



## CULTURE AND TOURISM PARTNERSHIP GRANTS APPLICATION - FY 2009

**Deadlines: February 14, 2008**

Please send completed application to: Culture and Tourism Partnership Grants,  
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

### APPLICANT INFORMATION

Federal Employer ID # \_\_\_\_\_ Date of Non-Profit Incorporation in CT \_\_\_\_\_  
 Lead Applicant Organization Official Name \_\_\_\_\_  
 Street Address or Location \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 General Organization E-mail \_\_\_\_\_  
 Website address \_\_\_\_\_  
 Executive Director \_\_\_\_\_ E-mail \_\_\_\_\_  
 Application Contact Person \_\_\_\_\_

### PROJECT INFORMATION

This is a new initiative:    Yes    No  
 This is the expansion of a current project/ program:    Yes    No  
 Mandatory disciplines for this project (a minimum of two of the following):    Art    Film    History    Tourism

### LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK)

Federal Congressional District # \_\_\_\_\_ U.S. Representative's Name \_\_\_\_\_  
 State Senate District # \_\_\_\_\_ State Senator's Name \_\_\_\_\_  
 State Assembly District # \_\_\_\_\_ State Representative's Name \_\_\_\_\_

### PROJECT SUMMARY

Supply the title of the project or a 10-15 word description in the following format:

This grant will support \_\_\_\_\_  
 \_\_\_\_\_

Actual dates for the event or promotion, if known: \_\_\_\_\_

### PROJECT PARTNERS

List lead applicants and partner(s) in your project:	Applicant in any other 2009 CTPG?		Identify the discipline (Art, Film, History, Tourism) that each partner best represents.
Lead: _____	Yes	No	_____
P1. _____	Yes	No	_____
P2. _____	Yes	No	_____
P3. _____	Yes	No	_____
P4. _____	Yes	No	_____

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**FOR OFFICE USE:** App # \_\_\_\_\_

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**APPLICATION NARRATIVE**

Answer questions 1-5 in narrative form in no more than two (2) single-spaced typed pages (one side only). Margins should be no less than 3/4 inch on all sides; font size no smaller than 11 point. The project budget is not included in the two-page total.

1. Briefly describe each partnering organization (noting its mission and primary activities), and how the partners will collaborate.
2. Describe the project for which you seek funding. Include key proposed activities, target population (i.e., to whom this project is directed), and estimated project timeline. Specify how requested funds will be used.
3. Describe the benefits of the project to the partners and the community, including economic benefits. Describe the methods and tools for measuring success: ex. target goal for increased memberships, increased audience, tickets sold, overnight rooms rented, coupons redeemed or other quantifiable measures.
4. Explain your plans to sustain this partnership beyond the program/project.
5. If you have previously received a CTPG for a similar activity, clearly describe how the proposed 2009 project is a new or expanded idea.

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**GRANT REQUEST**

\$ \_\_\_\_\_ (up to \$3,000). Must be matched with non-governmental funds on a dollar-to-dollar cash basis.

Project Start Date (no sooner than 7/1/08): \_\_\_\_\_ End Date (no later than 6/30/09): \_\_\_\_\_

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**GRANT HISTORY**

Please indicate amount awarded in past CTPG funding years:

2005 \$ \_\_\_\_\_ 2006 \$ \_\_\_\_\_ 2007 \$ \_\_\_\_\_

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**CHECKLIST**

**6 APPLICATION COPIES ASSEMBLED IN THE FOLLOWING ORDER**

- Application Form with Budget - dated and signed (original signatures)
- Application Narrative - no more than 2 pages

**BEHIND THE COPY MARKED "ORIGINAL," PLEASE ADD THE FOLLOWING**

- IRS Tax Exempt Letter
- Affirmative Action Statement
- W-9 Form

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**SIGNATURE**

Signature of Lead Organization's Authorized Official \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**CULTURE & TOURISM PARTNERSHIP GRANTS BUDGET - FY 2009**

**INCOME**

Please identify each source and the amount of matching funds you plan to apply to the project. Failure to do so renders the budget, and application, incomplete. State or federal funds cannot be used toward the match. **Check the box** next to the income source if this is confirmed at time of application. Do not include in-kind donations.

1. **Income source for Project:** (ticket sales, corporate or individual donors, etc.)

_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____

2. **Lead Applicant Cash:** ( List applicant's cash contribution, if any)

_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____

3. **Partner Cash** (List partner by name and cash contribution, if any)

_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____

**TOTAL CASH INCOME (1-3)** \$ \_\_\_\_\_  
 (Must at least equal CCT request - #4)

4. **CCT REQUEST** (Up to \$3,000) \$ \_\_\_\_\_

**TOTAL PROJECT INCOME** (Including CCT request) **\$** \_\_\_\_\_

**EXPENSES**

Only items deemed "eligible" in grant guidelines can be included in Total Project or CCT Request Funding.

	<b>TOTAL PROJECT</b>	<b>CCT REQUEST</b>
<b>A. Administrative Expenses</b> (Not to exceed 20% of grant request)		
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
<b>B. Program Expenses</b> (please list)		
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
<b>C. Marketing Expenses</b> (please list)		
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
<b>D. Other</b> (please list)		
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$</b> <span style="border: 1px solid black; padding: 2px;">_____</span>	<b>\$</b> <span style="border: 1px solid black; padding: 2px;">_____</span>
	(Must equal Total Project Income)	(Must equal Line 4)