



AFRICAN HERITAGE
CULTURAL ARTS CENTER

2018-2019 COMMUNITY CIVIC RESIDENT PROGRAM

(DO NOT SUBMIT THIS PAGE; KEEP FOR YOUR RECORDS)

The **Community Civic Resident Program** consists of Community Based Organizations (CBO) that is desirous of having monthly meetings in a cultural environment. The accepted civic organizations can utilize a space monthly at the African Heritage Cultural Arts Center for their meetings. **This entitles the civic organization to one (1) meeting a month. All other events will incur a cost.** The CBO will need to submit a completed application package that includes a Memo of Understanding (MOU).

- **Community Civic Residents are expected, as a part of exchange, to provide support for the operation, programs and/or events of the African Heritage Cultural Arts Center.** This must be clearly stated and agreed upon within the Memo of Understanding (MOU) and the Support Agreement form.
- Organizations interested are required to complete and submit the Community Civic Resident application and all required documents and agreements along with a \$15.00 (non-refundable) application fee. If any aspect of the application, the required documents and/or residency agreement is incomplete or not **submitted by August 24, 2018, your application will not be considered or approved.**
- Screenings are required along with submission of resumes, news articles, printed materials, support letter, references, videos, portfolio, or any other supportive documents that speaks about your creativity, organizational abilities, artistic quality, community involvement and potential.
- **The \$15.00 application fee is due when the application is submitted.** This processing fee is non-refundable and has no bearing on acceptance.
- If your organization is accepted, you will be required to pay a fee of \$140.00. For organization requesting (2) two meetings a month, the annual fee will be \$193.00. **The program fee is due by September 14, 2018. All other events outside of the approved residency will incur a cost.** The program begins **October 1, 2018 and ends May 31, 2019.**
- **Tax-exempted organizations must present documentation bearing the name of the said organization for tax exempt consideration.**
- Acceptance or rejection into the residency program would be based on availability of space, after all else is considered.
- **Community Civic Residents are required to have or obtain General Liability Insurance that covers their organization** and Miami-Dade County Department of Cultural Affairs, African Heritage Cultural Arts Center if needed.

6161 NW 22nd Avenue Miami, FL 33142

Phone: 305-638-6771 Fax: 305-638-6783 Email: AHCAC@MiamiDade.gov

Revised by J. Jones-Oliver 5.22.2018



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**2018-2019 COMMUNITY CIVIC
RESIDENT APPLICATION**

Office Use Only: Date submitted: <hr/> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Please complete application in its entirety. Along, with application, please submit all required information (i.e. memo of understanding, agreement form, proof of insurance, non-profit documentation, etc.). Use “N/A” to designated items not applicable. Incomplete application packages will not be considered. Please type in responses. Also, please attach your proposed schedule to the application.

Name of Organization or Individual:	
Mailing Address	
President/Director Name:	
Mailing Address:	
Phone Number	
Email Address:	

A. LIST THE FOLLOWING INFORMATION FOR ALL MEMBERS

(attached additional list if applicable):

NAME	ADDRESS	TELEPHONE	EMAIL

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B. IS YOUR ORGANIZATION INCORPORATED? Yes No

Please attach proof of incorporation or explain current status.

C. STATUS OF ORGANIZATION:

- Non-profit with 5013C (Please submit a copy of tax exempt letter)
- Non-profit pending 5013C
- For profit
- Other/Specific _____

D. LIST BOARD MEMBERS (Attached additional list if applicable):

NAME	ADDRESS	TELEPHONE	EMAIL

ORGANIZATION'S MISSION (Attach documents if necessary):

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E. **STATEMENT OF PURPOSE** and brief description of your group and its goals.

F. **RESUME OF YOUR ORGANIZATION** along with resume of organization's leaders and distinguish members. Individual member resumes are optional.

G. **ANY NEWS ARTICLES OR OTHER DOCUMENTS OF YOUR ORGANIZATION.**

RESIDENCY PROPOSED SCHEDULE

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Note: Preferred schedule/location is granted only if available. **The AHCAC Managing Director, Facility Manager, or staff reserve the right to reassign your location in order to accommodate the facility operation, services and emergencies. INITIAL: _____**

Name of Organization or Individual:	
Mailing Address:	

SCHEDULE REQUEST (Attach an alternate schedule if needed)

DAY OF THE WEEK	WEEK	ACTUAL DATE/S (Please List)	EXACT TIME	*PREFERRED LOCATION
<input type="checkbox"/> Monday	<input type="checkbox"/> 1 st Week			<input type="checkbox"/> STUDIO #1 <input type="checkbox"/> STUDIO #2 <input type="checkbox"/> STUDIO #3 <input type="checkbox"/> MUSIC HALL <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Office Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved </div>
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 2 nd Week			
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 3 rd Week			
<input type="checkbox"/> Thursday	<input type="checkbox"/> 4 th Week			
<input type="checkbox"/> Friday				
<input type="checkbox"/> Saturday				
<input type="checkbox"/> Sunday				

COMMUNITY CIVIC RESIDENT SUPPORT AGREEMENT

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1. As an AHCAC resident, **your organization agrees to support the AHCAC’s services, events and activities, as well as its growth, and development.** Below is the 2018-2019 season that includes all of our programming. Please select at least one (1) program that your organization will support. **(Required)**

- Fall Theatrical Production
- Art, Blues & BBQ Festival
- Sankofa Jazz Fest
- Art of a Spiritual
- Entourage Live Music Concert
- African Heritage Youth Theatre (Drama)
- Voices of Heritage (Vocal Music)
- Winds of Heritage (Dance)
- Hand of Vision (Visual Art)
- After School Arts Academy
- Saturday Arts Workshop
- Kuumba Winter Arts
- Spring Arts Workshop

2. **Select at least one (1) way your organization will support the programming (Required)**

- Teach Class/Conduct a workshop
- Tutorial Service
- Sponsor-A-Child
- Marketing/Promotion (Pass out flyers, send email blasts, post on social media, conduct surveys etc.)
- Fundraising Committee
- Hospitality (provide food for artists, welcome committee, etc)
- Audience Development (sell tickets, attend event, usher, production assistant, etc.)
- Donation
- Recruitment

I, _____, as the official representative of the community civic resident organization of the African Heritage Cultural Arts Center known as _____ Do hereby commit to participate in the aforementioned activities and additionally will support and participate in other functions, services, performances and/or exhibit for the African Heritage Cultural Arts Center that are convenient and prearranged. The agreed upon services will be provided within the **2018-2019** season. **Failure to participate or provide the agreed upon services, program(s), support, etc. could and/or will result in the termination of your residency status and privileges.**

Signature

Date

2018-2019 RESIDENCY AGREEMENT

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It is understood that the 2018-2019 residency program is from October 1, 2018- May 31, 2019.

I agree to follow the agreed upon residency schedule and understand that any meeting, program, event, etc. outside of the approved residency schedule from will incur a cost.

I agree to address any concerns to the Center Director or the designated Duty Officers. My organization shall promote the African Heritage Cultural Arts Center Program(s) in a positive manner.

It is understood that the AHCAC Managing Director, Facility Manager, or staff **reserve the right to reassign your location in order to accommodate the facility operation, services and emergencies**

It is understood that as the Community Civic Resident the membership of my organization is **expected to uphold proper decorum.** The rules that govern the residency will be followed to the letter and spirit of its purpose to provide a smooth and efficient operation.

All printed material and media must be submitted to the Administration Department at the African Heritage Cultural Arts Center at least three (3) weeks in advance for the review and approval by the Center Director before any distribution to the public.

All application and Community Civic Resident **fees must be paid in full** before the start of activities or events at the African Heritage Cultural Arts Center.

To my knowledge, none of the members of my organization has anything in their background that will negatively effect or impact Miami-Dade County Department of Cultural Affairs, African Heritage Cultural Arts Center or its patrons.

Print Name

Signature
(Do not type. Please sign in blue ink)

Date

Marshall L. Davis, Managing Director

Date

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