



**CONNECTICUT ARTS ENDOWMENT FUND APPLICATION - FY 2007**

**Deadline: December 15, 2006**

**Send completed application to:** Kathleen DeMeo, CT Arts Endowment Fund,  
Connecticut Commission on Culture & Tourism, One Financial Plaza, 755 Main Street, Hartford, CT 06103

**APPLICANT INFORMATION**

Federal Employer ID # \_\_\_\_\_  
Organization Official Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
Executive Director \_\_\_\_\_ Org. Web Address \_\_\_\_\_  
Application Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Contact's Telephone \_\_\_\_\_ Contact's E-mail \_\_\_\_\_  
Organizational Ethnic Code (Select One)    Asian    Black/African American    Hispanic/Latino    White  
   American Indian/Alaskan Native    Native Hawaiian/Pacific Islander    No Single Group  
Organization Discipline Code (Select One)    Dance    Music    Opera/Music Theatre    Theatre  
                                 Visual Arts    Design Arts    Crafts    Photography    Media Arts    Literature    Multidisciplinary

**LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK)**

U.S. Representative's Name \_\_\_\_\_ District # \_\_\_\_\_  
State Senator's Name \_\_\_\_\_ District # \_\_\_\_\_  
State Representative's Name \_\_\_\_\_ District # \_\_\_\_\_

**CERTIFICATION**

The undersigned certifies that the information contained in this application including attachments, financial statements and other supporting material, is true and correct to the best of his/her knowledge, and understands that failure to respond to any of the items requested in this application may seriously hinder its consideration.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Printed name \_\_\_\_\_ Date \_\_\_\_\_

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

## CONNECTICUT ARTS ENDOWMENT FUND EXPENSE REPORT

Organization Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Year last award received: \_\_\_\_\_ Amount of last award: \_\_\_\_\_ Annual Income\* \_\_\_\_\_

\* Organizations's **operating income** for the year in which the funds were used. If the organization's fiscal year is not yet completed at time of application, estimate figure to the best of your ability.

### USE OF FUNDS

Endowment Fund award was used for (check all that apply):

#### Operating/Admin. Costs

Staff salaries

Professional services

Supplies

Occupancy

Marketing

Other: \_\_\_\_\_

#### Programming Costs

Staff salaries

Professional services

Supplies

Marketing

Other: \_\_\_\_\_

#### Capital Expenses

Organization's Endowment

### EXPENSE NARRATIVE (DO NOT USE EXTRA SHEETS)

Explain specifically how funds were used:

Describe the impact of this funding on your organization and community:

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Organization Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_

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## CHECKLIST

Please submit application with items organized **in the order listed**, from top to bottom, beginning with **this checklist on top**. Staple the pages of each 990 form together. Use a binder clip to hold the entire package together (no other staples, please)

New Applicant      Returning applicant      \_\_\_\_\_ Year last award was received

### ALL APPLICANTS:

Application (one page)

Complete, **signed** copy of organization's **most recent** IRS-990 Form **as filed** for the Fiscal Year ending (month/day/year): \_\_\_\_\_

Complete, **signed** copy of organization's **previous year's** IRS-990 Form **as filed** for the Fiscal Year ending (month/day/year): \_\_\_\_\_

Non-cash entries (*only if* shown on IRS-990 **line 1d** for **one** or **both** years) detailed on a separate sheet.

Copy of IRS 501 (c)(3) determination letter (*most recent notification*)

### FIRST-TIME APPLICANTS:

Certified copy of organization's Certificate of Incorporation (may be obtained from CT Secretary of State's Office, 30 Trinity Street, Hartford, CT 06106; Tel: 860-509-6002)

A brief narrative in support of the **organization's eligibility** to participate in the Arts Endowment Fund

Additional materials that substantiate the organization's **primary purpose as arts-based**, (e.g. a comprehensive list of programs, an indication of expenses related to arts-specific programming) are optional but may also be submitted to support an organization's claim of eligibility

W-9 form

### PREVIOUS RECIPIENTS:

Expense Report (use form provided) detailing the use of organization's most recent award.

**Previous recipients are not required to submit additional support materials.**

**NOTE: Failure to provide required items will render an application ineligible. There will be no opportunity to submit items after the December 15 deadline.**

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**CERTIFICATION FOR NEW APPLICANTS AND RETURNING APPLICANTS  
THAT DID NOT APPLY IN 2005**

Complete this form and attach to organization's Certificate of Incorporation. Submit with original signature. If Board Secretary is unavailable, another officer of the board may sign (with that person's correct title indicated).

I, \_\_\_\_\_, Secretary of \_\_\_\_\_  
*(Print Name of Secretary)* *(Print Name of Organization)*

do hereby certify that the attached is a true and correct copy of this organization's Certificate of Incorporation as filed with the Connecticut Office of the Secretary of State.

\_\_\_\_\_  
*Signature of Secretary of the corporation*

\_\_\_\_\_  
*Typed name of Secretary of the corporation*

\_\_\_\_\_  
*Date*