



CATEGORY B and CII CONTRACT PROCESS TRAINING FY23/24

June 2, 2023





TODAY'S AGENDA

Next Steps in the Contract Process

- Award Amounts Release – pending TDC Board approval on 6/8/23
- Awardees must complete the Follow Up form in the grants portal – available 6/9/23
 1. Complete and upload Exhibit B budget (available under the grantee toolkit)
 2. Complete your project/program description Exhibit A
 3. Upload your current COI – add PBC Board of County Commissioners as additional insured
 4. Upload your Sunbiz report showing authorized signers for your contract (D & O only)
- Once the Follow Up form is completed accurately, a contract will be sent to the awardee via DocuSign

Things to Note

- DocuSign will be used to sign contracts – the person authorized to sign must be a Director/Officer as listed on sunbiz
- The name and email of the person authorized to sign the contract must be provided to the Cultural Council before the contract can be sent via DocuSign
- No new language in the contracts

TO COMPLETE THE FOLLOW UP FORM - GO TO CULTURAL COUNCIL'S WEBSITE

GRANT PROGRAMS



Tourist Development Fund for Cultural Tourism - Category B

Funded by bed tax revenues, this program supports Palm Beach County nonprofit arts and cultural organizations with annual operating revenues of at least 1.175 million.

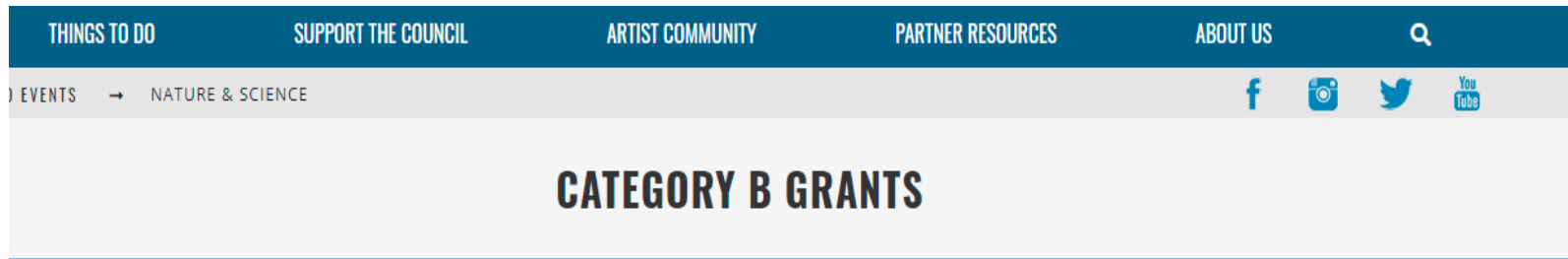


Tourist Development Fund for Cultural Marketing - Category CII

Funded by bed tax revenues, this program supports Palm Beach County non-profit arts and cultural organizations with annual operating revenues between \$200,000 and \$1,174,999.

Click on Category B or Category CII

**Click on the Grants Portal Button OR go to:
<https://www.grantinterface.com/Home/Logon?urlkey=ccpbc>**



Tourist Development Fund for Cultural Tourism – Category B

The Tourist Development Fund for Cultural Tourism is a biennial grant program. It is open to Palm Beach County nonprofit arts and cultural organizations with annual operating revenues of at least 1.175 million to fund marketing and program expenses associated with performances, exhibitions and cultural events.

First time applicants and individuals new to the grant process must contact staff and attend a mandatory workshop or complete an online training presentation prior to completing the application.

Required Logos and Usage Guidelines for Grantees »

All Cultural Council for Palm Beach County grant recipient organizations are required to use the appropriate logos as detailed in their respective reimbursement guidelines, and must follow usage guidelines in the Cultural Council's Brand Standards Manual for Grant Recipients. [Download logos and usage guidelines here »](#)

*To request any forms in a different format, or if you have specific questions about this grant program, please contact the Cultural Council Grants Department: grants@palmbeachculture.com | (561) 214-8087

Applications will be accepted from March 5, 2021 – April 2, 2021 for the Cultural Tourism Grant, Category B. **Please review the application guidelines and training presentation documents listed in the Application Toolkit before you begin your online application.** To attend a Zoom application training on March 12, 2021 @10 a.m., RSVP to grants@palmbeachculture.com. Click on the grants portal button when you are ready to start the application. Click on the “apply” button to see the list of available grants. **Please be sure to complete the correct application for your category.** For questions, please contact the grants department at grants@palmbeachculture.com.

Application Toolkit

1. [Application Guidelines](#)
2. [Grant Application Training Presentation](#)
3. [Budget Workbook](#)
4. [Allowable Expenses / Grant Restrictions \(Exhibit C\)](#)
5. [Definitions](#)
6. [Online Application FAQs](#)

GRANTS CALENDAR

GRANTS PORTAL



Enter Email Address & Password



Logon Page

Email Address*

Password*

Log On

Create New Account

[Forgot your Password?](#)

Welcome to the Cultural Council for Palm Beach County's online grant portal.

New Users: Please click on "Create New Account" to complete the registration process and create your logon credentials.

Existing Users: Please enter your credentials and log in. Your email address serves as your ID. If you forgot your password, please use the "Forgot your Password" link to the left to reset your password.

Not Sure? If you think that you or someone at your organization has already registered in the system, **DO NOT** create a new account. Please contact our Grants Director Vicky Jackson, at 561.214.8087 to receive your username and password.

GRANTS PORTAL

- Once you log into the portal you will be taken to the Applicant Dashboard
- Scroll down to “Follow-Up Forms”
- Look for Form Name – FY23/24 Category B (OR CII) Contract Documents
- Click on “Edit” to the right
- Download and complete the Exhibit B form (budget) – located under the grantee toolkit
- Complete and submit the follow-up form

COMPLETE BUDGET QUESTIONS – SAMPLE SCREENSHOT

FY 16/17 Contract Budget Questions

This section will require you to have completed a new Exhibit B1 (Contract) for your contract using your actual grant award in Column A. You can find an Exhibit B1 on the Cultural Council's website [here](#), in the Grantee Toolkit. You will upload your Contract Exhibit B1 in the next section. Some answers below are pre-populated so that you can see how you originally planned to spend the grant amount you requested.

Project Name

Proposed program/project name

Best Plays Ever

Total Program Budget

Enter the total of Column C, Total Program Budget, from your Exhibit B1.

\$ 150000

Your original request amount will pre-populate from application

New total program budget from Exhibit B1 (Contract)*

Update your total program budget from your application budget to your contract budget. Answer may be the same.

\$

Enter new total based on awarded amount

Total Organizational Operating Budget

Enter the total from Column E, Total Organizational Operating Budget, from your Exhibit B1.

\$ 200000

Update total operating budget from Exhibit B1 (Contract)*

Please enter your updated total operating budget from your application budget to your contract budget (Exhibit B1 (Contract)). Answer may be the same.

\$

ALLOCATION OF AWARD

Enter allocations (asterisk only) based on award amount – some fields will be pre-populated with allocations you submitted with your application

Allocation of Grant Request - Personnel: Artistic or Technical Only

From your Exhibit B1, enter the amount you intend to spend from your grant request on Personnel: Artistic or Technical. See Exhibit B1, Column A.

\$ 0

Allocation of Grant Award - Personnel: Artistic or Technical Only*

From your Contract Exhibit B1, enter the amount you intend to spend from your grant award on Personnel: Artistic or Technical. This amount may differ from your application budget.

\$

Allocation of Grant Request - Outside Professional Services: Artistic

From your Exhibit B1, enter the amount you intend to spend from your grant request on OPS: Artistic. See Exhibit B1, Column A.

\$ 15000

Allocation of Grant Award - Outside Professional Services: Artistic*

From your Contract Exhibit B1, enter the amount you intend to spend from your grant award on Outside Professional Services: Artistic. This amount may differ from your application budget.

\$


Complete/Upload

- Exhibit B (Contract)
- Exhibit A – Project/Program Description
- Certificate of Insurance
- Sunbiz Report showing authorized signers for your contract
- Name and email address of person authorized to sign the contract – must be listed on Sunbiz as an Director/Officer

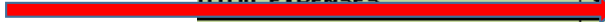
COMPLETE EXHIBIT B

CULTURAL COUNCIL FY 2019/2020	CULTURAL TOURISM DEVELOPMENT FUND Category B - Cultural Tourism INCOME/EXPENSE BUDGET				Contract Exhibit B-1		
Grantee Name:							
Program Budget Detail: October 1, 2019 to September 30, 2020 (Grant Fiscal Year)	Allocation of Category Grant Funds (Equals Grant)	Other Program Funds (Include program matching funds)	Total Program Budget (ALL Exhibit A Income/Expense) [C= A + B]	All Other Organization Operating Income and Expenses	Total Organization Operating Budget [E=C+D]	% of Total	In-Kind Support** (Amount included in "E" total)
Expenses	(A)	(B)	(C)	(D)	(E)	(F) %	(G)
Personnel: <i>Admin/Tech/Artistic</i>	N/A		-		-	-	
Personnel: <i>Marketing (50% of allowable)</i>			-		-	-	
Outside Professional Services: <i>Artistic</i>			-		-	-	
Outside Professional Services: <i>Marketing/PP</i>			-		-	-	
Outside Professional Services: <i>Other</i>			-		-	-	
Space Rental for Program			-		-	-	
Rent/Mortgage	N/A		-		-	-	
Marketing/Advertising			-		-	-	
Travel/Supplies/Other			-		-	-	
All Other Remaining Operating Expenses	N/A		-		-	-	
TOTAL EXPENSES*	-	\$ -	\$ -	\$ -	\$ -	100%	\$ -
*(Total Expenses in each column above must equal Total Revenues in same column below. Budgets must be balanced.)							
Revenue							
Admissions (Tickets/Subscriptions) Revenue					-	-	
Membership Revenue					-	-	
Contracted Services Revenue					-	-	
Other Revenue					-	-	
Corporate Contributions					-	-	
Foundation Grants					-	-	
Other Private Support					-	-	
Government Grants (Federal)					-	-	
Government Grants (State)					-	-	
Government Grants (Local)					-	-	
TDC Grant Award Amount	(Matches total of column A above)		-		-	-	
Grantee Cash-Budget shortfall/surplus***					-	-	
TOTAL REVENUES*			\$ -	\$ -	\$ -	100%	\$ -
*(If any amounts appear on this line, then your Budget is out of balance. Please correct.)							
			\$ -	\$ -	\$ -	-	proof \$ -
*Explain any "In-Kind" amounts listed in Column G on B-2 worksheet			***Explain your contribution of Cash, shortfall/surplus on B-3 worksheet				

Enter your organization's name



Column A total should equal **grant award** amount



Update all expense & revenue columns based on award amount

Sample COI



CERTIFICATE OF LIABILITY INSURANCE

PALMBEA-32
CASTANEDAA
DATE (MM/DD/YYYY)
11/20/2020

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 is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<small>License # 065776</small> PRODUCER: Insurance Office of America Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	<small>CONTACT:</small> NAME: _____ PHONE (A/C, No, Ext): (561) 721-3755 FAX (A/C, No): _____ E-MAIL ADDRESS: Ale.Castaneda@loausa.com
INSURED: _____ _____ _____	<small>INSURER(S) AFFORDING COVERAGE</small> INSURER A : Philadelphia Indemnity Insurance Company NAIC # 18058 INSURER B : BusinessFirst Insurance Company 11697 INSURER C : _____ INSURER D : _____ INSURER F : _____

COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	POLICY	POLICY	LIMITS	
		REGD	SVND	NUMBER	EFF	EXP	
					(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <small>GEN'L AGGREGATE LIMIT APPLIES PER:</small> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> SPEC <input type="checkbox"/> LOC <small>OTHER:</small> _____			PHPK2206556	11/11/2020	11/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2206556	11/11/2020	11/11/2021	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DEC <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB746326	11/11/2020	11/11/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (MEMBER) EXCLUDED <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			S2107653	10/7/2020	10/7/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - FA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is Additional Insured with respect to General Liability when required by written contract per form #CG2026 (04/13)

CERTIFICATE HOLDER  Palm Beach County Board of County Commissioners C/O Cultural Council of Palm Beach County 601 Lake Avenue Lake Worth, FL 33460	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <small>AUTHORIZED REPRESENTATIVE</small> 
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Sample Sunbiz Registration

Current Mailing Address:

1800 S. AUSTRALIAN AVENUE
301
WEST PALM BEACH, FL 33409 US

FEI Number: 59-1060864

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

[REDACTED]
1800 S. AUSTRALIAN AVENUE
301
WEST PALM BEACH, FL 33409 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [REDACTED] 01/21/2021
Electronic Signature of Registered Agent Date

Officer/Director Detail : ←

Title VP
Name [REDACTED]
Address 1800 S. AUSTRALIAN
301
City-State-Zip: WEST PALM BEACH FL 33409

Title VP
Name [REDACTED]
Address 1800 S. AUSTRALIAN AVENUE
301
City-State-Zip: WEST PALM BEACH FL 33409

Title GENERAL DIRECTOR
Name [REDACTED]
Address 1800 S. AUSTRALIAN AVENUE
301
City-State-Zip: WEST PALM BEACH FL 33409

Title PRESIDENT
Name [REDACTED]
Address 1800 S. AUSTRALIAN AVENUE
301
City-State-Zip: WEST PALM BEACH FL 33409

Title VP
Name [REDACTED]
Address 1800 S. AUSTRALIAN AVENUE
301
City-State-Zip: WEST PALM BEACH FL 33409

Title VP
Name [REDACTED]
Address 1800 S. AUSTRALIAN AVENUE
301
City-State-Zip: WEST PALM BEACH FL 33409

Title VP
Name [REDACTED]
Address 1800 S. AUSTRALIAN AVENUE
301
City-State-Zip: WEST PALM BEACH FL 33409

Title CHAIRMAN
Name [REDACTED]
Address 1800 S. AUSTRALIAN AVENUE
301
City-State-Zip: WEST PALM BEACH FL 33409

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: [REDACTED] GENERAL DIRECTOR 01/21/2021

Deadlines/Timeline

- Award Notification & Follow-Up Release – 6/9/23
- Follow-Up/Contract Docs Due to CC – 6/22/23
- Contracts sent via DocuSign – 7/14/23
- Contracts Due to Cultural Council – 7/25/23

Note: While waiting on the award notification, please work on your project/program description, gathering your current COI and Sunbiz registration and identifying the person authorized to sign the contract.

When you receive the Contract

- Examine the entire contract including Exhibits
- Check sections 1.1 and 1.2 on Page 2 of the contract and VERIFY the information
- Authorized signatory as listed on Sunbiz.com will sign under 'GRANTEE ORGANIZATION
- Complete title of signatory
- A witness signature is not required



For Additional Information/Questions:

Stephanie Issac, Grants Assistant

561-472-3342, sissac@palmbeachculture.com

Vicky Jackson, Director of Grants

561-214-8087 or vjackson@palmbeachculture.org