



## CREATIVE COLLABORATION GRANTS APPLICATION - FY 2009

**Deadlines:** March 6, 2008 - Funding Period: July 1, 2008 and June 30, 2009

Send completed application to: Amy Freidman, Creative Collaboration Grants,  
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

### APPLICANT INFORMATION

Federal Employer ID # \_\_\_\_\_  
Applicant Organization Official Name \_\_\_\_\_  
Street Address or Location \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
General Organization E-mail \_\_\_\_\_ Website \_\_\_\_\_  
Application Contact Person \_\_\_\_\_  
Telephone or Extension \_\_\_\_\_ E-mail Address \_\_\_\_\_

### PROJECT INFORMATION

This a new initiative: Yes No  
This is the expansion of a current project/ program: Yes No  
This project is for (choose one): Residency Professional Development  
\* Special \* This application is for an **American Masterpiece**: Yes No

### 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

Briefly describe your project/program in the space below:

### PROJECT PARTNERS

List (non-lead applicants) partner(s) in your project/program:

1. **Teaching Artist** (must be from CCT's Directory of Teaching Artists): \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

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**APPLICATION NARRATIVE**

Answer questions 2a-d (a-e\* if American Masterpiece application) in a narrative of no more than two (2) single-spaced typed pages (one side only). Margins should be no less than 3/4 inch on all four sides, with font size no smaller than 11 point. Your project budget is not included in the two-page total. Use these section headings:

**a) Project:**

- Describe your project. Include the program design, structure, and activities (target audience/population, location, number of sessions, participants, etc.), as well as timeline. What are the goals and expected outcomes? How will your project impact teaching and learning in, about and through the arts in your targeted setting? Describe the method(s) that you will use to evaluate and document your project and gauge its success. Tell how you will use this information.

**b) Qualifications:**

- Briefly describe the qualifications of the key professional personnel and the organization(s) involved with the project.

**c) Planning:**

- Describe planning process including the teaching artist’s role.

**d) Site-Specific:**

- If your collaboration is school-based, include standards-based curricular connections and intended learning outcomes.
- If you are applying to support professional development for staff, faculty, or volunteers, include intended learning outcomes.

**\*e) For American Masterpiece Application Only:**

- Explain what makes your work of choice an American Masterpiece.

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**GRANT REQUEST**

- *The Commission’s grant is intended as a contribution to support the collaboration.* Teaching artists set their own fees. Applicants are responsible for negotiating teaching artist fees individually.
- *The grant requested must be matched on a one-to-one cash basis.* Projects that exceed the grant request + cash match must identify additional funding sources in the application budget.

Number of days including planning (must be 5+ with same group of learners ): \_\_\_\_\_

Number of days for **American Masterpiece** including planning: \_\_\_\_\_

**Total** Amount Requested: \_\_\_\_\_

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

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**CHECKLIST**

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

Application Form - dated and signed (original signatures)

Application Narrative - no more than 2 pages

Budget - One page

**BEHIND THE COPY MARKED “ORIGINAL,” PLEASE ADD THE FOLLOWING**

IRS Tax Exempt Determination Letter or Municipal Ordinance/Statute. (Schools exempt)

W-9 Form

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**SIGNATURE**

Signature of Authorized Official \_\_\_\_\_

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

**CREATIVE COLLABORATION GRANTS BUDGET - FY 2009****(DO NOT USE THIS BUDGET PAGE FOR AMERICAN MASTERPIECE APPLICATIONS)****A. INCOME APPLIED TO PROJECT**

List the source and amount of income you plan to apply to the project.  
State or federal funds cannot be used as match. Do not include in-kind donations.

**A1. Applicant Cash**

List applicant's cash contribution, if any \$ \_\_\_\_\_

**A2. Other**

Identify source of other contribution, if any

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**A3. TOTAL CASH INCOME (A1-2)**

(Must at least equal CCT request - A4)

\$ \_\_\_\_\_

**A4. CCT REQUEST** (Up to \$2,000)

\$ \_\_\_\_\_

**A5. TOTAL PROJECT INCOME** (Including CCT request)

**\$ \_\_\_\_\_**

(A3+A4)

**B. EXPENSES****TOTAL PROJECT****CCT REQUEST****B1. Administrative Expenses**

(Staff salaries and benefits not applicable)

\$ \_\_\_\_\_

**B2. Direct Project Expenses** (please list)

## a. Total Teaching Artist Fees

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Fee per Residency Day: \$ \_\_\_\_\_

## b. Student transportation

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## c. Applicable project materials and supplies

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## d. Other (please specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES**

**\$ \_\_\_\_\_**

**\$ \_\_\_\_\_**

(Must equal Total  
Project Income - A5)

(Must equal Line A4)

**CREATIVE COLLABORATION – AMERICAN MASTERPIECE BUDGET – FY 2009**

**(USE THIS BUDGET PAGE FOR CREATIVE COLLABORATION – AMERICAN MASTERPIECE APPLICATIONS ONLY)**

**A. INCOME APPLIED TO PROJECT**

List the source and amount of income you plan to apply to the project.  
State or federal funds cannot be used as match. Do not include in-kind donations.

**A1. Applicant Cash**

List applicant's cash contribution, if any \$ \_\_\_\_\_

**A2. Other**

Identify source of other contribution, if any

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**A3. TOTAL CASH INCOME (A1-2)**

(Must at least equal CCT request - A4)

\$ \_\_\_\_\_

**A4. CCT REQUEST** (Up to \$3,000)

\$ \_\_\_\_\_

**A5. TOTAL PROJECT INCOME** (Including CCT request)

**\$ \_\_\_\_\_**

(A3+A4)

**B. EXPENSES**

**TOTAL PROJECT**

**CCT REQUEST**

**B1. Administrative Expenses**

(Staff salaries and benefits not applicable)

\$ \_\_\_\_\_

**B2. Direct Project Expenses** (please list)

a. Total Teaching Artist Fees

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Fee per Residency Day: \$ \_\_\_\_\_

b. Student transportation

\$ \_\_\_\_\_

\$ \_\_\_\_\_

c. Applicable project materials and supplies

\$ \_\_\_\_\_

\$ \_\_\_\_\_

d. Other (please specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES**

**\$ \_\_\_\_\_**

**\$ \_\_\_\_\_**

(Must equal Total Project Income - A5)

(Must equal Line A4)