**EXHIBIT A – SCOPE OF WORK AND**

**EXHIBIT B – BUDGET DETAIL AND PAYMENT PROVISIONS**

**FY16-17 Arts and Public Media**

The Applicant Organization is recognized as the legal Contractor between the California Arts Council with the exception of when a Fiscal Sponsor is accepting funds on behalf of the Applicant Organization. Fiscal Sponsors accept all Grant Standard Agreement Terms and Conditions as legal Contractor.

For questions regarding the **Arts and Public Media (APM)** program or the completion of your **FY16-17 APM Grant Description and Budget (Exhibits A and B)**, contact the Program Manager, shown below:

Shelly Gilbride, [shelly.gilbride@arts.ca.gov](mailto:shelly.gilbride@arts.ca.gov), (916) 324-0075

**Grant Description and Budget (Exhibits A and B) Deadline: August 11, 2017**

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| --- | --- | --- |
| **Applicant Information** | | |
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| **Legal Name of Applicant Organization -** Unless using a Fiscal Sponsor, this must match the Organization name on your Grant Standard Agreement. | | |
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|  | | |
| **Organization Phone** - Format: XXX-XXX-XXXX. | | |
|  |  | |
|  | | |
| **Federal EIN Number** - Provide in format: XX-XXXXXXX. Not necessary if using a Fiscal Sponsor. |  | **DUNS Number** - Provide in format: XX-XXXXXXX. Not necessary if using a Fiscal Sponsor. |
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| **Fiscal Sponsor (if applicable)** | | |
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| **Legal Name of Fiscal Sponsor Organization -** If the Applicant Organization is receiving funds in partnership with a Fiscal Sponsor, this must match the Organization name on the Grant Standard Agreement for this award. | | |
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| **Fiscal Sponsor Federal EIN Number** -Format: XX-XXXXXXX. |  | **Fiscal Sponsor DUNS Number** -  Format: XX-XXXXXXX. |
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| **Grant Contact** | | |
|  | | |
| **Grant Contact Full Name** | | |
|  | | |
|  | | |
| **Grant Contact Title** | | |
|  | | |
|  | | |
| **Grant Contact Phone** - Include extension, if applicable. Format: XXX-XXX-XXXX. |  | **Grant Contact Email** |
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| **CAC Contract Number and Award Amount** | |
|  | |
| **Contract Number -** Enter the Agreement Number provided on your Grant Standard Agreement. Format: XXX-XX-XXXXX or XX-XX-XXXXX. | |
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| **Award Amount -** This amount must match the award total displayed on your Grant Standard Agreement, as well as your total expense calculations for "CAC AWARD" under EXHIBIT B, I. BUDGET DETAIL, below. | |
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**EXHIBIT A – SCOPE OF WORK**

**By completing and submitting the Grant Description and Budget (Exhibits A and B), you are confirming that the goals of the original request can be met. Contact the Program Manager for your grant if you feel that the Scope of Work may require significant changes necessitated by a large variance in your award amount versus request.**

In the space below, please re-enter the Grant Request Summary provided in your original grant Application. This statement should describe what the approved CAC Award and Matching Funds (if applicable) will support. This statement should begin with the following: **With support from the California Arts Council, [insert Applicant Organization Name here] will...**

**Scope of Work** *- Maximum 500 characters*

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**EXHIBIT B – BUDGET DETAIL AND PAYMENT PROVISIONS**

**California Arts Council Funds may not be used to support the following:** Former grantee organizations not in compliance with CAC grant requirements (as stipulated in grant agreement); Hospitality or food costs; Non-arts organizations not involved in arts activities (as applicants); For-profit organizations (as applicants); Fundraising activities or services such as annual campaigns, fundraising events, or grant writing; Programs of other state or federal agencies; Programs or services intended for private use, or for use by restricted membership; Projects with religious purposes; Operational, administrative or indirect costs of schools, colleges, or universities, or any activities that are part of the curricular base of these institutions; Trusts, endowment funds or investments; Capital outlay, including construction; purchase of land, buildings, or equipment other than consumable production materials; or for the elimination of accumulated deficit; Out-of-state travel activities; Expenses incurred before the start or after the ending date of the grant.

***APM Grantees:***

* All grant recipients must provide a dollar-for-dollar (1:1) match

**I. BUDGET DETAIL:**

**Budget Table Instructions**

Provide Job Titles and number of staff per position, Rate of Pay, CAC Award Amount, and any Matching Funds (if applicable). Calculate Subtotals for Personnel and Operating/Production Expenses. Total Expense columns must match the CAC Award Amount (Personnel + Operation/ Production). Grand Total must match CAC Award plus Matching Funds (if applicable).

**Budget Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. Personnel Expenses** | **Job Title & # of Staff in ( )** | **Rate of Pay (per year, month, hour, or service)** | **CAC Award** | **Matching Funds** |
| 1. Artistic |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
| 2. Administrative |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
| 3. Technical |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  | **SUBTOTAL: Personnel Expenses** | | **$** | **$** |
| **B. Operating/ Production Expenses** | **List Expense and describe below in Budget Notes if additional explanation is necessary.** | | **CAC Award** | **Matching Funds** |
| 4. |  | | $ | $ |
| 5. |  | | $ | $ |
| 6. |  | | $ | $ |
|  | **SUBTOTAL: Operating/ Production Expenses** | | **$** | **$** |
|  | **TOTAL EXPENSES: Must match CAC Award Amount (Personnel + Operation/ Production)** | | **$** | **$** |
|  | **GRAND TOTAL: (CAC Award + Matching Funds)** | | **$** |  |

**Budget Detail Notes** *- Maximum 1,000 characters*

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**Source of Match**

All grant recipients must provide a dollar-for-dollar (1:1) match. The cash match may be from corporate or private contributions, local or federal government, or earned income. State funds cannot be used as a match. A combination of cash and in-kind contributions may be used to match the Award, with a maximum of 50% in-kind contributions permitted, with the approval of the Program Manager for this grant.

**Eligible In-Kind Match:**

* Value of non-cash donations provided by third parties. These can be in the form of space, consultancy, training, services, supplies, and other expendable property.
* In-kind goods and services may not be provided by either the applicant organization or any individual or organization that is being compensated as part of the grant contract. In-kind donations by state entities are ineligible.

**Source of Match Table Instructions**

Provide the name of the funding Source, Match Amount and Status (Projected, Pending, or Committed) of your Matching Funds in the table below.

**Source of Match Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Type** | **Provide Match Source** | **Match Amount** | **Status (Projected, Pending, Committed)** |
| Federal Government |  | $ |  |
| Local Government/ County |  | $ |  |
| Local Government/ City |  | $ |  |
| Foundation |  | $ |  |
| Corporate |  | $ |  |
| Individuals |  | $ |  |
| Other Contributed | (describe below) | $ |  |
| Earned Income | (describe below) | $ |  |
| In-Kind (may not exceed 50% of the Total Match) | (describe below) | $ |  |
| **TOTAL FROM MATCHING FUND SOURCES:** | | **$** |  |

**Source of Match Notes** - *Maximum 1,000 characters*

If providing figures for "Other Contributed", "Earned Income", or "In-Kind", please identify the corresponding Match Source(s) below. If utilizing in-kind donated services to support the match requirement, please describe your method for determining the fair market value of these services.

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**II. PAYMENT PROVISIONS**

Payment provisions for this Grant are addressed in *Exhibit D – Special Terms and Conditions, Section A.5. COSTS AND PAYMENT*, available on the CAC website at [www.arts.ca.gov/programs/forms.php](http://www.arts.ca.gov/programs/forms.php).