



## THE CITY OF SAN DIEGO CITY COUNCIL OFFICES ARTS, CULTURE, & COMMUNITY FESTIVALS (ACCF) FUNDING PROGRAM REQUEST FOR QUALIFICATIONS (RFQ) INSTRUCTIONS

City Council Arts, Culture and Community Festivals (ACCF) with Discretionary Transient Occupancy Tax (TOT) funding is awarded to non-profit organizations and public agencies to promote local arts and culture. The City Council Office ACCF Funding Program is governed by [Council Policy 100-23](#). Funds awarded to organizations and agencies are paid on a reimbursement basis only and are at the discretion of Council Offices.

Per [Council Policy 100-03](#), organizations that have applied for or received a Fiscal Year 2020 grant funded by TOT are ineligible to apply for the Council Office ACCF Funding Program. However, organizations that have been awarded a Fiscal Year 2020 Commission for Arts and Culture Organizational Support Program (OSP) or Creative Communities San Diego (CCSD) award, are eligible to receive Council Office ACCF funds via transfer memorandum. Please click [here](#) to view the Fiscal Year 2020 OSP and CCSD recipients. TOT grant applicants and recipients are eligible to apply for the [Council Office CPPS Funding Program](#).

The application process includes two steps: Request for Qualifications (RFQ), and Request for Proposals (RFP). Applicants that successfully complete the RFQ and are chosen for a funding award will be asked to complete the RFP. A complete RFQ consists of the following:

1. [ACCF Funding Application](#)
2. [Proof of Nonprofit Status](#)
3. [Proof of an active status from the Secretary of State \(link is external\)](#)
4. [Proof of a current registration with the Attorney General \(link is external\)](#)
5. [Proof of Insurance](#)

Please submit the documents as separate PDF attachments in one email with the subject headline "FY20 ACCF Funding Application-*Organization Name*" by **September 27, 2019**, noon, to [ACCF@sandiego.gov](mailto:ACCF@sandiego.gov). Your organization will receive a confirmation and follow up email regarding the status of the RFQ.

Applicants are encouraged to submit applications and required documentation prior to the deadline to correct potential errors. RFQs are evaluated based on completeness and fulfillment of City of San Diego contracting requirements. Applicants are assigned one of two grades: **1) Qualified:** Applicants scored Qualified and selected for funding by a Council Office will be given access to the RFP. **2) Not Qualified:** Applicants scored Not Qualified will enter a 5-day Cure Period. Council Administration will share issues identified in the RFQ and applicants will have 5 working days to reach a status of Qualified. Applicants unable to reach the Qualified status will be directed to resources to improve their competitiveness for future funding cycles.

Please note that not all Qualified applicants will receive funding. Funding allocations are at the discretion of Council Offices. Please follow the instructions carefully and contact Council Administration with any questions.

## 1. ACCF Funding Application

An ACCF Funding Application is submitted for each project/program/service. Please complete all sections with accurate, current data. See website for application or click [here](#).

- Name of Organization:** or agency applying for funding.
- Title of Project/Program/Service:** for which funding is being requested.
- Total Funding Request:** Provide the dollar amount of funding requested.
- Application Date:** Date that application is completed
- Total Funding Award:** Leave blank- to be complete by Council Administration.

### SECTION 1: ORGANIZATIONAL INFORMATION

- Eligibility:** To be eligible for ACCF funding, an organization must be a public agency or legally recognized tax-exempt and/or nonprofit entity. Check which type of eligibility applies.
- Federal Tax ID #:** Provide Federal Tax Identification number.
- Street Address:** Provide the street address of the organization or agency.
- Mailing Address:** Provide the mailing address (if different) of the organization or agency.
- Contact Person #1 & #2:** Provide the name, title, email, phone number and/or fax for **two** contact persons for the organization or agency. Contact persons should be individuals who will be responsible for overseeing the expenditure of ACCF funds, and/or administering the project/program/service for which ACCF funds are being requested. At least one of the contact persons must be an Authorized Signatory who is authorized and responsible for entering into contracts and agreements on behalf of the organization.
- Fiscal Sponsor:** If your organization is a fiscal sponsor, please include the sponsored applicant requested information and check that you agree to the [City's fiscal sponsor guidelines](#).

### SECTION 2: PROJECT/ PROGRAM/ SERVICE SUMMARY

- Location of Project, Program, or Service:** Provide the address or location where the project, program or service will take place, and indicate if the location is City-owned/managed property.
- My organization is requesting funding from the following City Council District(s):** Check all City Council Districts that your organization is requesting funding from.
- City of San Diego communities served:** Include the City of San Diego communities or groups served by the project/program/service.
- Estimated Project/Program/Service Completion Date:** Provide the date by when the project/program/service is anticipated to be completed. If there is no anticipated completion date (i.e. such as ongoing programs), specify when the eligible expenditures for which ACCF funding is being requested will be completed. The date must be within the City's Fiscal Year.
- Project/Program/Service Description:** Provide a description of the project/program/service for which ACCF funding is requested. Include organization mission, project/program/service objectives, and target communities/populations. If the organization is currently working with the City on the project/program/service, please describe and include relevant attachments.

**-Use of City Funds:** Describe what the ACCF funds will be used for, including specific types of expenditures. Please review [Council Policy 100-23](#) for more information on eligible expenses. Please note that expenditures described in this section are the only expenses eligible for reimbursement. Attach additional pages if necessary.

**-Community/Public Benefit:** Describe how the project/program/service will provide a public and community benefit, including the estimated number of people that will be served.

**-Expenditure Details:** Include the specific expenditure detail information. If detailed information is not known, please estimate.

**-Project Details:** Include the project/program/service start and end date. If there is no anticipated completion date (i.e. such as ongoing programs), specify when the eligible expenditures for which ACCF funding is being requested will be completed.

### **SECTION 3: EVENT/PROGRAM BUDGET INFORMATION**

**-Total Estimated Cost of Project/Program/Service:** Provide the estimated total cost of the project/program/service, including personnel and non-personnel expenses.

**-Project/Program/Service Funding:** List all funding sources, beginning with requested ACCF funds, which will be used to fund the project/program/service. Individual donors can be listed as "Private Donations." Attach additional pages if necessary.

**-Total Funding:** Calculate total funding and estimated surplus or deficit, which is calculated as total funding minus total expenditures.

### **SECTION 4: PRIOR CITY FUNDING**

**-Current City Funding:** Include the requested information regarding current City funding.

**-Prior City Funding:** List all sources of City funding that has been received by the organization over the past three years. Provide year in which funding was received, type of funding that was received, amount requested, amount awarded, and a brief description of the program or event for which City funds were used. Attach additional pages if necessary.

### **SECTION 5: ORGANIZATIONAL FINANCIAL SUMMARY**

**-Number of Paid Employees:** Provide the number of paid part-time and full-time employees.

**-Organization Funding Sources:** For non-profit organizations only. Provide all the funding sources for the organization, including actual amounts for the prior fiscal year and budgeted or estimated amounts for the current fiscal year. Individual donors do not need to be identified, but rather may be listed in the aggregate as "Private Donations."

**-Total Revenues/Expenditures:** Provide revenues and expenditures, including actual amounts for the prior fiscal year and budgeted or estimated amounts for the current fiscal year.

**-Operating Surplus/(Deficit):** Calculate estimated operating surplus or deficit, calculated as total funding minus total expenditures.

**-Sign** and date the application.

## 2. Proof of Nonprofit Status

-For non-profit organizations only- Please submit a copy of your organization's Internal Revenue Service Letter indicating tax exempt status. See website for example or click [here](#).

## 3. Proof of an active status from the Secretary of State

-For non-profit organizations only- Please submit Proof of Good Standing with the Secretary of State. A screenshot or scanned copy of the web page indicating the organization's status is sufficient. Organizations and agencies must be in good standing by the RFQ deadline.  
-Visit the [Secretary of State website](#) to check the standing status.

## 4. Proof of a current registration with the Attorney General

-For non-profit organizations only- Please submit Proof of Good Standing with the Attorney General. A screenshot or scanned copy of the website page indicating the organization's status is sufficient. Organizations and agencies must be in good standing by the RFQ deadline.  
-Visit the [Attorney General website](#) to check the standing status.

## 5. Proof of Insurance

-Please provide an ACORD Certificate of Insurance with the following insurance requirements. See website for example or click [here](#).

- **Commercial General Liability Insurance:** with limits of at least One Million Dollars (\$1,000,000) per occurrence, subject to an annual aggregate of at least Two Million Dollars (\$2,000,000);
- **Automobile Liability Insurance:** with a limit of at least One Million Dollars (\$1,000,000) per occurrence (Insurance certificate should reflect coverage for any auto or hired and non-owned autos);
- **Worker's Compensation Insurance:** with Employer's Liability coverage with a limit of at least One Million Dollars (\$1,000,000), if organization has paid employees.

-Please note:

- Text in the "Description of Operations/Locations/Vehicles" and "Certificate Holder" sections must include the required City of San Diego statement and address (see example)
- Organizations that reach a status of Qualified and are selected for funding, will be asked to submit additional insurance documents and endorsements during the RFP.
- All insurance documents are to remain current for the duration of the contract period.

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