

# MIAMIBEACH

## City of Miami Beach Cultural Affairs Program and Cultural Arts Council Fiscal Year 2018/19 Cultural Affairs Grant Agreement

This Grant Agreement ("Agreement") is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the City of Miami Beach, Florida (the "City"), and ("Grantee").

### Article I / Grant Description

1. Grantee: \_\_\_\_\_  
Grant Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone, fax, e-mail: \_\_\_\_\_  
Cultural Anchor Yes \_\_\_\_\_ No \_\_\_\_\_

2. Grant amount: \$ \_\_\_\_\_ ("Grant" or "Grant Funds")  
*50% of the Grant Funds shall be paid to Grantee upon execution of this Agreement and audited financial statements or proof of funding source showing that Grantee has secured the mandatory 1:1 match for the total Grant amount. The remaining 50% of the Grant Funds shall be paid to Grantee upon completion of the Project, and following the submission by the Grantee and the approval by the City of the Final Report.*

3. Project Description: See Exhibit 1, attached hereto ("Revised Project Description").  
4. Itemized budget: attached hereto. See Exhibits 2-A (Total Project Budget) and 2-B (Grant Award Budget),  
5. Contract effective date: October 1, 2018  
6. Contract submission deadline: March 15, 2019  
7. Expenditure deadline: September 30, 2019  
8. Final Report deadline: Must be postmarked or delivered no later than **November 15, 2019**

\_\_\_\_\_  
Dan Gelber, Mayor

Attest:

\_\_\_\_\_  
Rafael Granado, City Clerk

(Grantee's Corporate Seal Here)



#### GRANTEE:

Federal ID #: \_\_\_\_\_

BY: \_\_\_\_\_  
Printed Name of Organization's Authorized Representative

**(City Attorney Approval below this line)**

Signature \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF MIAMI- DADE

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by  
\_\_\_\_\_ of  
\_\_\_\_\_, a not-for-profit  
corporation. He/She is personally known to me or has  
produced \_\_\_\_\_ as  
identification.

\_\_\_\_\_  
Signature of Notary Public

Notary Name: \_\_\_\_\_

Notary Public, State of Florida

My Commission Expires: \_\_\_\_\_