

Grant Application Package

Opportunity Title:	NEA Art Works Creativity Connects, FY2018
Offering Agency:	National Endowment for the Arts
CFDA Number:	45.024
CFDA Description:	Promotion of the Arts Grants to Organizations and Individ
Opportunity Number:	2017NEA01AWCC
Competition ID:	NONE
Opportunity Open Date:	12/15/2016
Opportunity Close Date:	05/04/2017
Agency Contact:	If you have questions about your application, please contact staff at: CreativityConnectsGrants@arts.gov.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

Select Forms to Complete

Mandatory

[Application for Federal Domestic Assistance-Short Organizational](#)

Optional

Instructions

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This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational	
* 1. NAME OF FEDERAL AGENCY: National Endowment for the Arts	
2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 45.024	
CFDA TITLE: Promotion of the Arts_Grants to Organizations and Individuals	
* 3. DATE RECEIVED: 05/04/2017	SYSTEM USE ONLY
* 4. FUNDING OPPORTUNITY NUMBER: 2017NEA01AWCC	
* TITLE: NEA Art Works Creativity Connects, FY2018	
5. APPLICANT INFORMATION	
* a. Legal Name: City of San Luis, Arizona	
b. Address:	
* Street1: P.O. Box 1170	Street2:
* City: San Luis	County/Parish: Yuma
* State: AZ: Arizona	Province:
* Country: USA: UNITED STATES	* Zip/Postal Code: 85349-1170
c. Web Address: http:// www.cityofsanluis.org	
* d. Type of Applicant: Select Applicant Type Code(s): C: City or Township Government Type of Applicant: Type of Applicant: * Other (specify):	* e. Employer/Taxpayer Identification Number (EIN/TIN): 86-0376164 * f. Organizational DUNS: 0787404310000 * g. Congressional District of Applicant: AZ-03
6. PROJECT INFORMATION	
* a. Project Title: Border Voices	
* b. Project Description: To support clear and effective communication among our community's diverse demographic groups and to enhance our residents appreciation of the arts. The Border Voices project will create opportunities for non-artists to utilize the arts as a media for self-expression. Border voices will sponsor workshops in Yuma and San Luis to enable non-artists from the Hispanic, Anglo, and Winter Visitor communities to create works of art to express their perspectives and feelings about the border region. A culminating event where the works will be displayed will take place in San Luis. A mural will be created at this event and work from professional artists will be exhibited which will have a border theme. Radio and art performances will be included in this program in the future.	
c. Proposed Project: * Start Date: 06/01/2018	* End Date: 05/31/2019

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

7. PROJECT DIRECTOR

Prefix: Mr.	* First Name: Lizandro	Middle Name:
* Last Name: Galaviz	Suffix:	
* Title: Director for Parks and Recreation Department	* Email: lgalaviz@cityofsanluis.org	
* Telephone Number: 928-341-8535	Fax Number: 928-627-0153	
* Street1: 965 N Park Ave	Street2: P.O. Box 1170	
* City: San Luis	County/Parish: Yuma	
* State: AZ: Arizona	Province:	
* Country: USA: UNITED STATES	* Zip/Postal Code: 85349-1170	

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

<input checked="" type="checkbox"/> Same as Project Director (skip to item 9):		
Prefix: Mr.	* First Name: Lizandro	Middle Name:
* Last Name: Galaviz	Suffix:	
* Title: Director for Parks and Recreation Department	* Email: lgalaviz@cityofsanluis.org	
* Telephone Number: 928-341-8535	Fax Number: 928-627-0153	
* Street1: 965 N Park Ave	Street2: P.O. Box 1170	
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9. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

** I Agree

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

AUTHORIZED REPRESENTATIVE

Prefix: Mrs.	* First Name: Angelica	Middle Name: v
* Last Name: Castro	Suffix: 	
* Title: Contracts and Grants Coordinator	* Email: acastro@cityofsanluis.org	
* Telephone Number: 928-341-2438	Fax Number: 928-341-8549	
* Signature of Authorized Representative: Angelica V Castro	* Date Signed: 05/04/2017	