.

**PART 1 ORGANIZATIONAL INFORMATION**

**A. The Basics**

1. Email (Enter Email)
2. Organization Name
3. Address (Street Address)

Address (Address Line 2)

Address (City)

Address (State / Province)

Address (ZIP / Postal Code)

Address (Country)

1. Phone
2. Website
3. Executive Director Name

1. Application Preparer Name
2. Mission
3. (Optional) Please list a link that would be helpful in better understanding your organization and its mission. Link 1:
4. (Optional) Please list a second link that would be helpful in better understanding your organization and its mission. Link 2:

**B. ORGANIZATIONAL GOVERNANCE**

1. Are board members directly involved in formulating the organization's budget?
2. Are board members responsible for the final approval of the budget?
3. It is required that board members contribute financially to your organization. Did 100% of the board members contribute financially to the organization last year?
4. What year was your most recent strategic planning process? UPLOAD Note: For applications for amounts above $25,000, you must upload a copy of your strategic plan.
5. Please list three goals established during your most recent strategic planning process that will improve programming for Roanoke residents in the next five years.
6. Board attendance: Please complete the following table with the number of board members in attendance at each board meeting. For months in which no meeting was held, please put N/A in the field.

Total number of board members:

January:

February:

March:

April:

May:

June:

July:

August:

September:

October:

November:

December:

**C. BOARD AND STAFF DIVERSITY**

1. Briefly (250 words or less) describe the organization's efforts to ensure diverse staff and board leadership. Please include any efforts you make to increase r**epresentation of** your board and staff to ensure the best possible services to Roanoke's diverse population
2. BOARD DIVERSITY: Please include the count of members in each category. A response is required in each field. If there are no members in a specific category, please enter 0.

Total Number of Board Members

Black / African American

Asian

Hispanic / Latino / Latina

Native American

White / Caucasian

Other

1. BOARD DIVERSITY 2: Total Number of Board Members

Male

Female

Nonbinary

Other

1. BOARD DIVERSITY 3: Total Number of Board Members

Ages 14 - 17

Ages 18 - 29”

Ages 30 - 49

Ages 50 - 69

Ages 70 +

1. STAFF DIVERSITY: Total Number of Staff Members

Black / African American

Asian

Hispanic / Latino / Latina

Native American

White / Caucasian

Other

1. STAFF DIVERSITY 2: otal Number of Staff Members

Male

Female

Nonbinary

Other

1. STAFF DIVERSITY 3: Total Number of Staff Members

Ages 14 - 17

Ages 18 - 29”

Ages 30 - 49

Ages 50 - 69

Ages 70 +

**D. ORGANIZATIONAL FINANCIAL OVERVIEW**

1. Do you have an endowment?
2. If yes, what is the size of the endowment as of December 31, 2024?
3. Current Fiscal Year (beginning and end dates: for instance July 1 through June 30)
4. Total amount of current operating budget
5. REVENUE BREAKDOWN: Please include the percentages for the following budget revenue categories for the last fiscal year. Amounts should add up to 100%.

Contributions/Donations:

Earned Income

Grants

Unearned Income (Interest & Endowment proceeds)

Membership Payments

Other

1. What is the amount of your current cash reserves?
2. Within the last five years, has the organization ended two or more fiscal years with an operating deficit?
3. If applicable: Please briefly explain the circumstances of the operating deficit.
4. Total number of volunteer hours accumulated in the last full fiscal year.
5. Total volunteer value accumulated in the last full fiscal year (at $33.49 / hour)

*UPLOADSOrganizational Attachments*

* Certificate of Liability Insurance
* Most recent financial audit or signed financial documents
* Most recent IRS 990
* Signed and notarized representations and agreements
* VDACS Confirmation Letter
* Board of directors list with contact information

**PART TWO: PROGRAM INFORMATION**

**A. PROGRAM OVERVIEW**

1. Name of the arts and cultural program to be implemented.
2. Describe the program for which you are seeking funding (400 words max)..
3. How much are you requesting in program support from the City of Roanoke? (This amount should match the amount in your attached budget and should not exceed $30,000.)
4. Who will benefit from the program? Please include demographic information and the expected number of participants. If you have conducted the program before, provide the actual demographic data on beneficiaries.
5. Where will the programming take place?
6. If another organization is providing a similar activity, which organization is doing so, and how does your program differ? What other organization (whether for-profit, nonprofit, or individual most closely meets the need.(Required)
7. How will your program meet the identified need in the City of Roanoke? You may want to share your theory of change, philosophy, or approach here (350 words max).
8. How does this program align with the stated City priorities? Use City Plan 2040 or the 2011 Arts and Cultural Plan (linked at the top of the page) to describe the role of your program in advancing the community. The Roanoke Arts Commission is especially interested in how programming is advancing comprehensive components around interwoven equity, community health, and neighborhood reinvestment. (350 words max)

**B. OUTCOME MEASURES**

1. How do you define the success of this program?
2. What measurable outcomes are you tracking? What is your rationale for using these specific measures? UPLOAD your outcome tracking form. This is your Quarterly Report form with your anticipated outcomes identified. It is available as a worksheet at the top of the page.
3. How well has your organization succeeded in meeting your designated outcome goals in the past three years? (Please provide specific examples or data to support your claims. If this is a new program, describe outcomes and success of other implemented programs. (350 words max)

**C. INNOVATION & COLLABORATION**

1. How has your organization innovated or adapted to increase its impact in the past 3 years? (Please provide specific strategies or approaches.) (300 words max)

1. List up to five organizations or entities you will collaborate with for this program and describe how each improves program effectiveness. UPLOAD: If you are collaborating with Roanoke City Public Schools for this program, please upload the required collaboration form outlining your **agreement** and signed by both organizations. It is available at the top of the page.

**D. ORGANIZATIONAL CAPACITY TO DELIVER THE PRGOGRAM**

1. Describe your organization's relevant experience, expertise, or resources that will contribute to the program's success. (400 words max)
2. What is your organization hoping to learn in carrying out the program this year? What current challenges or barriers to success will you have to overcome in implementing this program? (350 words max)

**E. PROGRAM BUDGET**

*UPLOAD*: Please upload your **FY2025 & 26 program budgets** using the required budget worksheet. The FY 2025 budget should reflect final figures for any similar programing if applied for the year before. If it is the first year for your organization's application, leave the prior year's budget blank.

1. Please describe how you will engage volunteers for the implementation of the program. (200 words max)
2. Additional information otherwise not captured above.
3. Type your name to stand in for the signature of the preparer.
4. Type the name to stand in for the signature of the executive director.