Connecticut Commission on Culture & Tourism

# ARTS PRESENTATION GRANT APPLICATION – FY 2009

**Deadlines: May 1, 2008 - August 1, 2008 - October 1, 2008**

**Send completed application to:** Susan Murray Docker, Arts Presentation Grant Program, Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

## APPLICANT INFORMATION (ORGANIZATION RESPONSIBLE FOR FINANCIAL MANAGEMENT OF THE PROJECT)

Applicants can apply only once per CCT fiscal year (July- June) - either school **or** PTO can apply once per fiscal year.

Official Organization Name _____

Address _____

City/State/Zip _____

Organization Federal Employer ID # _____

Organization's Phone _____ FAX _____

Main Contact _____ Title _____ Phone _____

E-mail address **(Required)** _____ Web site _____

## CULTURAL DIVERSITY DATA (REQUIRED BY NATIONAL STANDARD FOR ARTS INFORMATION EXCHANGE)

Grantees should code themselves based on the predominant group comprising their staff or board. Use the list below. Organizations should choose the one code that best represents 50% or more of their staff or board.

- ◯ American Indian/Alaskan Native
- ◯ Asian
- ◯ Black/African American
- ◯ Hispanic/Latino
- ◯ White
- ◯ Native Hawaiian/Pacific Islander
- ◯ Multi-Racial

## LEGISLATIVE INFORMATION (FOR APPLICANT – CONTACT TOWN CLERK FOR INFORMATION)

Legislators are contacted about your grant so it is important to give us the correct information.

CT Congressional District # _____ (1-5)

State Senator's Name _____ District # _____

State Representative's Name _____ District # _____

## PROGRAM/EVENT DESCRIPTION

List performing groups or individual artists for which grant is being requested. Presenters must apply for more than one artists or performing group unless the artistic fee is more than $2,000.

Name of Artist/Group

1. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

2. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

3. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

**FOR OFFICE USE:** App #_____

## PROGRAM/EVENT DESCRIPTION (CON'TD)

4. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

5. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

6. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

## PROJECT INFORMATION

If the majority of the grant activities are intended to primarily serve or represent the cultural traditions of one particular group, fill in the appropriate circle. If the grant or activity is not designed to serve or represent any one particular group, choose Multi-Racial.

○ American Indian/Alaskan Native ○ Asian ○ Black/African American ○ Hispanic/Latino

○ White ○ Native Hawaiian/Pacific Islander ○ Multi-Racial

Total performances/readings # _____ Total workshops/demonstrations # _____ Expected audience # _____

Are tickets being sold? ○ Yes ○ No Admission fee/range $ _____ Complimentary tickets # _____

## PROGRAM SUMMARY

Describe the proposed program/event. State why you are producing it and what you hope to accomplish. Schools must describe the curriculum connection. Attach separate sheet if needed.

## NATIONAL DATA STANDARD

To answer this section of questions, please consult the "National Standards Codes" listing on the last page. Enter the appropriate numerical codes as they apply to your organization or project as specified.

Organization's Legal Status _____ Organization's Primary Discipline _____

Organization's Type of Institution _____ Organization's Project Discipline _____

## PROGRAM BUDGET (ROUND TO THE NEAREST DOLLAR)

**Estimated Cash Revenue for program**

**Applicant Cash** $ _____

**Ticket Sales** $ _____

**Individual Contributions** $ _____

**Business Contributions** (Specify source below) $ _____

_____

**Public Funds**

Local Contributions (Specify source below) $ _____

_____

State Contributions - **Do not include CCT grant request** (Specify source below) $ _____

_____

**Grant Amount Requested** (maximum $1000 per artist/$3000 per organization) $ _____
(Grant requested should be equal to one-half of Artistic fee(s)* below)

**TOTAL CASH REVENUE** $ _____

**Estimated Cash Expenses for program**

**Administrative Expenses** $ _____

**Artistic fee(s)* for Directory artist(s)** $ _____

**Fees for non-CCT artists** $ _____

**Technical/Production** $ _____

**Facility and Equipment Rental** (if applicable) $ _____

**Publicity/Printing Expenses** $ _____

**Supplies** $ _____

**Postage and Telephone** $ _____

**Other Expenses** (Specify) _____ $ _____

***Total cash expenses must equal total cash revenue*** **TOTAL CASH EXPENSES** $ _____

## REMINDERS FOR APPLICANTS

- **All items must be completed or the application will not be processed.**
- **A signed copy of the artist(s) contract must accompany this application. Contract(s) must be signed by both parties.**
- **This application must be signed below by authorized official - (Principal, PTO President/Executive Director).**

## CERTIFICATION

Grant funds received in conjunction with this application must only be used to pay artistic fees for CCT's Directory of Preforming Artists and CCT's Directory of Teaching Artists.

Signature _____ Date _____

Name (please print) _____ Title _____

## NATIONAL STANDARD CODES

**Legal Status**

Which category best describes your organization's legal status?

02 Organization - Nonprofit
04 Government - Federal
05 Government - State
06 Government - Regional
07 Government - County
08 Government - City/Town/School
09 Government - Tribal
99 None of the Above

**Type of Institution**

03 Performing Group
04 Performing Group - College/University
05 Performing Group - Community
06 Performing Group for Youth
07 Performance Facility/Presenter
08 Museum - Art
09 Museum – Other (science)
10 Gallery/Exhibition Space
14 Fair/Festival
15 Arts Center-multi purpose arts programming
16 Arts Council/Agency-primary purpose arts
17 Arts Service Organ. - promote arts (VLA/ NASAA)
18 Union/Prof. Assoc. artist coalitions, guilds & societies
19 School District-Regional Schools
20 School - Parent-Teacher Association
21 School - Elementary
22 School - Middle
23 School - High School/Secondary
24 School - Vocational/Technical
25 School - Other/ballet/guitar lessons
26 College/University
27 Library
28 Historical Society/Commission
29 Humanities Council
30 Foundation
32 Community Service Org. -nonarts/YMCA/Rotary/Elks
33 Correctional Institution-prison/reformatory
34 Health Care Facility-nursing home/clinic/hospital
35 Religious Organization
36 Senior Center-elderly care/services over 65
37 Parks and Recreation
47 Cultural Series Organization
48 School of the Arts - arts education primary mission (magnet)
49 Arts Camp/Institute-depth experience ltd time/music camp
50 Social Service Org - social issues
99 None of the Above

**Discipline**

Select the discipline that describes the primary area of work as applies to the applicant and or project.

01 DANCE
01A Dance-Ballet
01B Dance-Ethnic/Jazz
01C Dance-Modern- (Multi-disciplinary)
Use 12A Dance-Traditional/Heritage Arts
02 MUSIC
02A Music-Band – not Jazz/Pop
02B Music-Chamber (1 musician to a part)
02C Music-Choral group
02D Music-New (experimental/electronic/contemporary)
02E Music-Ethnic/Folk
02F Music-Jazz
02G Music-Popular/Rock
02H Music-Solo/Recital
02I Music-Orchestral//classical
Use 12B Music-Traditional/Heritage Arts
03 Opera/Musical Theatre (general)
03A OPERA
03B Musical Theatre
04 THEATER
04A Theatre/General
04B Theatre-Mime performer
04D Theatre-Puppet performance
04E Theatre for young audiences
Use 12D Traditional Storyteller
05 VISUAL ARTS (traditional arts 12C)
06 DESIGN ARTS
08 PHOTOGRAPHY include Holography
10 LITERATURE
10A Literature-Fiction
10B Literature-Non-Fiction
10C Literature-Playwrighting
10D Literature-Poetry
FOLK LIFE
12A Folk/Traditional Dance
12B Folk/Traditional Music
12C Folk/Traditional Crafts & Visual Arts
12D Folk/Oral Traditions traditional storytelling)
14 Multi-disciplinary-two or more arts disciplines