

ArtsZone FY22

ArtsMemphis

Organization Overview

Organization Name for Publication*

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

Character Limit: 250

Application Name*

For the FY22 ArtsZone grant, you MUST enter the application name as follows:
Your Organization Name_FY22_ArtsZone

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

Example: ArtsMemphis_FY22_ArtsZone

Character Limit: 250

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

LIVEGIVEmidsouth Profile*

Do you have a current LIVEGIVEmidsouth profile?

Choices

Yes

No

LIVEGIVEmidsouth Profile Page

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

Character Limit: 250

Form 990

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

File Size Limit: 5 MB

Audit

If you do not have a LIVEGIVEmidsouth 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: 5 MB

Financial Information

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

Demographic and Program Information

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.

Please Note: we understand that your in-person programming was dramatically affected due to the pandemic. You may leave this section blank if you do not have information to provide.

Choices

38002

38016

38017

38018

38028

38053

38103

38104

38105

38106

38107

38108

38109

38111

38112

38113

38114

38115

38116

38117

38118

38119

38120

38122

38125

38126

38127

38128

38133

38134

38135

38138

38139

38141

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.

Please Note: we understand that your in-person programming was dramatically affected due to the pandemic. You may leave this section blank if you do not have information to provide.

Character Limit: 10000

Program Location - Virtual Locations*

Please list cities/state/country outside of Shelby County that your program was able to reach due to virtual events.

Please list each location as one line. For example:

- Memphis, TN
- Albany, NY
- Tasmania

If you did not reach audiences via virtual programming, please write NA.

If you were not able to track the locations of your virtual participants, please note "DNT" for Did Not Track.

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 include virtual participant numbers in this total.

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

Character Limit: 250

Total Participants - Virtual Programs*

Please note the total number of virtual participants you had in the last fiscal year.

Please make sure your numbers are accurate. If you do not track your total virtual participants enter the number zero.

Character Limit: 250

Participants Numbers Explanation

If you were unable to collect participation numbers, please briefly explain your impediments to collecting this data.

If you were able to provide participant numbers, please briefly explain your tracking method.

Character Limit: 5000

Core Program Description

Please provide a brief description of your Core Program.

Character Limit: 5000

Other Programs Description

Please provide a brief description of your other program(s).

Character Limit: 5000

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.

Character Limit: 250

Participants over age 65

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Participants living in rural or isolated settings

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Participants living with disabilities

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Participants who are White

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Participants who are Black / African American

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Participants who are Hispanic / Latinx

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Participants who are Asian

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Participants who are of another heritage

Please note the PERCENTAGE of total for your most recently completed fiscal year.

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 Last FY*

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

Total Artists Engaged Q1*

Please note the total artists engaged in your organization in Q1 2021 (January-March).

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 Last FY

Please note the number of paid artists participating your your most recently completed fiscal year programming.

Character Limit: 250

Paid Artists Q1

Please note the number of paid artists participating in Q1 2021 (January-March).

Character Limit: 250

Unpaid Artists Last FY

Please note the number of unpaid artists participating in most recently completed fiscal year programming.

Character Limit: 250

Unpaid Artists Q1

Please note the number of unpaid artists participating in Q1 2021 (January-March).

Character Limit: 250

Artist Payments

Please note the total dollars paid to artists in your most recently completed fiscal year.

Character Limit: 20

Average Hourly Artist Payment

Please note the average hourly pay rate for artists paid during your most recently completed fiscal year.

Character Limit: 20

Artists who are White

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Artists who are Black / African American

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Artists who are Hispanic / Latinx

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Artists who are Asian

Please note the PERCENTAGE of total for your most recently completed fiscal year.

Character Limit: 250

Artists who are of another heritage

Please note the PERCENTAGE of total for your most recently completed fiscal year.

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

Total Staff Q1*

Please note the total number of staff members, part- and full-time and contract/temporary at your organization in Q1 2021 (January-March).

Character Limit: 250

Staff Details - Number of Full-time Staff Q1*

Please note the number of full-time staff at your organization in Q1 2021 (January-March).

Character Limit: 250

Staff Details - Number of Part-time Staff Q1*

Please note the number of part-time staff at your organization in Q1 2021 (January-March).

Character Limit: 250

Staff Details - Number of Contract/Temporary Q1*

Please note the number of contract/temporary staff at your organization in Q1 2021 (January-March).

Character Limit: 250

Staff Details - Number of Unpaid Staff Q1*

Please note the number of unpaid staff at your organization in Q1 2021 (January-March).

Character Limit: 250

Staff Details - Administrative Staff Q1*

Please note the number of administrative staff at your organization in Q1 2021 (January-March).

Character Limit: 250

Staff Details - Artistic Staff*

Please note the number of artistic staff Q1 at your organization in Q1 2021 (January-March).

Character Limit: 250

Staff Details - Education Staff Q1*

Please note the number of education staff at your organization in Q1 2021 (January-March).

Character Limit: 250

Staff Details - Staff Not Classified Q1*

Please note the number of staff not classified by Administrative, Artistic or Education Staff.

If your staff is classified in the above questions, please enter 0.

Character Limit: 250

Staff Details - Staff Not Classified Description

If you entered a number in the above question, please explain what category you would typically use to describe these staff.

Character Limit: 250

Total Board of Directors*

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

Character Limit: 250

Board Chair / Vice Chair*

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

Choices

Yes

No

Certifications

Civil Rights Act 1964, Title VI Compliance*

In order to be eligible for funding, you must certify that your programming will be accessible to all Shelby County citizens regardless of race, color, sex, religion, age, national origin, marital status, sexual orientation, disability or any characteristic protected by law.

Choices

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

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 Chandler, cchandler@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.

FY21 ArtsZone Report

If you received a FY21 ArtsZone grant, please use this section to complete your final report.

If you did not receive a FY21 ArtsZone grant, please write NA in this section and continue on with the LOI.

How were funds used?

Character Limit: 10000

Goal Achievement

How did you adapt your goals?

What did you accomplish?

Character Limit: 5000

Participants in Program

Who was your target audience? Who participated in the funded program(s)? Please provide any audience details available (numbers, demographics, economic status, etc.).

Character Limit: 10000

ArtsZone Letter of Intent

Project Title*

Please enter the title of the project for which you are seeking support.

Please note that capital campaigns are not supported through ArtsZone funding. If you are interested in securing support for a capital campaign, please apply through the AutoZone Greater Memphis Area Grant Application.

Character Limit: 250

Project Detail*

Please note the type of support you are requesting.

Choices

Operating Support
Project / Program Support
Other

Amount Requested*

Please note the total funds you are requesting.

Character Limit: 20

Project Budget*

Please note the total budgeted expenses for the project.

Character Limit: 20

Project Date - Start*

Please note the start date of your proposed project. Note that funding decisions will not be issued until September 2021, therefore, proposed projects should not begin before September 1, 2021.

Character Limit: 10

Project Date - End*

Please note the end date of your proposed project. End dates should not be later than September 30, 2022.

Character Limit: 10

Past ArtsZone Grantee*

Has your organization ever been a recipient of the ArtsZone Grant?

Please note: this information is being used for sorting purposes only.

Choices

Yes
No

AutoZone Charitable Priorities

AutoZone has identified the following Charitable Priorities:

- Education and Youth Development
- Health and Wellness
- Public Safety and Community Development
- Diversity and Inclusion (includes military support)

If your project addresses any of these priorities, please select which one, and provide an explanation below.

Choices

Education and Youth Development
Health and Wellness
Public Safety and Community Development
Diversity and Inclusion (includes military support)
None of these

Relationship(s) with AutoZoners

Please note ONLY AutoZone employees who serve on your Board of Directors or in a volunteer capacity. Please include the AutoZoner's title and describe the nature of their service to your organization.

Example Format:

Jill Coleraine Maness - Manager, Community Relations - Board Member

Character Limit: 2500

Brief Project Description*

Please provide a brief narrative description of your project.

Limit: 2500 characters

Character Limit: 2500