

# Operating Support FY20

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*ArtsMemphis*

## Organization Overview

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### Organization Name for Publication\*

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

*Character Limit: 250*

### Project Name\*

For the FY20 Operating Support grant, you **MUST** enter the project name as follows:  
Your Organization Name\_FY20\_OS

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

Example: ArtsMemphis\_FY20\_OS

*Character Limit: 250*

### Group Designation\*

Select your Group assignment. Please note that Groups 2-4 are determined by averaging the 3-year expense average as reported on Form 990 for past 3 fiscal years.

- **Group 1:** Organizations with current fiscal year budget less than \$100,000 OR less than 3 years of ArtsMemphis grant support in past 5 fiscal years.
- **Group 2:** Three-year Budget average of \$100,000-\$399,999 AND 3 years of support from ArtsMemphis in past 5 fiscal years.
- **Group 3:** Three-year Budget average of \$400,000-\$1,499,999 AND 3 years of support from ArtsMemphis in past 5 fiscal years.
- **Group 4:** Three-year Budget average of \$1,500,000+ AND 3 years of support from ArtsMemphis in past 5 fiscal years.

### Choices

Group 1

Group 2

Group 3

Group 4

### Organization Website

*Character Limit: 2000*

**Mission Statement\***

Please note your board-approved mission statement.

*Character Limit: 10000*

**Vision or Impact Statement**

Please note your board-approved vision or Impact statement, if applicable.

*Character Limit: 10000*

**Year Founded\***

*Character Limit: 250*

**Incorporation Year\***

*Character Limit: 250*

**EIN\***

Please enter your organization's tax identification number.

*Character Limit: 250*

**WHEREtoGIVE Profile\***

Do you have a current WHEREtoGIVE profile?

**Choices**

Yes

No

**WHEREtoGIVE Profile Page**

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

*Character Limit: 250*

**Form 990**

If you do not have a WHEREtoGIVE profile, please upload your most recent Form 990.

*File Size Limit: 5 MB*

**Audit**

If you do not have a WHEREtoGIVE profile, please upload most recently completed audit. If you do not have an audit of your financials, please explain why.

*Character Limit: 10000 | File Size Limit: 10 MB*

**Past Operating Support\***

Have you received an operating support grant from ArtsMemphis in the past three years? If you answer "no," please contact Tracy Lauritzen Wright at [tlauritzenwright@artsmemphis.org](mailto:tlauritzenwright@artsmemphis.org) or 901-578-2787 prior to advancing your application.

**Choices**

Yes

No

## *Financial Information*

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### **Fiscal Year End\***

Please note the last day of your fiscal year. For example, June 30.

*Character Limit: 250*

### **Last Fiscal Year Revenue\***

Please enter your total revenue from the most recently completed fiscal year.

*Character Limit: 20*

### **Last Fiscal Year Expense\***

Please enter your total expenses from the most recently completed fiscal year.

*Character Limit: 20*

### **Current Fiscal Year Budgeted Revenue\***

Please note your total revenue budgeted for the current fiscal year.

*Character Limit: 20*

### **Current Fiscal Year Budgeted Expenses\***

Please note your total budgeted expenses for the current fiscal year.

*Character Limit: 20*

### **Endowment or Reserve Fund\***

Do you have an endowment or reserve fund?

#### **Choices**

Yes

No

### **Endowment Balance**

If you have an endowment, please note the balance here.

*Character Limit: 20*

### **Reserve Fund Balance**

If you have a reserve fund, please note balance here.

*Character Limit: 20*

## Endowment or Reserve Fund Distribution

Please briefly note your policies in place to restrict use of either your endowment or reserve fund to preserve the corpus. Please note your current fiscal year projected distribution percentage, if applicable.

*Character Limit: 10000*

## Line of Credit\*

Do you have an available line of credit?

### Choices

Yes

No

## Line of Credit - Funds Available

If you have a line of credit, please indicate the total funds available.

*Character Limit: 20*

## Line of Credit - Balance

If you have a line of credit, please note the total amount you currently owe.

*Character Limit: 20*

## Debt

If your organization currently carries debt for capital improvements or other initiatives, please note the total amount owed, your repayment plan, and details about the debt.

*Character Limit: 10000*

## Demographic and Program Information

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### Program Locations - Zip Codes\*

Please check all zip codes in which you offered a program, event, or performance during your most recently completed fiscal year.

Do not check the zip codes of your audience members' homes, or zip codes of schools from which students visit your location. Rather, only check locations where you conducted programming.

### Choices

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Outside of Shelby County

Outside of Tennessee

### **Program Locations - Detail\***

Please list the location name and street address for up to five locations where you offered a program, event, or performance outside of your primary address during your most recently completed fiscal year. If you wish to enter location details for all programs, you may do so.

If you provided programming outside Shelby County or outside Tennessee, please provide details on those program locations.

*Character Limit: 10000*

### **Total Participants: All Programs\***

As a requirement of funding from the Tennessee Arts Commission, ArtsMemphis reports on demographic information of all grantees.

"Participant" refers to the estimated total number of individuals directly benefiting from your operations and program. This may include donors, subscribers, members, ticket buyers, audiences, education/outreach/engagement program participants, event attendees, listeners,

etc.

Please note the total participants in your organization for your most recently completed fiscal year. Please make sure your numbers are accurate.

*Character Limit: 250*

### **Total Participants: Core Program**

Please note the total participants in your core program, such as total performance or admission tickets sold/distributed, for your most recently completed fiscal year.

*Character Limit: 250*

### **Core Program Description**

Please provide a brief description of your Core Program and how you calculate the total number of participants. Please note the total number of programs offered for your most recently completed fiscal year.

*Character Limit: 10000*

### **Total Participants: Other Programs**

Please note the total participants for your secondary program(s), such as education programs, special events, for your most recently completed fiscal year.

*Character Limit: 250*

### **Other Programs Description**

Please provide a brief description of your other program(s) and how you calculate the total number of participants. Please note the total number of each type of program offered for your most recently completed fiscal year.

*Character Limit: 10000*

### **Participant Demographics\***

Please select the participant totals about which you can report demographic information. If you do not track participant demographic data, please select "DNT" for Do Not Track.

Based on your selection, use the numbers provided above to calculate the percentages requested below to answer the participant demographic questions.

#### **Choices**

Total Participants: All Programs

Total Participants: Core Program

Total Participants: Other Programs

Other

DNT

**Participants under age 18**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Participants over age 65**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Participants living in rural or isolated settings**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Participants living with disabilities**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Participants who are White**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Participants who are Black / African American**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Participants who are Hispanic / Latinx**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Participants who are Asian**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Participants who are of another heritage**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Demographic Data Collection Method\***

Please explain how you arrive at any participant demographic numbers noted above. For example: observation, intercept survey, email survey. If you do not track participant demographic numbers please explain why not.

*Character Limit: 10000*

### **Total Artists Engaged\***

As a requirement of funding from the Tennessee Arts Commission, ArtsMemphis reports on demographic information of all grantees.

"Artist" refers to the number of artists **directly involved in providing art or artistic services** specifically identified with an organizational program or activity; including the number of individual artists of a company, troupe, or touring group.

Please note the total artists engaged in your organization for your most recently completed fiscal year. Please make sure your numbers are accurate. If you do not track your total artists engaged enter the number zero.

*Character Limit: 250*

### **Paid Artists**

Please note the number of paid artists participating your your most recently completed fiscal year programming. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Unpaid Artists**

Please note the number of unpaid artists participating in most recently completed fiscal year programming. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Artist Payments**

Please note the total dollars paid to artists in your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 20*

### **Average Hourly Artist Payment**

Please note the average hourly pay rate for artists paid during your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 20*



### **Artists who are White**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Artists who are Black / African American**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Artists who are Hispanic / Latinx**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Artists who are Asian**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Artists who are of another heritage**

Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Artist Demographic Data Collection Method**

Please explain how you arrive at any artist demographic numbers noted above. For example: observation, survey. If you do not track artist demographic numbers please explain why not.

*Character Limit: 10000*

### **Board of Directors and Staff Composition**

In the grant application you will be asked to provide a list of your board and staff members and demographic information about these individuals. For this LOI/Organization Profile, please provide demographic information about the composition of your staff and board.

### **Total Staff\***

Please note the total number of staff members, part- and full-time, at your organization for your current fiscal year. You may include contract and temporary staff.

*Character Limit: 250*

### **Staff Details**

Please explain the number provided above to note the following as applicable:

- Number of Full-time Staff
- Number of Part-time Staff
- Number of Administrative Staff
- Number of Artistic Staff
- Number of Education Staff
- Number of Contract / Temporary Staff
- Other designation

*Character Limit: 10000*

### **Staff who are White**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Staff who are black / African American**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Staff who are Hispanic / Latinx**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Staff who are Asian**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Staff who are of another heritage**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Administrative Staff Demographics**

Please note the percentage of total for your current fiscal year who are Black / African American, Hispanic / Latinx, Asian or of another heritage. If you do not track this information, please leave blank.

*Character Limit: 250*

**Staff who are Seniors (age 65+)**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Staff: Other designations**

Please note any other designations you wish to document regarding your staff demographics.

*Character Limit: 250*

**Staff Tenure**

Please describe the tenure of your team.

*Character Limit: 10000*

**Volunteers**

Please note the total number of active volunteers for your last fiscal year.

*Character Limit: 250*

**Volunteer Hours**

Please note the total hours worked by volunteers in your last fiscal year, if known.

*Character Limit: 250*

**Total Board of Directors\***

Please note the total number of members of your Board of Directors.

*Character Limit: 250*

**Board members who are Black / African American**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Board members who are Hispanic / Latinx**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Board members who are Asian**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

**Board members who are of another heritage**

Please note the percentage of total for your current fiscal year. If you do not track this information, please leave blank.

*Character Limit: 250*

### **Board: other designations**

Please note any other designations you wish to document regarding your board demographics.

*Character Limit: 250*

### **Board Terms\***

Please describe the terms of service for your Board of Directors.

*Character Limit: 10000*

### **Board Chair / Vice Chair\***

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

#### **Choices**

Yes

No

## *Certifications*

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### **Access and Compliance**

In order to be eligible for funding, applicants must assure and certify that they will comply with the following:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- Americans with Disabilities Act of 1990
- Title IX of the Education Amendments of 1972 where applicable

### **Compliance Certification\***

#### **Choices**

Yes, this organization adheres to the Title VI of the Civil Rights Act of 1964.

Yes, this organization adheres to Section 504 of the Rehabilitation Act of 1973

Yes, this organization adheres to the Age Discrimination Act of 1975

Yes, this organization adheres to the Americans with Disabilities Act of 1990

When applicable, this organization adheres to Title IX of the Education Amendments of 1972

### **Child Protection Policy\***

By checking a box below, you acknowledge that a board-approved Child Protection Policy must be in place in order to receive grant funds from ArtsMemphis, if your organization works with anyone under the age of 18 as a participant in a program or in a volunteer capacity.

If your organization does work with anyone under the age of 18 as a participant in a program or

in a volunteer capacity, but does not have a board-approved Child Protection Policy, please contact Colleen McCartney, [cmccartney@artsmemphis.org](mailto:cmccartney@artsmemphis.org) for information.

### Choices

Yes, we have a board-approved Child Protection Policy.

Our organization does not work with anyone under the age of 18.

Our organization does not have a board-approved Child Protection Policy.