

File No. 100014

Committee Item No. \_\_\_\_\_

Board Item No. 42

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date January 12, 2010

#### Cmte Board

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>            | Motion                                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Budget Analyst Report                        |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Analyst Report                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/> | <input type="checkbox"/>            | Introduction Form (for hearings)             |
| <input type="checkbox"/> | <input type="checkbox"/>            | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/> | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Public Correspondence                        |

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Annette Lonich Date January 7, 2010

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document is in the file.



(

(

(

1 [Accept and Expend – National Endowment for the Arts Grant - \$50,000]

2  
3 **Resolution authorizing the San Francisco Arts Commission to accept and expend a**  
4 **grant in the amount of \$50,000 from the National Endowment for the Arts for**  
5 **WritersCorps' contracted teacher positions from the NEA's ARRA funds.**

6  
7 WHEREAS, The award-winning WritersCorps program of the San Francisco Arts  
8 Commission has in 2009 celebrated its 15<sup>th</sup> anniversary teaching creative writing to San  
9 Francisco's at-risk youth in public schools, detention facilities, libraries and after-school  
10 programs by placing professional writers in these community settings; and

11 WHEREAS, WritersCorps was faced with eliminating two contracted teacher positions  
12 in FY 2009-2010 due to budget shortfalls; and

13 WHEREAS, The NEA's ARRA funds through direct granting provided support for  
14 contracted position or staff retention; and

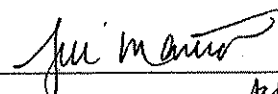
15 WHEREAS, The Arts Commission was not able to secure other funds to maintain  
16 services to the community to sustain two of these five contracted teacher positions, which are  
17 not City employees; and

18 WHEREAS, The Arts Commission proposes to maximize use of available grant funds  
19 on program expenditures by not including indirect costs in the grant budget; now, therefore be  
20 it

21 RESOLVED, That the Board of Supervisors allows for the accepting and expending of  
22 this awarded NEA grant to the Arts Commission, waiving inclusion of indirect costs in the  
23 grant budget; and be it  
24  
25

1 FURTHER RESOLVED, That the Arts Commission's request, which has been funded,  
2 be carried out in accordance with all grant requirements and may be spent and reported upon  
3 accordingly.

4  
5 Recommended:

6  
7   
8 Arts Commission, Acting Department Head for Miss R. Council

9  
10  
11 APPROVED:   
12 For Gavin Newsom, Mayor

13  
14  
15 APPROVED:   
16 ALAN PAVLOVIC  
17 Controller, Grant Division  
18  
19  
20  
21  
22  
23  
24  
25



# SAN FRANCISCO ARTS COMMISSION

GAVIN NEWSOM  
MAYOR

LUIS R. CANCEL  
DIRECTOR OF  
CULTURAL AFFAIRS

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Luis R. Cancel, Director of Cultural Affairs  
**DATE:** October 27, 2009  
**SUBJECT:** Accept and Expend Resolution for Subject Grant

## PROGRAMS

CIVIC ART COLLECTION  
CIVIC DESIGN REVIEW  
COMMUNITY ARTS  
& EDUCATION  
CULTURAL EQUITY GRANTS  
PERFORMING ARTS  
PUBLIC ART  
STREET ARTISTS LICENSES

ARTS COMMISSION GALLERY  
401 VAN NESS AVENUE  
415.554.6080

WWW.SFARTSCOMMISSION.ORG

ARTSCOMMISSION@SFGOV.ORG

**GRANT TITLE:** National Endowment for the Arts ARRA Funds

Attached please find the original and 4 copies of each of the following:

☒ Proposed grant resolution; original signed by Department, Mayor, Controller

☒ Grant information form, including disability checklist

☒ Grant budget

☒ Grant application

☒ Grant award letter from funding agency

☐ Other (Explain):

RECEIVED  
2009 NOV -6 PM 1:27  
CITY & COUNTY OF S.F.  
CONTROLLERS - AOSD

## Special Timeline Requirements:

This grant must be spent by June 30, 2010. The grant period is July 1, 2009-June 30, 2010.

## Departmental representative to receive a copy of the adopted resolution:

Name: Rachelle Axel

Phone: 415.252.2564

Interoffice Mail Address: 25 Van Ness Avenue, Suite 240

Certified copy required Yes ☐

No ☒

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).



CITY AND COUNTY OF  
SAN FRANCISCO



SAN FRANCISCO ARTS COMMISSION

RECEIVED  
2009 DEC -9 PM 2:08  
CITY & COUNTY OF S.F.  
CONTROLLERS - AOSD

GAVIN NEWSOM  
MAYOR

COVER MEMO

LUIS R. CANCEL  
DIRECTOR OF  
CULTURAL AFFAIRS

**To:** Angela Calvillo, Clerk of the Board of Supervisors  
**From:** Luis Cancel, Director of Cultural Affairs  
**Date:** October 26, 2009 (REVISED 12/2/09)  
**Subject:** Accept and Expend Resolution for Subject Grant

PROGRAMS

CIVIC ART COLLECTION  
CIVIC DESIGN REVIEW  
COMMUNITY ARTS  
& EDUCATION  
CULTURAL EQUITY GRANTS  
PERFORMING ARTS  
PUBLIC ART  
STREET ARTISTS LICENSES

ARTS COMMISSION GALLERY  
401 VAN NESS AVENUE  
415.554.6080

WWW.SFARTSCOMMISSION.ORG

ARTSCOMMISSION@SFGOV.ORG

**Grant Title:** National Endowment for the Arts American Recovery and Reinvestment Act Grant

- ☐ Grant application  
☒ Grant award letter from funding agency  
☐ Other (explain):

**Special Timeline Requirements:**

Departmental representative to receive a copy of the adopted resolution:

**Name:** Rachelle Axel, Development Director **Phone:** 415.252.2564  
**Interoffice Mail Address:** 25 Van Ness Avenue, Suite 240  
**Certified copy required** Yes ☐ No ☒

(Note: Certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases, ordinary copies without the seal are sufficient.)



CITY AND COUNTY OF  
SAN FRANCISCO



# SAN FRANCISCO ARTS COMMISSION

GAVIN NEWSOM  
MAYOR

LUIS R. CANCEL  
DIRECTOR OF  
CULTURAL AFFAIRS

## COVER MEMO

**To:** Angela Calvillo, Clerk of the Board of Supervisors  
**From:** Luis Cancel, Director of Cultural Affairs  
**Date:** October 26, 2009 (REVISED 12/2/09) (12/14/09)  
**Subject:** Accept and Expend Resolution for Subject Grant

**Grant Title:** National Endowment for the Arts American Recovery and Reinvestment Act Grant

- ☐ Grant application  
☒ Grant award letter from funding agency  
☐ Other (explain):

### Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

**Name:** Rachelle Axel, Development Director **Phone:** 415.252.2564  
**Interoffice Mail Address:** 25 Van Ness Avenue, Suite 240  
**Certified copy required** Yes ☐ No ☒

(Note: Certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases, ordinary copies without the seal are sufficient.)



CITY AND COUNTY OF  
SAN FRANCISCO

**File Number:** \_\_\_\_\_  
(Provided by Clerk of the Board of Supervisors)

**GRANT INFORMATION FORM**

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. **Grant Title:** National Endowment for the Arts American Recovery and Reinvestment Act Grant

2. **Department:** Arts Commission

3. **Contact Person:** Rachelle Axel

**Telephone:** 415.252.2564

4. **Grant Approval Status**

☒ [ x ] Approved by Funding Agency

☐ [ ] Not yet approved

5. **Amount of Grant Funding Approved or Applied for:** \$50,000

6a. **Matching Funds Required:** No

b. **Source(s) of matching funds (if applicable):** N/A

7a. **Grant Source Agency:** National Endowment for the Arts

b. **Grant Pass-Through Agency (if applicable):** N/A

8. **Proposed Grant Project Summary:** The SFAC requested funding from the NEA to help support the contracts for two professional writers hired to teach the WritersCorps program to young people in middle and high schools, after-school programs and libraries.

9. **Grant Project Schedule, as allowed in approval documents, or as proposed:**

**Start date:** July 1, 2009

**End date:** June 30, 2010

10. **Number of new positions created and funded:** 0

11. **If new positions are created, explain the disposition of employees once the grant ends.**

12a. **Amount budgeted for contractual services:** \$50,000

b. **Will contractual services be put out to bid?** Yes

c. **If so, will contracted services help to further the goals of the department's MBE/WBE requirements?** Yes

d. Is this likely to be a one-time or ongoing request for contracting out? Ongoing

13a. Does this budget include indirect costs? ☐ Yes ☒ No

b1. If yes, how much?

b2. How was that amount calculated?

13c1. If no, why are indirect costs not included? Funds requested were for direct costs only.

c2. If no indirect costs are included, what would have been the indirect costs?  
Administrative support.

14. Any other significant grant requirements or comments: Unlike most NEA grants, this ARRA funding has no matching requirements.

15. This Grant is intended for activities at (check all that apply):

- ☒ Existing Site(s) ☐ Existing Structure(s)  
☒ Existing Program(s) or Services ☐ Rehabilitated Site(s)  
☐ Rehabilitated Structure(s) ☐ New Program(s) or Service(s)  
☐ New Site(s) ☐ New Structure(s)

16. The Departmental ADA Coordinator and / or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer:

EVANOR SAN SAN WONG  
(Name) Dir of Human Resources

Date Reviewed: 12/02/09

Department Approval:

JILL MANTON DIRECTOR OF PROGRAMS  
(Name) (Title)  
Jill Manton  
(Signature)



NATIONAL  
ENDOWMENT  
FOR THE ARTS

A great nation  
deserves great art.

The Nancy Hanks Center  
1100 Pennsylvania Avenue NW  
Washington, DC 20506-0001  
202/682-5400  
[www.arts.gov](http://www.arts.gov)

JUL 6 2009

Mr. Luis R. Cancel  
Authorizing Official  
San Francisco Arts Commission  
25 Van Ness Ave, Suite 240  
San Francisco, CA 94102-6053

Dear Mr. Cancel:

On behalf of the National Endowment for the Arts, it is a pleasure to inform you that your organization has been awarded a one-time grant through the American Recovery and Reinvestment Act of 2009.

<u>Grantee:</u>	San Francisco Arts Commission	
<u>For:</u>	San Francisco WritersCorps.	
<u>Grant #:</u>	09-5288-7203	<u>Recovery Act CFDA #:</u> 45.024
<u>Grant Amount:</u>	\$50,000	<u>Program Source (TAFS):</u> 59_0102_417
<u>Period of Support:</u>	July 1, 2009 to June 30, 2010	
<u>Discipline/Program:</u>	Arts and the American Recovery & Reinvestment Act of 2009	
<u>Grant Project:</u>	To support the preservation of jobs that are threatened by declines in philanthropic and other support during the current economic downturn, as described in your application (A09-905215) and the approved project budget.	

It is understood that this grant is being made on a non-matching basis.

Please refer to the attachments to this letter and [www.arts.gov/manageaward/recovery](http://www.arts.gov/manageaward/recovery) for additional *Special Terms & Conditions*, Recovery Act Reporting Requirements, and further guidance applicable to this grant. Other award materials are available online, too. The *General Terms & Conditions* provide detailed information concerning the Endowment's regulations and procedures, the administrative requirements that apply to your grant, and your responsibilities as a grantee. Instructions for requesting grant funds and reporting on your project are also here. General information about this award can be found at [www.arts.gov/mygrant](http://www.arts.gov/mygrant).

If you have any questions regarding the administrative requirements of this grant, our Grants & Contracts Office staff will be happy to assist you. They may be reached at (202) 682-5403.

Congratulations on your Recovery Act grant award!

Sincerely,

5480 - Carrie

Holboc@nea.gov

Patrice Walker Powell  
Acting Chairman

Enclosures



RECOVERY.GOV



NATIONAL ENDOWMENT FOR THE ARTS

PROJECT BUDGET

Grantee: San Francisco Arts Commission

Grant #: 09-5288-7203

Important Information:

This budget is derived from your application, revised budget, and/or other communication as noted below. Expenditures on your project should be in general agreement with this budget. Deviation without prior NEA approval will be limited to the standards outlined in the *General Terms & Conditions* and the provisions of circulars A-110 or A-102, whichever is applicable. It is understood that costs included below may be estimates and that actuals will be reported on all payments requests and financial reports.

All costs must be incurred within the project period specified in your award letter. This budget cannot include overlapping project costs with any other Federal grant (direct or indirect). Proper documentation must be maintained for any In-Kind contributions claimed. Unless otherwise indicated in your award letter, this grant must be matched dollar for dollar.

**INCOME**

Cash: \$ 0

In-Kind: \$ 0

NEA Grant: \$ 50,000

Total Contributions: \$ 0

Total NEA Grant: \$ 50,000

**TOTAL PROJECT INCOME: \$ 50,000**

**EXPENSES**

**Direct Costs:**

Salaries and Wages: \$ 0

Fringe Benefits: \$ 0

Travel: \$ 0

Other: \$ 50,000

Total Direct Costs: \$ 50,000

**Indirect Costs:** \$ 0

**TOTAL PROJECT EXPENSES: \$ 50,000**

Notes:

There can be no overlapping project costs with recommended application 08-804356.



<b>Opportunity Title:</b>	The Arts and the American Recovery and Reinvestment Act
<b>Offering Agency:</b>	National Endowment for the Arts
<b>CFDA Number:</b>	45.024
<b>CFDA Description:</b>	Promotion of the Arts Grants to Organizations and Indiv
<b>Opportunity Number:</b>	2009NEA01ARRA60
<b>Competition ID:</b>	NONE
<b>Opportunity Open Date:</b>	03/02/2009
<b>Opportunity Close Date:</b>	04/02/2009
<b>Agency Contact:</b>	Artist Communities, Music, Opera, Presenting: 202/682-5438 Dance, Design, Media Arts, Museums, Visual Arts: 202/682-5452 Folk & Traditional Arts, Musical Theater, Theater: 202/682-5428

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* **Application Filing Name:** San Francisco Arts Commission

## Mandatory Documents

Move Form to Complete

Move Form to Delete

## Mandatory Documents for Submission

Application for Federal Domestic Assistance-Sho
NEA Supplemental Information
NEA Organization & Project Profile
<b>Attachments</b>

## Optional Documents

Move Form to Submission List

Move Form to Delete

## Optional Documents for Submission

## Instructions

- 1 Enter a name for the application in the Application Filing Name field.**

  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3 Click the "Save & Submit" button to submit your application to Grants.gov.**

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

## APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

## \* 1. NAME OF FEDERAL AGENCY:

National Endowment for the Arts

## 2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

45.024

## CFDA TITLE:

Promotion of the Arts\_Grants to Organizations and Individuals

## \* 3. DATE RECEIVED:

Completed Upon Submission to Grants.gov

## SYSTEM USE ONLY

## \* 4. FUNDING OPPORTUNITY NUMBER:

2009NEA01ARRA60

## \* TITLE:

The Arts and the American Recovery and Reinvestment Act of 2009, Public Law 111-5 ("Recovery Act")

## 5. APPLICANT INFORMATION

## \* a. Legal Name:

San Francisco Arts Commission

## b. Address:

## \* Street1:

25 Van Ness

## Street2:

Suite 240

## \* City:

San Francisco

## County:

San Francisco

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip/Postal Code:

94102-6053

## c. Web Address:

http://sfartscommission.org

## \* d. Type of Applicant: Select Applicant Type Code(s):

C: City or Township Government

Type of Applicant:

Type of Applicant:

\* Other (specify):

## \* e. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000417

## \* f. Organizational DUNS:

070384255

## \* g. Congressional District of Applicant:

CA-008

## 6. PROJECT INFORMATION

## \* a. Project Title:

American Recovery and Reinvestment Act

## \* b. Project Description:

Salary Support

The San Francisco WritersCorps requests funds to rehire 2 teachers who will provide creative writing instruction for 100 at risk youth in San Francisco. In 08-09, WritersCorps had a 43% reduction in teaching staff due to budget cuts. WritersCorps will be able to fulfill its 09-10 goals of reaching 425 youth, primarily immigrant, incarcerated and low-income, by bringing our teaching staff back to 6 total (current: 4).

WritersCorps, over the past 15 years, has developed into a national model for artists in service. Over 75 poets, novelists, and spoken word artists have inspired 15,000 youth to embrace creative expression and improve their literacy. For this project, WritersCorps will teach classes at 2 public libraries serving teens.

In these uncertain times, San Francisco children and families depend on WritersCorps to enrich their lives. Supporting teachers is critical to our mission. This request does not overlap with any current or future NEA funding.

c. Proposed Project: \* Start Date: 07/01/2009 \* End Date: 06/30/2010

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational		Version 01
<b>7. PROJECT DIRECTOR</b>		
Social Security Number (SSN) - Optional: 000-00- <input style="width: 50px;" type="text"/>		
Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.		
Prefix: <input style="width: 100px;" type="text"/> Ms.	* First Name: <input style="width: 150px;" type="text"/> Janet	Middle Name: <input style="width: 200px;" type="text"/>
* Last Name: <input style="width: 200px;" type="text"/> Heller		Suffix: <input style="width: 100px;" type="text"/>
* Title: <input style="width: 250px;" type="text"/> Project Manager, San Francisco WritersCorps		* Email: <input style="width: 250px;" type="text"/> janet.heller@sfgov.org
* Telephone Number: <input style="width: 200px;" type="text"/> 415-252-2546		Fax Number: <input style="width: 200px;" type="text"/> 415-252-2595
* Street1: <input style="width: 250px;" type="text"/> 25 Van Ness, Suite 240		Street2: <input style="width: 200px;" type="text"/>
* City: <input style="width: 200px;" type="text"/> San Francisco		County: <input style="width: 200px;" type="text"/> San Francisco
* State: <input style="width: 200px;" type="text"/> CA: California		Province: <input style="width: 200px;" type="text"/>
* Country: <input style="width: 200px;" type="text"/> USA: UNITED STATES		* Zip/Postal Code: <input style="width: 150px;" type="text"/> 94102-6053
<b>8. PRIMARY CONTACT/GRANTS ADMINISTRATOR</b>		
<input type="checkbox"/> Same as Project Director (skip to item 9):		Social Security Number (SSN) - Optional: 000-00- <input style="width: 50px;" type="text"/> Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.
Prefix: <input style="width: 100px;" type="text"/> Ms.	* First Name: <input style="width: 150px;" type="text"/> Rachelle	Middle Name: <input style="width: 200px;" type="text"/>
* Last Name: <input style="width: 200px;" type="text"/> Axel		Suffix: <input style="width: 100px;" type="text"/>
* Title: <input style="width: 250px;" type="text"/> Development Director		* Email: <input style="width: 250px;" type="text"/> rachelle.axel@sfgov.org
* Telephone Number: <input style="width: 200px;" type="text"/> 415-252-2564		Fax Number: <input style="width: 200px;" type="text"/> 415-252-2595
* Street1: <input style="width: 250px;" type="text"/> 25 Van Ness		Street2: <input style="width: 200px;" type="text"/> Suite 240
* City: <input style="width: 200px;" type="text"/> San Francisco		County: <input style="width: 200px;" type="text"/> San Francisco
* State: <input style="width: 200px;" type="text"/> CA: California		Province: <input style="width: 200px;" type="text"/>
* Country: <input style="width: 200px;" type="text"/> USA: UNITED STATES		* Zip/Postal Code: <input style="width: 150px;" type="text"/> 94102-6053

**APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational**

Version 01

9. \* By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

\*\* I Agree ☒

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**AUTHORIZED REPRESENTATIVE**

Prefix: Mr.	* First Name: Luis	Middle Name: R.
* Last Name: Cancel	Suffix: 	
* Title: Director of Cultural Affairs	* Email: luis.cancel@sfgov.org	
* Telephone Number: 415-252-2592	Fax Number: 415-252-2595	
* Signature of Authorized Representative: Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.	

Authorized for Local Reproduction

Standard Form 424 Organization Short (04-2005)  
Prescribed by OMB Circular A-102

# National Endowment for the Arts

## Supplemental Information

OMB Number: 3135-0112  
Expiration Date: 11/30/2010

### 1. Applicant

\* Legal Name:

Popular name (if different):

\* For this application, the applicant is serving as a:

\* For:

\* Total organizational operating expenses for the most recently completed fiscal year: \$

\* For year ending (Month/Year, e.g., 00/0000):

### 2. Application Information

\* Project Field/Discipline:

\* Category:

\* Intended Outcome (select one):

☐ A1Z: Artists and arts organizations have opportunities to create, interpret, present, and perform artistic work.

☐ AA2Z: Artistic works and cultural traditions are preserved.

☒ A3Z: Organizations enhance their ability to realize their artistic and public service goals.

☐ A4Z: Audiences throughout the nation have opportunities to experience a wide range of art forms and activities.

☐ A5Z: The arts contribute to the strengthening of communities.

☐ B1Z: Children and youth will demonstrate increased levels of appreciation, knowledge, and understanding of and skills in the arts based on the application of national, state, or local arts education

☐ B2Z: Teachers, artists, and others will demonstrate increased knowledge and skills necessary to engage children and youth in arts learning consistent with national, state, or local arts education standards.

☐ B3Z: National, state, and local entities demonstrate a commitment to arts learning for children and youth consistent with national, state, or local arts education standards.

### 3. Project Budget Summary

\* Amount Requested: \$

\* Total Match for this Project: \$

\* Total Project Costs: \$

# Organization & Project Profile

OMB Number: 3135-0112  
Expiration Date: 11/30/2010

\* Applicant (official IRS name): San Francisco Arts Commission

The National Endowment for the Arts collects basic descriptive information about all applicants and their projects. The information below will help the Arts Endowment to comply with the Government Performance and Results Act (GPRA) and will be used to develop statistical profiles of the projects that it funds to report to Congress and the public. While your responses will not be a factor in the review of your application, this form is a required part of all application packages.

## PART 1

This section collects information about the applicant. If you are a parent organization or the lead member of a consortium, your responses should relate to your organization, not the group or component on whose behalf you are applying.

\* A. ORGANIZATIONAL STATUS: Select the one item which best describes the legal status of the organization:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 02: Nonprofit organization          | <input type="checkbox"/> 05: State government  | <input type="checkbox"/> 07: County government |
| <input checked="" type="checkbox"/> 08: Municipal government | <input type="checkbox"/> 09: Tribal government | <input type="checkbox"/> 99: None of the above |

\* B. ORGANIZATIONAL DESCRIPTION: The following codes work in conjunction with the Organizational Discipline codes in C. below. (e.g., select "Performing Group" here and "Theater" below to indicate that your organization is a theater company). Select the one item which best describes the organization:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 49: Artists' Community, Arts Institute or Camp | <input type="checkbox"/> 32: Community Service Organization | <input type="checkbox"/> 12: Independent Press    | <input type="checkbox"/> 03: Performing Group                       |
| <input type="checkbox"/> 15: Arts Center                                | <input type="checkbox"/> 14: Fair or Festival               | <input type="checkbox"/> 27: Library              | <input type="checkbox"/> 47: Presenter/Cultural Series Organization |
| <input type="checkbox"/> 16: Arts Council or Agency                     | <input type="checkbox"/> 30: Foundation                     | <input type="checkbox"/> 13: Literary Magazine    | <input type="checkbox"/> 19: School District                        |
| <input type="checkbox"/> 17: Arts Service Organization                  | <input type="checkbox"/> 10: Gallery/Exhibition Space       | <input type="checkbox"/> 11: Media-Film           | <input type="checkbox"/> 48: School of the Arts                     |
| <input type="checkbox"/> 26: College or University                      | <input checked="" type="checkbox"/> 38: Government          | <input type="checkbox"/> 45: Media-Radio          | <input type="checkbox"/> 50: Social Service Organization            |
|   | <input type="checkbox"/> 28: Historical Society/Commission  | <input type="checkbox"/> 46: Media-Television     | <input type="checkbox"/> 18: Union or Professional Association      |
|   | <input type="checkbox"/> 29: Humanities Council or Agency   | <input type="checkbox"/> 08: Museum-Art           | <input type="checkbox"/> 99: None of the above                      |
|   |   | <input type="checkbox"/> 09: Museum-Other         |   |
|   |   | <input type="checkbox"/> 07: Performance Facility |   |

\* C. ORGANIZATIONAL DISCIPLINE: Select the one item which best describes the organization's area of work in the arts (not the project for which it is applying):

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> 07: Crafts                    | <input type="checkbox"/> 10: Literature       | <input type="checkbox"/> 03A: Opera      | <input type="checkbox"/> 11: Interdisciplinary            |
| <input type="checkbox"/> 01: Dance                     | <input type="checkbox"/> 09: Media Arts       | <input type="checkbox"/> 08: Photography | <input checked="" type="checkbox"/> 14: Multidisciplinary |
| <input type="checkbox"/> 06: Design                    | <input type="checkbox"/> 02: Music            | <input type="checkbox"/> 04: Theater     | <input type="checkbox"/> 99: None of the above            |
| <input type="checkbox"/> 12: Folklife/Traditional Arts | <input type="checkbox"/> 03B: Musical Theater | <input type="checkbox"/> 05: Visual Arts |   |
| <input type="checkbox"/> 13: Humanities                |   |  |   |

## Organization & Project Profile (continued)

Applicant (official IRS name): San Francisco Arts Commission

**D. ORGANIZATIONAL RACE/ETHNICITY (OPTIONAL):** Select the one item which best describes the predominant racial/ethnic identity of the organization. If at least half of the board, staff, or membership belongs to one of the listed racial/ethnic groups, use that designation. If no one group predominates, select "General":

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> N: American Indian or Alaska Native | <input type="checkbox"/> B: Black or African American | <input type="checkbox"/> O: Native Hawaiian or Other Pacific Islander | <input checked="" type="checkbox"/> G: General |
| <input type="checkbox"/> A: Asian                            | <input type="checkbox"/> H: Hispanic or Latino        | <input type="checkbox"/> W: White                                     |  |

**E. ACCESSIBILITY (OPTIONAL):** Check below as applicable to indicate if the organization's board or staff includes an older adult (65 years of age or older) or a person with a disability (a physical or mental impairment that substantially limits one or more major life activities); otherwise leave blank.

- ☐ Older Adults ☐ Individuals with Disabilities

### PART II

This section collects information about the project.

**\* A. PROJECT DISCIPLINE:** Select the one item which best describes the project discipline or subject matter:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> 07: Crafts                    | <input type="checkbox"/> 09: Media Arts -                 | <input type="checkbox"/> 03B: Musical Theater                | <input type="checkbox"/> 11: Interdisciplinary            |
| <input type="checkbox"/> 01: Dance -                   | <input type="checkbox"/> 09B: Audio                       | <input type="checkbox"/> 03A: Opera                          | <input checked="" type="checkbox"/> 14: Multidisciplinary |
| <input type="checkbox"/> 01A: Ballet                   | <input type="checkbox"/> 09A: Film                        | <input type="checkbox"/> 08: Photography                     | <input type="checkbox"/> 99: None of the above            |
| <input type="checkbox"/> 01C: Modern                   | <input type="checkbox"/> 09C: Video                       | <input type="checkbox"/> 04: Theater -                       |   |
| <input type="checkbox"/> 06: Design                    | <input type="checkbox"/> 09D: Technology/<br>Experimental | <input type="checkbox"/> 04E: Theater for Young<br>Audiences |   |
| <input type="checkbox"/> 12: Folklife/Traditional Arts | <input type="checkbox"/> 02: Music -                      | <input type="checkbox"/> 05: Visual Arts                     |   |
| <input type="checkbox"/> 10: Literature                | <input type="checkbox"/> 02B: Chamber                     |  |   |
|  | <input type="checkbox"/> 02C: Choral                      |  |   |
|  | <input type="checkbox"/> 02F: Jazz                        |  |   |
|  | <input type="checkbox"/> 02D: New                         |  |   |
|  | <input type="checkbox"/> 02I: Orchestral                  |  |   |

**B. PROJECT RACE/ETHNICITY (OPTIONAL):** Select the one item which best describes the predominant racial/ethnic identity of the project. If the majority of activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed below, choose that group. If the activity is not designated to represent or reach any one particular group, select "General":

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> N: American Indian or Alaska Native | <input type="checkbox"/> B: Black or African American | <input type="checkbox"/> O: Native Hawaiian or Other Pacific Islander | <input checked="" type="checkbox"/> G: General |
| <input type="checkbox"/> A: Asian                            | <input type="checkbox"/> H: Hispanic or Latino        | <input type="checkbox"/> W: White                                     |  |

## Organization & Project Profile (continued)

\* Applicant (official IRS name): San Francisco Arts Commission

\* **C. ACTIVITY TYPE:** Select the one item which best describes the main activity of the project:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 04: Artwork Creation             | <input type="checkbox"/> 28: Writing About Art/Criticism          | <input checked="" type="checkbox"/> 15: Professional Support: Artistic | <input type="checkbox"/> 20: School Residency                      |
| <input type="checkbox"/> 05: Concert/Performance/Reading  | <input type="checkbox"/> 18: Repair/Restoration/Conservation      | <input type="checkbox"/> 29: Professional Development/Training         | <input type="checkbox"/> 21: Other Residency                       |
| <input type="checkbox"/> 06: Exhibition                   | <input type="checkbox"/> 22: Seminar/Conference                   | <input type="checkbox"/> 19: Research/Planning                         | <input type="checkbox"/> 31: Curriculum Development/Implementation |
| <input type="checkbox"/> 08: Fair/Festival                | <input type="checkbox"/> 25: Apprenticeship                       | <input type="checkbox"/> 33: Building Public Awareness                 | <input type="checkbox"/> 30: Student Assessment                    |
| <input type="checkbox"/> 09: Identification/Documentation | <input type="checkbox"/> 02: Audience Services                    | <input type="checkbox"/> 34: Technical Assistance                      | <input type="checkbox"/> 35: Web Site/Internet Development         |
| <input type="checkbox"/> 16: Recording/Filming/Taping     | <input type="checkbox"/> 36: Broadcasting                         | <input type="checkbox"/> 12: Arts Instruction                          | <input type="checkbox"/> 99: None of the above                     |
| <input type="checkbox"/> 17: Publication                  | <input type="checkbox"/> 24: Distribution of Art                  |  |  |
|   | <input type="checkbox"/> 13: Marketing                            |  |  |
|   | <input type="checkbox"/> 14: Professional Support: Administrative |  |  |

**D. PROJECT DESCRIPTORS:** Select up to four items that represent a significant aspect of the project:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> 9F: Accessibility         | <input checked="" type="checkbox"/> 9L: Arts for Youth                               | <input checked="" type="checkbox"/> 9D: Arts for Inner-City Communities | <input type="checkbox"/> 9M: Presenting                  |
| <input type="checkbox"/> 9O: Arts for Older Adults | <input checked="" type="checkbox"/> 9E: Arts for "At Risk" Persons (Adults or Youth) | <input type="checkbox"/> 9C: Arts for Rural Communities                 | <input type="checkbox"/> 9A: Computer/Digital Technology |
|  | <input type="checkbox"/> 9Q: Arts and Health/Healing                                 | <input type="checkbox"/> 9I: International Activity                     |  |
|  |  | <input type="checkbox"/> 9B: Touring                                    |  |

\* **E. ARTS EDUCATION:** Select the one response that best characterizes the extent to which this project involves arts education (i.e., systematic educational efforts with measurable outcomes designed to increase knowledge of and/or skills in the arts):

- |  |  |
|--|--|
| <input type="checkbox"/> 99: None                    | <b>50% or more with activities primarily directed to:</b>    |
| <input type="checkbox"/> 02: Some, but less than 50% | <input checked="" type="checkbox"/> 01A: K-Grade 12 Students |
|  | <input type="checkbox"/> 01D: Adult Learners                 |
|  | <input type="checkbox"/> 01C: Pre-Kindergarten Children      |
|  | <input type="checkbox"/> 01B: Higher Education Students      |
|  | <input type="checkbox"/> 01: Multiple Groups of Learners     |

## Organization & Project Profile (continued)

Applicant (official IRS name):

For items F. and G. below, your figures should encompass only those activities and individuals directly affected by or involved in your project during the "Period of Support" that you have indicated for your project (with one exception for broadcasts as noted in help tip for that item). Leave blank any items that are not applicable or for which you do not have actual figures or reasonable estimates.

### F. PROJECT ACTIVITY:

<input type="text" value="200"/> # of artwork(s) to be created	<input type="text"/> # of artworks to be identified/documented
<input type="text" value="5"/> # of concerts/performance/readings	<input type="text" value="2"/> # of artists' residencies
<input type="text" value="60"/> # of lectures/demonstrations/ workshops/symposiums	<input type="text"/> # of schools (pre-K through grade 12) that will actively participate
<input type="text" value="2"/> # of exhibitions to be curated/presented	<input type="text" value="2"/> # of organizational partners
<input type="text" value="2"/> # of books and/or catalogues to be published	<input type="text" value="5"/> # of apprenticeships/internships
<input type="text"/> # of artworks to be conserved/restored to save or prevent from decay or destruction	<input type="text"/> # of hours to be broadcast on radio, television, or cable

### G. PARTICIPANTS/AUDIENCES BENEFITING:

<input type="text" value="2"/> # of artists	<input type="text" value="2"/> Total # of individuals benefiting
<input type="text"/> # of teachers	<input type="text"/> For radio, television, and cable broadcasts, total audience
<input type="text"/> # of children/youth	

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	SFArtsCommAppNarrative.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	SFArtsCommBudget.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment