

# ArtsFirst FY22

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*ArtsMemphis*

## *Organization Information*

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Please note that you will not be able to copy the first set of questions from previous applications, as those questions are typically in the LOI step, not the Application step. The system will only copy from LOI to LOI and from Application to Application. We apologize for this inconvenience.

### **Mission Statement\***

Please note your board-approved mission statement.

*Character Limit: 10000*

### **Organization Website\***

*Character Limit: 250*

### **Social Media: Facebook\***

Please enter your Facebook page link. If you do not have a Facebook page, please enter NA.

*Character Limit: 250*

### **Social Media: Instagram\***

Please enter your Instagram handle. If you do not have an Instagram page, please enter NA.

*Character Limit: 250*

### **Social Media: Twitter\***

Please enter your Twitter handle. If you do not have a Twitter account, please enter NA.

*Character Limit: 250*

### **Year Founded\***

*Character Limit: 250*

### **Incorporation Year\***

*Character Limit: 250*

### **EIN\***

Please enter your organization's tax identification number.

*Character Limit: 250*

## LIVEGIVEmidsouth Profile\*

Do you have a current LIVEGIVEmidsouth profile?

Please Note: LIVEGIVEmidsouth is the new version of WHEREtoGIVE. If you need your updated link, please visit: <https://www.livegivemidsouth.org/nonprofit-directory/>.

### Choices

Yes

No

## LIVEGIVEmidsouth Profile Page

If you answered "yes" above, please provide a link to your organization's LIVEGIVEmidsouth profile page.

Please make sure your profile is up to date.

Please Note: LIVEGIVEmidsouth is the new version of WHEREtoGIVE. If you need your updated link, please visit: <https://www.livegivemidsouth.org/nonprofit-directory/>.

*Character Limit: 250*

## IRS form 990

If you do not have a current LIVEGIVEmidsouth profile, please upload your IRS form 990 for the most recently completed fiscal year.

If your organization does not file Form 990, please inform Colleen McCartney.

*File Size Limit: 5 MB*

## IRS 501c3 determination letter

If you do not have a current LIVEGIVEmidsouth profile, please upload your IRS 501c3 determination letter.

*File Size Limit: 5 MB*

## Board List

If you do not have current LIVEGIVEmidsouth profile, please upload a list of your board members using the template provided. Please obtain the template from the ArtsMemphis ArtsFirst Grant website.

The demographic designations requested on the template conform to the Tennessee Arts Commission grant application forms.

For the board list, please note each board member's affiliation (their employer or role in the community), years on board, demographic information, their position on the board (e.g. Chair, Treasurer, Development Committee Chair), and length of their term. You may include other

demographic information if available, such as LGBTQ representation.

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## *Application Questions*

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### **Organization Name for Publication\***

Please note how you would like your organization name to be listed in ArtsMemphis and First Horizon Foundation publications.

*Character Limit: 250*

### **Project Name\***

For the FY21 ArtsFirst grant, you MUST enter the project name as follows:  
Your Organization Name\_FY21\_ArtsFirst

Please enter the name of your organization in place of "Your Organization Name."

Example: ArtsMemphis\_FY21\_ArtsFirst

*Character Limit: 100*

### **Project Title**

Please enter the title of your project, if applicable.

*Character Limit: 250*

### **Amount Requested\***

*Character Limit: 20*

### **Type of Support Requested\***

#### **Choices**

General Operating Support  
Capital Campaign Support  
Project Support  
Sponsorship  
Technical Assistance  
Scholarship  
Other

### **Type of Support Requested: Other**

If you responded "Other" to the above question, please list what type of support you are requesting.

*Character Limit: 250*

**Project Budget Amount\***

Total expense budget for this request.

*Character Limit: 20*

**Project Funding\***

Please note other sources of funding and amounts being sought for this project/program.

*Character Limit: 10000*

**Project Start Date\***

Your start date should be April 1, 2021 or later.

*Character Limit: 10*

**Project End Date\***

*Character Limit: 10*

**Differentiation\***

How do you differentiate your organization from others with a similar mission, and prevent the duplication of services? (250 word limit)

*Character Limit: 10000*

**Project Description\***

Please concisely describe the project for which you are requesting ArtsFirst support. Please provide a description, purpose, timetable and goals for the project. Please explain how this project will impact the beneficiaries and the community and how the outcomes of the project will be evaluated or measured. (750 word max)

*Character Limit: 10000*

**Project: Mission\***

How does this project advance your mission? (250 word limit)

*Character Limit: 10000*

**Communities Served\***

What community/communities directly benefit from this project? (250 word limit)

*Character Limit: 10000*

**Project Impact\***

How many individuals and/or organizations do you estimate will be impacted by this project?

*Character Limit: 10000*

**Project Impact: Low-Moderate Income\***

What percentage of the individuals impacted do you estimate to be low- to moderate-income families? If you do not know, note "DNK."

*Character Limit: 250*

### Performance Indicators\*

What are your key performance indicators or metrics that you will depend on to measure effectiveness and success of your project? (500 word limit)

*Character Limit: 10000*

### FY21 ArtsFirst Report

If you received an ArtsFirst grant in FY21, please provide an impact report about what the funding enabled your organization to accomplish, your progress against goals, or how your project adapted due to COVID-19 restrictions. (500 word limit)

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## Demographic Questions

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### CEO / Executive Director\*

Is your chief executive a person of color?

#### Choices

Yes

No

### Board Chair / Vice Chair\*

Is your Board Chair or Vice Chair a person of color?

#### Choices

Yes

No

### Participants\*

Does your organization prioritize or serve a majority participants of color?

#### Choices

Yes

No

## First Horizon Foundation

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### Customer of First Horizon\*

Is your organization a customer of First Horizon Bank?

#### Choices

Yes

No

### First Horizon Relationships\*

Please list any relationships your organization has with First Horizon Bank or First Horizon Foundation. Please list any board members who work for First Horizon, and their title. (150 word limit)

*Character Limit: 250*

***The following questions of the application will help us determine if your program/project meets the requirements of the Community Reinvestment Act (CRA).***

**Please consider the category options below to answer the following questions.**

- Affordable Housing- The program supports the creation or promotion of affordable housing (including rental and owner occupied), provides services or technical assistance such as credit counseling, homebuyer and home maintenance counseling, financial planning or other financial services related to homeownership targeted to low- to moderate-income individuals/families.
- Community Services- The program provides community services targeted to low- to moderate- income individuals/families, including but not limited to educational services, health and social services, job training, day care services, etc.
- Neighborhood Revitalization- The program supports activities that stabilize or revitalize low- to moderate-income neighborhoods, designated disaster areas, or distressed, underserved middle-income areas.
- Small Business- The program promotes economic development by providing financing, services or technical assistance that targets businesses or farms with annual revenues of \$1 million or less.

### Primary Category that Project Serves\*

Please select the primary category that your project serves.

#### Choices

Affordable Housing

Community Services

Neighborhood Revitalization

Small Business

None of these

### Low-moderate income served\*

Is 51% or more of the population served by your program low- to moderate-income?

For this question, the definition of low- to moderate-income may include: annual earnings are less than 80% of the HUD area median income (\$53,520 and lower), or at or below 200% of the

national poverty level, or the population served is homeless, indigent or qualifies for free/reduced school lunch.

### Choices

Yes

No

## *Attachment*

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### Child Protection Policy

Any organization that works with youth under age 18 as a program participant or volunteer is required to have a board-approved Child Protection Policy in place in order to receive grant funds from ArtsMemphis.

If you have a board-approved policy, please upload your document.

Please make sure your policy addresses safety protocols for online and virtual experiences with youth.

If you need but do not yet have a policy in place, please provide a brief explanation of your plans to develop a policy or note any assistance you may need from ArtsMemphis to develop a policy.

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