η.~	(https://www.submittable.com/help/organization)
	Back to Edi
	ore Fund General Operating Support
FY25	
1. Organization Na	me (required)
	Limit: 300 characters
Please enter you organ	ization's legal name
	Juless (required)
2. Organization Ac	
Country (required)	
-	~
Country (required)	
Country (required)	
Country (required)	✓
Country (required) Select Address (required)	×
Country (required) Select Address (required)	×

3. Contact Name (required)

The primary point of contact should be the person who will be responsible for signing the contract, accepting the grant funds, scheduling a site visit, and completing the midyear/final reports.

#### 4. Phone Number (required)

## 5. Email Address (required)

## 6. Website (required)

If you do not have one please type N/A.

# 7. Is the Organization a 501c(3)? (required)

Select...

# 8. Organization Federal Tax ID # (Type N/A if you have a fiscal

sponsor) (required)

# 9. Organization Type (required)

1	Initial Form Designer
	Organization must be a designated 501 c(3) non-profit.
	10. Do you require a fiscal sponsor? (required)
	io. Do you require a fiscal sponsor: (required)
	Yes
	No
	11. What is the name of your fiscal sponsor?
	Fiscal sponsor must be a 501c3.
	12. Fiscal Sponsor's Federal Tax ID?
	APPLICATION NARRATIVE
	13. Describe the mission and provide a brief history of your organization. (required)
	Limit: 700 words
	13a. Optional Video Submission

https://bopaartscouncil.submittable.com/forms/initial/edit/ad4825ac-cdfc-45b1-a0eb-8466b737cf5c/preview

\_\_\_\_\_

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .3gp, .mov, .mp4

#### 14. Primarily who do you serve? Who is your target audience(s)?

(required)

Limit: 700 words

**15.** How do you evaluate the quality or success achieved from the activities of your program? (required)

Limit: 500 words

#### 15a. Optional Video Submission

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .3gp, .mov, .mp4

Entertainment ~ of a Main Street?
∽ of a Main Street?
~ of a Main Street?
of a Main Street?
of a Main Street?
~
os://smba-
coming calendar year
/i
Limit: 1500 words
Limit: 1500 words
Limit: 1500 words al year 2024 (July 1,

Limit: 1500 words

**19.** How does your organization prioritize access to under-served **audiences?** (required)

	Limit: 700 wc
19a. Optional Vide	o Submission
	Choose File
Upload a file. No files ha	ave been attached yet.
Acceptable file types: .3	gp, .mov, .mp4
<b>20. Are the activiti</b> (required)	es offered by your organization ADA accessibl
	es offered by your organization ADA accessibl
(required)	es offered by your organization ADA accessibl
(required)	es offered by your organization ADA accessibl
(required) No Yes	es offered by your organization ADA accessible
(required) No Yes	
(required)          No         Yes         21. Grant Amount	
(required)          No         Yes         21. Grant Amount         Please enter the grant a	Requested (required)
(required) No Yes <b>21. Grant Amount</b> Please enter the grant a up to \$10,000.	Requested (required)
(required) No Yes <b>21. Grant Amount</b> Please enter the grant a up to \$10,000.	Requested (required)
(required)          No         Yes         21. Grant Amount         Please enter the grant a up to \$10,000.	Requested (required)

Acceptable file types: .csv, .doc, .docx, .pdf, .xls, .xlsx

23. Describe your organization's staff structure and the responsibilities of all paid staff and volunteers. Please also include any workforce development programs you participate in (such as YouthWorks, Maryland Service Year, etc). (required)

Limit: 1000 words

Please upload any work samples you would like to share. This could include photos from events, videos, news articles, audience engagement surveys, or community-driven annual reports.

	Choose File
Select up to 5 files to attach. No file files.	s have been attached yet. You may add 5 more
	cx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg,
.prig, .svg, .ur, .uri, .sgp, .avi, .irv, .iri4	łv, .mkv, .mov, .mp4, .mpg, .webm, .wmv
24. Is this the first time your	r organization has applied for this grant?
(required)	
Yes	
No	

Yes	
No	
LEGAL & FINANCI	AL DOCUMENTATION
	ed financial statement for the organization, or I
<b>990N</b> (required)	
	Choose File
Upload a file. No files h	-
	doc, .docx, .pdf, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .s
.XIS, .XISX, .ZIU	
.xls, .xlsx, .zip Upload a file	
Upload a file	C) (3) tax exemption determination letter (require
Upload a file	C) (3) tax exemption determination letter (require
Upload a file	C) (3) tax exemption determination letter (require Choose File
Upload a file	
Upload a file 26. Copy of 501 (C	

27. Copy of Maryland C	ertificate of Good Standing (required)
	Choose File
Upload a file. No files have be	en attached yet.
Acceptable file types: .doc, .do	ocx, .pdf
Upload a file	
28. Resumes of key arti	stic and management personnel (required) Choose File
Upload a file. No files have bee	en attached yet.

Acceptable file types: .doc, .docx, .pdf, .wpd

Upload a file

## DEMOGRAPHIC DATA COLLECTION

BOPA is a nonprofit and a quasi-agency of the Baltimore City Mayor's Office; and as the designated arts council, we are supported Maryland State Arts Council. BOPA's city, state, and federal stakeholders **require** us to collect demographic data of all individual and institutional applicants who submit to our grants, festivals, events, and other creative opportunities.

You may opt out of providing your demographic data. Participating in or not participating in data collection will **NOT** impact scoring decisions on your application.

1. Indicate the race/ethnic background of the artist, program manager, or organization leader who submitted this application (required)

White

Black

Hispanic/Latino	
Asian	
Native American	
I decline to respond	
2. Indicate the gender identity of the artist, program manager, or or organization leader who submitted this application (required)	
Cis Female	
Cis Male	
Transgender Female	
Transgender Male	
Non-Binary	
I decline to respond	
3. Indicate the disability status of the artist, program manager, or or organization leader who submitted this application (required)	
I have a physical, cognitive, or mental, or mental health disability	
I do not have a physical, cognitive, or mental, or mental health disability	
I decline to respond	
4. Indicate the veteran status of the artist, program manager, or or organization leader who submitted this application (required)	
🔿 I am a veteran	

(

I am the spouse or immediate family member of a veteran

l am not a veteran
--------------------

I decline to respond

5. Please indicate the generation identity of the artist, program manager, or organization leader who submitted this application (required)

) Traditionalists—born 1925 to 1945

) Baby Boomers—born 1946 to 1964

Generation X—born 1965 to 1980

Millennials—born 1981 to 2000

Generation Z—born 2001 to 2020

) I decline to respond

6. Does the applicant who submitted this form consider themselves to be low income? (required)

)	Yes
/	

No

I decline to respond

For the purposes of BOPA's survey, we define low income as BELOW Baltimore City's average individual income by gender which is \$50,927 for men and \$45,860 for women. https://datausa.io/profile/geo/baltimore-city-md

# 7. Indicate which city council district the organization's headquarters/primary operating address falls within (required)

District 1

$\bigcirc$	District 2
$\bigcirc$	District 3
$\bigcirc$	District 4
$\bigcirc$	District 5
$\bigcirc$	District 6
$\bigcirc$	District 7
$\bigcirc$	District 8
$\bigcirc$	District 9
$\bigcirc$	District 10
$\bigcirc$	District 11
$\bigcirc$	District 12
$\bigcirc$	District 13
$\bigcirc$	District 14
	nay learn more about the representation/geography of city council districts here: //www.baltimorecitycouncil.com/council-members
S	ave Draft Submit Form

Drafts may be visible to the administrators of this program.