

# 2025-2026 VOLUSIA COUNTY COMMUNITY CULTURAL GRANT APPLICATION

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## GENERAL INFORMATION

**APPLICANT ORGANIZATION:**

(as spelled on FEIN Tax ID)

PHYSICAL STREET ADDRESS:

CITY, STATE, ZIP:

ORGANIZATION TELEPHONE NO:

MAILING ADDRESS if different than street address:

CITY, STATE, ZIP:

EXECUTIVE DIRECTOR:

TELEPHONE NO. OF EXEC. DIRECTOR if different than org. phone no.:

E-MAIL ADDRESS OF EXEC. DIRECTOR:

GRANT CONTACT PERSON:

TELEPHONE NUMBER OF CONTACT PERSON: (Primary) (Secondary)

E-MAIL ADDRESS OF GRANT CONTACT PERSON:

Florida Not for Profit Corporation Charter No.:

Florida Department of Agriculture & Consumer Services Registration #:

**FEIN Tax ID #:**

For first time applicants only, please include a copy of the organization's Internal Revenue Service Determination Letter for tax exempt status for 501(c) directly behind this page.

Has the applicant ever received an operating grant from Volusia County? Yes ☐ No ☐ If yes, in what year last received \_\_\_\_\_?

Amount requested: Amount received:

Does the applicant receive any other county funding? Yes ☐ No ☐ If yes, please list all sources including in-kind.

Applicant's fiscal year begins: ends:

Amount requested for grant for fiscal year **2025-26**: (See Note) (See Page 4 OR Page 7)

Note: Organizations whose total cash programming budget for the next fiscal year is \$40,000 or less are eligible to apply for \$8,000 with no match for up to three years with 2025-2026 being the first year. Organizations whose total cash programming budget for the most recently completed fiscal year exceeds \$40,000 may apply for up to \$70,000 with a dollar-for-dollar match required.

## **ADMINISTRATIVE ABILITY YOUR PROGRAMS**

IN THE SPACE PROVIDED BELOW PLEASE PROVIDE A BRIEF OVERVIEW OF THE TYPE/NATURE OF PROGRAMS, PUBLIC EVENTS, PERFORMANCES, EDUCATIONAL OFFERINGS OR OTHER ACTIVITIES OFFERED BY YOUR ORGANIZATION.

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IN THE SPACE PROVIDED BELOW, PLEASE PROVIDE THE MISSION STATEMENT OF YOUR ORGANIZATION.

## **ADMINISTRATIVE ABILITY—PURPOSE OF GRANT**

BRIEFLY, EXPLAIN HOW YOU WILL USE COMMUNITY CULTURAL GRANT FUNDS TO FUND YOUR CULTURAL PROGRAM OFFERINGS?

ARE YOU APPLYING FOR THE START UP/ BUDGET UNDER \$40,000 GRANT? STATE THE YEAR NUMBER OF YOUR APPLICATION (FIRST, SECOND, THIRD)? ARE YOU APPLYING FOR THE PROGRAMMING GRANT (PROGRAMMING BUDGET OVER \$40,000)?

### **ADMINISTRATIVE ABILITY KEY ADMINISTRATIVE AND PROGRAMMING PERSONNEL**

IN THE SPACE PROVIDED BELOW, PLEASE PROVIDE A BRIEF LISTING OF THE **KEY ADMINISTRATIVE AND PROGRAMMING PERSONNEL**. IDENTIFY WHETHER FULL OR PART TIME, PAID VS. VOLUNTEER, AND THEIR PRIMARY ROLE. YOU MAY PROVIDE ADDITIONAL PAGES BEHIND THIS PAGE IF NECESSARY. PLEASE PROVIDE AN ORGANIZATIONAL CHART IF AVAILABLE.

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PROVIDE A LIST OF THE NAMES, PROFESSIONAL AFFILIATIONS AND CITY OF RESIDENCE ONLY FOR YOUR BOARD OF DIRECTORS. PLEASE IDENTIFY THE OFFICERS AND EXECUTIVE COMMITTEE MEMBERS WHERE APPLICABLE. USE ADDITIONAL PAGES IF NECESSARY.

## ADMINISTRATIVE ABILITY – FINANCIAL AND EVENT INFORMATION

For each planned public program in your grant request please provide the following information under Program Expenditures:

### Program Expenditures

#### Program Name & Anticipated Dates(s)

Direct Expenditures (mandatory expenses in order to present this program; these vary by organization and program)

Staff Expenditures

Operating Expenditures

Equipment Expenditures

#### Indirect Expenditures

Staff Expenditures

Operating Expenditures

Equipment Expenditures

Total Individual Program Anticipated Expenditures

Grand Total Programming Expenditures (to be used in calculating your grant request for organizations with expenditures over \$40,000)

Unskilled Volunteer Hours may be calculated at \$17 per hour. \*

Skilled Volunteer Hours may be calculated at \$35 per hour. \*

Volunteer hours may be used for up to 50% of cash programming expenses.

Example: Cash programming expenses are \$50,000.

Documented volunteer expenses may be included up to \$25,000

Total programming expenses are \$75,000

Total grant request would be \$37,500

Programming grant funds will be disbursed based upon a reimbursement system at the conclusion of your event/s. Your total reimbursement may not exceed the amount awarded.

At the conclusion of each event applied for in this application, you may submit an invoice, including copies of invoices you have paid and proof of payment, along with documentation of any in-kind services (up to 50% of the cash program expenses.)

For applications with operating budgets under \$40,000 who are applying for funding under the operational expenses format, your payment will be issued quarterly.

\*Skilled labor involves jobs that require significant knowledge and proficiency, while unskilled labor refers to jobs that require minimal training or expertise.

Skilled labor requires specialized skills and knowledge.

Unskilled labor typically requires minimal training or specific expertise.

Skilled laborers may include professionals like doctors and lawyers.

Unskilled labor includes manual tasks that do not require formal education or specific skills

## **ADMINISTRATIVE ABILITY – FINANCIAL INFORMATION**

Continued

For each public program in your grant request please provide the following information:

**Anticipated Program Revenue (categories will be different by organization)**

**Program Name**

Ticket Sales

Concessions

Merchandise

Donations

Other Revenue

Total Individual Program Anticipated Revenue

Grand Total Programming Anticipated Revenue

**ADMINISTRATIVE ABILITY – FINANCIAL INFORMATION**

NAME AND ADDRESS OF ORGANIZATION'S CERTIFIED PROFESSIONAL ACCOUNTANT OR TAX  
PREPARER:

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**ORGANIZATIONS WHOSE OPERATING BUDGETS EXCEED \$1,000,000 MUST SUBMIT:**

- A CERTIFIED PROFESSIONAL AUDIT (CURRENT WITHIN THE LAST **12** MONTHS OF THE GRANT APPLICATION DATE)
- A COPY OF YOUR MOST RECENT IRS FORM 990 *RETURN FOR ORGANIZATIONS EXEMPT FROM INCOME TAX*. (Primary Return Form Only- Supplemental Schedules not required)

**ORGANIZATIONS WHOSE OPERATING BUDGETS ARE UNDER \$1,000,000 MUST SUBMIT ONLY:**

- A COPY OF YOUR MOST RECENT IRS FORM 990 *RETURN FOR ORGANIZATIONS EXEMPT FROM INCOME TAX*. (Primary Return Form Only- Supplemental Schedules not required)

DATE OF LAST COMPLETE AUDIT IRS FORM 990: \_\_\_\_\_

DATE OF LAST COMPLETE CERTIFIED FINANCIAL AUDIT (If required) \_\_\_\_\_

SUBMIT THE CERTIFIED AUDIT WITH COVER LETTER SIGNED BY CPA, OR IN THE CASE OF THE IRS FORM 990, SIGNED BY THE PREPARER.

**ALL ORGANIZATIONS ARE REQUIRED TO SUBMIT:**

- A BALANCE SHEET CURRENT WITHIN 60 DAYS - **a statement of the assets, liabilities, and capital of a business or other organization at a particular point in time, detailing the balance of income and expenditure over the preceding period.**
- A PROFIT & LOSS STATEMENT CURRENT WITHIN 60 DAYS – **a statement that summarizes the revenues, costs and expenses incurred during a specific period, usually a fiscal quarter or year.**
- PLEASE PROVIDE YOUR MOST RECENT COMPLETED FISCAL YEAR END BALANCE SHEET AND INCOME STATEMENT.

**PLEASE INSERT YOUR AUDIT, IRS FORM 990, AND YOUR BALANCE SHEET AND PROFIT AND LOSS STATEMENTS BEHIND THIS PAGE.**

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**PROGRAM QUALITY—ORGANIZATIONAL HISTORY**

PLEASE PROVIDE A BRIEF HISTORY OF YOUR ORGANIZATION (one page or less, preferred)

## **PROGRAM QUALITY—MARKETING PLAN**

USING THE PROGRAMMING OUTLINED ON PAGE FOUR (4) OF THE APPLICATION, PLEASE DESCRIBE YOUR PLANS TO MARKET EACH PROGRAM. HOW DO YOU PLAN TO MAKE THE PUBLIC AWARE OF YOUR PROGRAMS?

PLEASE USE THIS PAGE AND ADDITIONAL PAGES AS REQUIRED TO COPY PRESS CLIPPINGS, NEWSLETTERS, CATALOGS, REVIEWS, OR ANY OTHER PERTINENT MATERIALS TO INDICATE



YOUR ORGANIZATION'S PROGRAM QUALITY. USE THIS SECTION TO PROVIDE DOCUMENTATION OF COUNTY OF VOLUSIA LOGO USAGE.

ALL SUPPORT ITEMS MUST BE INCLUDED IN THE APPLICATION. NO UNINCORPORATED SUPPORT MATERIALS ARE TO BE PROVIDED.

ITEMS INCLUDED HERE SHOULD ONLY REFERENCE EVENTS HELD WITHIN THE PRIOR YEAR.

## **PUBLIC EXPOSURE AND BENEFIT**

### **ACTUAL PUBLIC EXPOSURE & BENEFIT**

USING EACH OF YOUR EVENTS FROM THE PRIOR YEAR THAT SERVED AS THE BASIS FOR YOUR GRANT REQUEST, PLEASE PROVIDE THE FOLLOWING:

- 1) NAME, DATE, AND LOCATION OF PROGRAM

- 2) ACTUAL NUMBER OF ATTENDEES/PARTICIPANTS
- 3) ACTUAL REVENUE GENERATED BY THE PROGRAM
- 4) FINAL COST OF EACH PROGRAM INCLUDING INDIRECT PROGRAMMING COSTS ATTRIBUTABLE TO CULTURAL PROGRAMMING OFFERINGS. THE VALUE OF VOLUNTEER HOURS MAY CALCULATED USING THE INFORMAITON PROVIDED ON PAGE FOUR.
- 5) PLEASE LIST YOUR ORGANIZATION'S LAST COMPLETED FISCAL YEAR AND INCLUDE THE FOLLOWING:
  - A) ADMINISTRATIVE PAYROLL
  - B) ARTISTIC/SPECIALTY PAYROLL
  - C) ANNUAL VALUE OF FREE/DISCOUNTED PROGRAMMING (SEE ALSO ITEM 6)
  - D) TOTAL NUMBER OF INDIVIDUALS SERVED
  - E) NUMBER OF PAID MEMBERSHIPS (OR SIMILAR BASED UPON ORGANIZATION. NOT ALL ORGANIZATIONS MAY HAVE THIS AND 0 IS AN ACCEPTABLE ANSWER. PLEASE EXPLAIN YOUR ANSWER IF APPROPRIATE.)
- 6) BRIEFLY SUMMARIZE ANY FREE OR DISCOUNTED PROGRAM OR SERVICE YOUR ORGANIZATION PROVIDES FOR THE VOLUSIA COUNTY COMMUNITY. PLEASE INCLUDE AN AVERAGE NUMBER OF PEOPLE WHO BENEFIT FROM, ATTEND, OR PARTICIPATE IN, THESE PROGRAMS.

### **PUBLIC EXPOSURE SERVICE TO SPECIAL POPULATIONS**

PLEASE DESCRIBE IN THE SPACE PROVIDED BELOW THE PROGRAMS YOU PROVIDE TO SPECIAL POPULATIONS INCLUDING ANY OUTREACH. INCLUDE FOR EXAMPLE, MINORITIES, PERSONS WITH DISABILITIES, SENIOR CITIZENS, LOW INCOME GROUPS, AND CHILDREN. IF YOU HAVE SPECIFIC DEMOGRAPHIC DATA, PLEASE PROVIDE.

ARE APPLICANT FACILITIES AND PROGRAMS AMERICANS WITH DISABILITIES ACT (ADA) ACCESSIBLE? PLEASE DESCRIBE BRIEFLY AS PART OF YOUR OVERALL ANSWER.

**PUBLIC EXPOSURE AND BENEFIT**  
**GOALS AND PLANS FOR INCREASING PUBLIC EXPOSURE AND BENEFIT**

USING YOUR PRIOR YEAR PROGRAMMING AS OUTLINED UNDER “ACTUAL PUBLIC BENEFIT AND EXPOSURE,” PLEASE DISCUSS WHAT YOU HAVE LEARNED AND HOW YOU WILL USE THAT TO INCREASE PUBLIC BENEFIT, EXPOSURE, AND GROW ATTENDANCE, PARTICIPATION, AND ORGANIZATIONAL REVENUES FOR THE CURRENT PROGRAMMING CYCLE.

HOW ARE YOU PLANNING TO GROW YOUR PROGRAMMING, ATTENDANCE, AND PARTICIPATION.

EXAMPLES MAY INCLUDE THE NEED FOR BETTER OR DIFFERENT MARKETING, INCREASED USE OF SOCIAL MEDIA INCLUDING PAID ADVERTISING, CONFLICTING DATES YOU WERE UNAWARE OF, PARTNERSHIP OPPORTUNITIES, OTHER FUNDING AND SPONSORSHIP OPPORTUNITIES, INCREASE OR DECREASE IN TICKET PRICES.

## **PERFORMANCE EVALUATION**

DESCRIBE YOUR ORGANIZATION'S PROCESS FOR MEASURING PERFORMANCE. INCLUDE SPECIFIC SELF EVALUATION EFFORTS AND/OR PROGRAMS OR ANY EXTERNAL REVIEW PROCESSES. DID YOU MEET YOUR STATED GOALS FOR PRIOR YEAR'S EVENTS? HOW DOES YOUR PROGRAMMING HELP EXPAND CULTURAL PROGRAMMING AND AWARENESS THROUGHOUT VOLUSIA COUNTY?

PLEASE INCLUDE ECONOMIC IMPACT EVALUATIONS AS A PART OF YOUR ANSWER. YOU MIGHT CONSIDER USING THE AMERICANS FOR THE ARTS ECONOMIC IMPACT CALCULATOR IN ADDITION TO ANY OTHER INFORMATION YOU CAN PROVIDE.

<https://aep6.americansforthearts.org/calculator>

# CERTIFICATION

\_\_\_\_\_  
NAME OF ORGANIZATION

I HEREBY CERTIFY THAT I HAVE READ AND BEEN AUTHORIZED TO MAKE THIS APPLICATION FOR THE ORGANIZATION NAMED ABOVE. I FURTHER CERTIFY THAT:

1. I HAVE PERSONALLY READ AND CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT IN ACCORDANCE WITH ORGANIZATION BOOKS AND RECORDS.
2. ANY AND ALL COUNTY FUNDS RECEIVED AS A RESULT OF THIS APPLICATION WILL BE EXPENDED FOR A LAWFUL PUBLIC PURPOSE.
3. ANY AND ALL COUNTY FUNDS WILL BE EXPENDED TO PROMOTE CULTURE IN THE VOLUSIA COUNTY AREA.
4. IF ANY COUNTY FUNDS ARE APPROPRIATED FOR OUR USE, WE WILL CONSENT TO AUDIT OF OUR FINANCIAL AFFAIRS BY THE COUNTY'S INTERNAL AUDITOR OR THEIR DESIGNEE, IF DEEMED NECESSARY.
5. ADDITIONAL INFORMATION WILL BE PROVIDED IN SUPPORT OF THIS APPLICATION, IF REQUESTED.
6. OUR ORGANIZATION WILL ABIDE BY ALL ORDINANCES OF THE COUNTY PERTAINING TO THESE FUNDS AND THEIR USE.
7. OUR ORGANIZATION IS IN GOOD STANDING WITH THE COUNTY OF VOLUSIA AND HAS NO DELINQUENT TAXES, FINES OR OTHER OUTSTANDING DEBTS AND IS NOT IN VIOLATION OF ANY COUNTY OF VOLUSIA CODE OF ORDINANCES. WE UNDERSTAND THAT THE COUNTY WILL CONDUCT A "CLEAN HANDS SEARCH" PRIOR TO PAYMENT OF ANY GRANT FUNDS.

FORM MUST BE SIGNED BY **TWO DIFFERENT** AUTHORIZED REPRESENTATIVES OF YOUR ORGANIZATION AND INCLUDED IN YOUR ONLINE APPLICATION. PLEASE KEEP THE ORIGINAL ON FILE FOR FUTURE REFERENCE.

\_\_\_\_\_  
TYPED OR PRINTED NAME  
AND TITLE

\_\_\_\_\_  
SIGNATURE OF EXECUTIVE  
DIRECTOR OR BOARD PRESIDENT  
OR OTHER AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPED OR PRINTED NAME  
AND TITLE

\_\_\_\_\_  
SIGNATURE OF CONTACT  
PERSON

\_\_\_\_\_  
DATE

**COMMUNITY CULTURAL GRANT  
FINAL SUBMISSION CHECKLIST**  
**Include in your online application submission.**

\_\_\_\_\_  
NAME OF ORGANIZATION

- |    |  |       |
|----|--|-------|
| 1. | Correct year's application used  | _____ |
| 2. | Requested amount calculated correctly (\$70,000 max request)                         | _____ |
| 3. | Required financial supporting documentation provided including balance sheet and P&L | _____ |
| 4. | Certification page has signatures of two different representatives of organization   | _____ |
| 5. | Signed certification page included in online application; keep original on file      | _____ |
| 6. | Completed file saved as a PDF document, and file titled by organization name         | _____ |
| 7. | Upload password available  | _____ |
| 8. | Completed file uploaded to Volusia.org   | _____ |

\_\_\_\_\_  
NAME OF INDIVIDUAL SUBMITTING APPLICATION

\_\_\_\_\_  
DATE