The City of San Diego
Commission for Arts and Culture

# How to Apply for Fiscal Year 2019 Arts and Culture Funding

First Time Applicants Guide



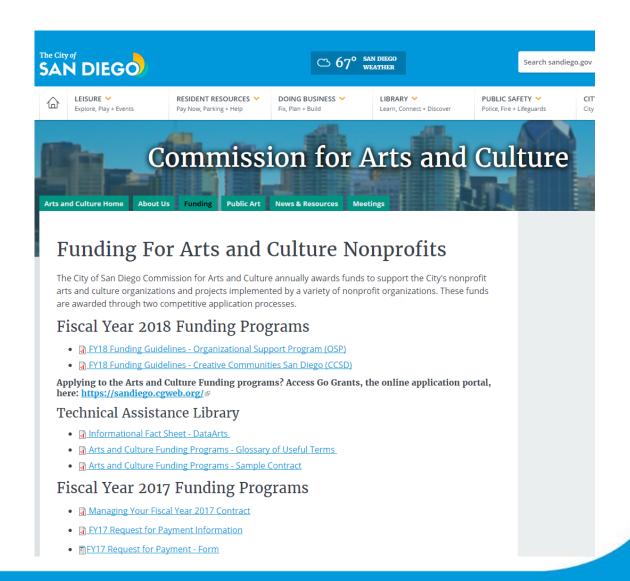


#### WELCOME FIRST TIME APPLICANTS

- About The City of San Diego
- About The Commission for Arts and Culture
- Introduction to Funding Programs
- Request for Qualifications (RFQ) and Request for Proposals (RFP)
- Review Process
- City Contracting Requirements

### **Commission for Arts and Culture Funding Program Materials:**

- Online at <u>www.VibrantCultureVibrantCity.com</u>
- Online portal to submit RFQ and RFP: <u>https://sandiego.cgweb.org/</u>
- DataArts at <u>www.culturaldata.org</u>



# The City of San Diego Strategic Plan

Values
Integrity
Service
People
Excellence

**Vision: A WORLD-CLASS CITY FOR ALL** 

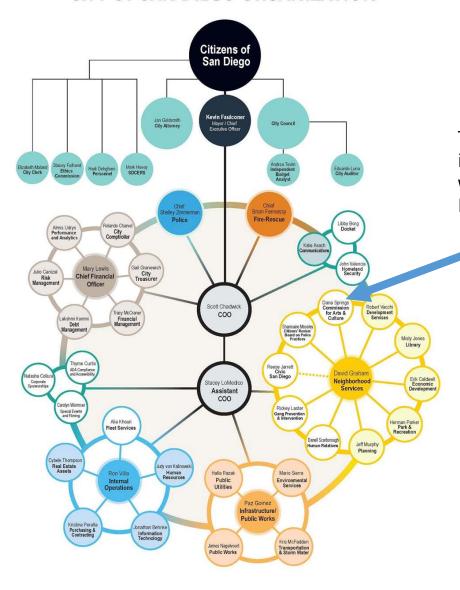
#### **Goals:**

Goal 1: Provide High Quality Public Services

Goal 2: Work in Partnership with all of our communities to achieve safe and livable neighborhoods

Goal 3: Create and sustain a resilient and economically prosperous City

#### **CITY OF SAN DIEGO ORGANIZATION**



The Commission for Arts and Culture is in the Neighborhood Services branch with Libraries, Gang Prevention, and Parks and Recreation.



#### **About The Commission for Arts and Culture**

#### **Commission for Arts and Culture Mission:**

The City of San Diego Commission for Arts and Culture serves in an advisory capacity to the Mayor and City Council on promoting, encouraging and increasing support for the region's artistic and cultural assets, integrating arts and culture into community life and showcasing San Diego as an international tourist destination.



#### **About the Funding Programs**

**Organizational Support Program (OSP)** provides general operating support to arts and culture nonprofits with an emphasis on the delivery of programs and services that impact San Diego's quality of life and tourism.

**Creative Communities San Diego (CCSD)** provides sponsorship of community-based festivals, parades and celebrations with an emphasis on projects that promote neighborhood pride and community reinvestment, make arts and culture activities more available and accessible in San Diego neighborhoods and encourage people of diverse backgrounds to share their heritage and culture.



#### Where does funding come from?

The Commission receives a portion of the City's Transient Occupancy Tax (TOT) Special Promotional Fund, paid by tourists and other visitors to San Diego.

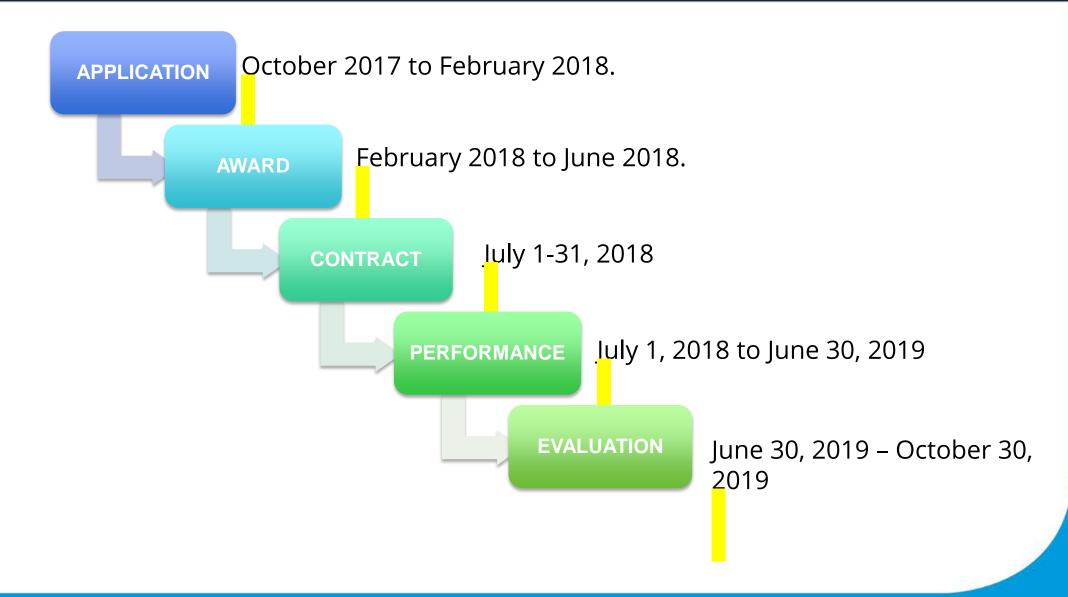
OSP Funding Awards can range from \$5,000 - \$600,000\* CCSD Funding Awards can range from \$5,000 - \$120,000\*

All awards depend on the funding program, TOT revenue projections, Mayor and City Council allocation, application rank and organization's budget size.

Want to know more? Review the Funding Program Algorithm Explained presentation.



#### **Arts and Culture Funding Cycle**





#### **Funding Program Two-Step Process**

#### RFQ Request for Qualifications



Request for Proposals

**RFP** 

Is the organization ready to contract with the City of San Diego?

What programs and services are they proposing during the contract period?



#### **Step 1: Request for Qualifications (RFQ)**

Assess if an applicant is "Qualified" or ready to contract with the City.

Looks at Administrative Capacity, Governance, Financial Management and Past Performance on Commission Contracts.

Reviewed by one trained team, including Commissioners and City Staff, who have nonprofit management expertise.

Applicants are scored as "Qualified" or "Not Qualified"

See the FY19 RFQ Technical Assistance Slides at:

www.sandiego.gov/arts-culture/funding



#### **Pre-Screening for Eligibility**

When responding to the Request for Qualifications (RFQ), you will need to provide information such as:

- Proof of tax-exempt status, three year history, program/project takes place within City of San Diego limits
- Financial Information including Annual Operating Budget and/or Project Budget and Liquid Unrestricted Net Assets (LUNA).
- OSP: DataArts Funder Report and calculate Annual Operating Income (AOI)
- . Organizational Chart
- Board Governance information including Conflict of Interest Policy



#### **Step 2: Request for Proposals (RFP)**

- Applicant Profile
- Programs/Services
- Community Engagement
- Organizational Capacity
- Achievement in Emphasis Areas OSP Applicants
- Project Budget CCSD Applicants



#### **Step 2: Request for Proposals (RFP)**

When responding to the Request for Proposals (RFP), you will need to provide information such as:

- Work samples such as photos, video, audio or promotional documents.
- Documents from third party demonstrating impact.
- Three year budget history and projected project budget. (CCSD)
- Supporting documents for emphasis areas. (OSP)

#### **SD** Review Process

**Request for Qualifications (RFQ)** are reviewed by a single trained team, including City staff, who are educated in nonprofit management.

**Request for Proposals (RFP)** are reviewed by a diverse panel of volunteers including: nonprofit professionals; experts in the fields of finance, marketing, education, social services or arts and culture; and community members who serve on boards and commissions.

Reviewers (panelists) for RFPs can be nominated by a member of the public, themselves, a staff member, City Council members or the Mayor.

Staff provides training for panelists on scoring applications, explaining in depth the goals of the program, criteria and the scoring rubric used.



#### Getting Ready to Apply – Tips

"Read the application carefully and answer the questions. Don't assume the application is the same as last year and just use the same response."

"Don't confuse the length of a response with the quality. Succinct and clear responses are preferred to repetition or padding to make the application appear more weighty."

"Start the grant proposal early and allow enough time to review the quality and accuracy of the proposal before submittal."

"Ask a third party to review your proposal for spelling and/or grammar errors, as well as clarity."



#### **Contracting with the City of San Diego**

If your organization is recommended for funding, you will be required to enter into a contract.

The following slides describe the requirements for being a City contractor.



#### The City of San Diego Basic Contract Requirements

 Comply with Americans with Disabilities Act (ADA) requirements set forth in Council Policy 100-04

 Comply with the City's Drug-Free Workplace requirements as stated in Council Policy 100-17

 Comply with City's Equal Opportunity Contracting Program (EOCP) and shall not discriminate against any employee or applicant for employment on any basis prohibited by law.



#### The City of San Diego Basic Match Requirements

- All contracts require matching funds; which can come from a variety of sources such as earned income (e.g. ticket sales), or contributed income (e.g. foundation grants, individual donations, etc.).
- Any organization awarded OSP funding is required to provide a \$3 cash match for every \$1 awarded.
- Any organization awarded CCSD funding for a project with expenses exceeding \$30,000 is required to provide a \$3 cash match for every \$1 awarded.
- An organization awarded CCSD funding for a project with expenses below \$30,000 is required to provide a \$2 cash match for every \$1 awarded and up to 50% of the match can come from in-kind donations.
- City funds can not be used to meet the match income requirement.



#### The City of San Diego Payment Information

• Funds are awarded to an organization are paid on a reimbursement basis only.

 Expenses much be incurred and match income secured by an organization between July 1, 2018 and June 30, 2019 before the City will reimburse.

• It can take 6-9 months from July 1 for the City to provide an executed contract.



#### Basic Insurance Requirements

Commercial General Liability (CGL),

Commercial Auto Liability (Auto),

Workers Compensation (WC).

For more information about insurance, review the <u>Contracting Workshop</u>
<u>Presentation</u>.

| ACORD* CERTIFICATE OF LIABILITY INSURANCE  |              |  |                                   |  |                |                              |  |                  | DATE (MMDD/YYY)<br>12/2/2015   |  |
|--|--------------|--|-----------------------------------|--|----------------|------------------------------|--|------------------|--------------------------------|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.  |              |  |                                   |  |                |                              |  |                  |                                |  |
| IMPORTANT: If the certificate holder<br>the terms and conditions of the policy<br>certificate holder in lieu of such endo  | , cer        | tain p   | policies may require an end       | olicy(ies) m<br>forsement.   | ust b<br>A sta | e endorsed.<br>stement on th | If SUBROGATION IS Noted to the substitute of the | WAIVEI<br>confer | D, subject to<br>rights to the |  |
| PRODUCER   |              |  | 19                                | ONTACT   |                |                              |  |                  |                                |  |
| Alliant Insurance Services, Inc.<br>916-643-2700   |              | PHONE (A/C, No): 916-643-2750  |                                   |  |                |                              |  |                  |                                |  |
| 2180 Harvard Street, Suite 460   | [3           | PHONE (AG, No): 916-643-2750 (AG, No): 916-645-2750 (AG, No): 916-645-2750 (AG, No): 916-645-2750 (AG, No): 916-645-2750 (AG, No): 916-64 |                                   |  |                |                              |  |                  |                                |  |
| Sacramento CA 95815  |              | INSURER(s) AFFORDING COVERAGE INSURER A : Indemnity Insurance Company of N A 435   |                                   |  |                |                              |  |                  |                                |  |
| INSURED  |              | INSURER B : Everest National Insurance Company   |                                   |  |                |                              | 10120  |                  |                                |  |
| ABC Corporation  |              | INSURER C : ACE Fire Underwriters Insurance Com  |                                   |  |                |                              | 20702  |                  |                                |  |
| 123 B Street   | i i          | INSURER D:   |                                   |  |                |                              |  |                  |                                |  |
| Sacramento, CA 95816   | 9            | INSURER E :  |                                   |  |                |                              |  |                  |                                |  |
|  |              | INSURER F:   |                                   |  |                |                              |  |                  |                                |  |
| COVERAGES CERTIFICATE NUMBER: 239115308 EXPUSION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDING MAY REQUIREMENT, TERM OR CONDITION OF MAY CONTRACT ON OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORCE BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWM MAY HAVE BEEN REDUCTED BY PAID CLAMS. |              |  |                                   |  |                |                              |  |                  |                                |  |
| INSR<br>LTR TYPE OF INSURANCE  | ADDU<br>INSD | SUBR   | POLICY NUMBER                     | POLICY   | (EFF           | POLICY EXP<br>(MM/DDYYYY)    | LIM  | TS               |                                |  |
| A X COMMERCIAL GENERAL LIABILITY   |              |  | SAMPLE                            | 1/1/201  |                | 1/1/2016                     | EACH OCCURRENCE  | \$1,000,000      |                                |  |
| CLAIMS-MADE X OCCUR  |              |  |                                   |  |                |                              | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) \$100,0   |                  | 000                            |  |
| _  |              |  |                                   |  |                |                              | MED EXP (Any one person)   | \$5,000          | )                              |  |
|  |              |  |                                   |  |                |                              | PERSONAL & ADV INJURY  | \$1,000          |                                |  |
| GENL AGGREGATE LIMIT APPLIES PER: POUCY PRO: LOC OTHER:  |              |  |                                   |  |                |                              | GENERAL AGGREGATE  | \$2,000          |                                |  |
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| C AUTOMOBILE LIABILITY   | -            |  | SAMPLE                            | 1/1/201  | 5              | 1/1/2016                     | COMBINED SINGLE LIMIT  | \$1,000          |                                |  |
| X ANY AUTO   |              |  | Gran CC                           |  |                |                              | (Ea accident)<br>BODILY INJURY (Per person)  | \$               | 1,000                          |  |
| ALL OWNED SCHEDULED AUTOS NON-OWNED  |              |  |                                   |  |                |                              | BODILY INJURY (Per accident)   | 5                |                                |  |
| X HIRED AUTOS X NON-OWNED  |              |  |                                   |  |                |                              | PROPERTY DAMAGE \$   |                  |                                |  |
|  |              |  |                                   |  |                |                              | \$   |                  |                                |  |
| UMBRELLA LIAB OCCUR  |              |  |                                   |  |                |                              | EACH OCCURRENCE  | ŝ                |                                |  |
| EXCESS LIAB CLAIMS-MADE  |              |  |                                   |  |                |                              | AGGREGATE \$   |                  |                                |  |
| DED RETENTIONS   |              |  |                                   |  |                |                              |  | 5                |                                |  |
| B WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y/N   |              |  | SAMPLE                            | 1/1/2015   | 5              | 1/1/2016                     | X PER OTH-   |                  |                                |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?   | N/A          |  |                                   |  |                |                              | E.L. EACH ACCIDENT   | \$1,000          | ,000                           |  |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below   |              |  |                                   |  |                |                              | E.L. DISEASE - EA EMPLOYEE   | -                |                                |  |
| DÉSCRIPTION OF OPERATIONS below  |              | -  |                                   | _  | -              |                              | E.L. DISEASE - POLICY LIMIT  | \$1,000          | ,000                           |  |
|  |              |  |                                   |  |                |                              |  |                  |                                |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (A       | CORD   | 191, Additional Remarks Schedule, | may be attached  | I if mor       | re space is requin           | of)  |                  |                                |  |
| CERTIFICATE HOLDER CANCELLATION  |              |  |                                   |  |                |                              |  |                  |                                |  |
| The City of San Dieg   |              | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE   |                                   |  |                |                              |  |                  |                                |  |
| Purchasing and Cor   | ntr          | act  | ting                              | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                |                              |  |                  |                                |  |

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1200 Third Avenue, 2<sup>nd</sup> Floor

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#### Being a City Contractor: Tips and Tricks

- Choose one person to be the lead contact at your organization.
- Read all instructions and provided documents before calling City staff with questions.
- But if you do have questions call or email.
- Be patient. Internal City processes often take longer than you think.
- Keep detailed records, it makes reporting easier.
- Take advantage of opportunities for help, such as TA sessions, Office Hours, etc.



## The City is dedicated to:

- Integrity
  - Service
  - People
- Excellence

We're here to serve and assist you.



#### **Commission for Arts and Culture Funding Programs**

Whitney Roux

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www.VibrantCultureVibrantCity.com

