



**EARLY LEARNING ARTS PROGRAM
PILOT GRANT APPLICATION - FY 2008**

Deadline: February 4, 2008 - Funding Period: May 1, 2008 through June 30, 2009

Send completed application to: Amy Freidman, Early Learning Arts Program,
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

LEAD APPLICANT INFORMATION (SEE PAGE 2 OF GUIDELINES, "WHO MAY APPLY," FOR ELIGIBLE APPLICANT DESCRIPTION)

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 _____
Program Contact Person _____
Program Contact E-mail _____ Telephone _____

LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK)

U.S. Representative's Name _____ District # _____
State Senator's Name _____ District # _____
State Representative's Name _____ District # _____

PROJECT INFORMATION (INDICATE ONE)

This is a new initiative: Yes No
This is an expansion of a current project/ program: Yes No

PROJECT SUMMARY

Briefly describe your program in the space below by completing the following statement:
CCT funds will be used to support:

PROJECT PARTNERS (IF APPLICABLE)

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

1. _____
2. _____

FOR OFFICE USE: App # _____

PARTNER INFORMATION (IF APPLICABLE)

TO BE COMPLETED BY EACH NON-LEAD PARTNER ORGANIZATION - DUPLICATE IF NECESSARY

Partner Organization Official Name _____

Street Address or Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax _____

General Organization E-mail _____ Website _____

Partner Contact Person _____

Telephone or Extension _____ E-mail Address _____

Please provide the following information in the space provided below (do not send separate attachments):

Please summarize the mission of your organization:

Briefly describe your background/history, activity and any other pertinent information:

SIGNATURE

Signature of Authorized Partner Official _____

Title _____ Date _____

APPLICATION NARRATIVE

Respond to topics in sections 1-3 below in a narrative of no more than four (4) 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 program budget is not included in the four-page total.

1. **Program Description:** *Use underlined section headings A-E below to label your narrative.*
 - A. Description: Provide a summary description of your program. Include the overall program design, structure, activities, target population, and timeline.
 - B. Goals: Articulate program goals. Explain how your program will utilize the arts to impact early learning. Articulate expected outcomes.
 - C. Components: Define your program. Include:
 - Setting, scope, activities, duration and frequency. (Where will your program take place? What will students do? When/how often will students meet/activities occur, and for how long each session?)
 - Arts learning component (How will your program promote cognitive, motor, language, social and emotional development through quality arts experiences?)
 - Parent/caregiver component (How does your program address parent/caregiver involvement?)
 - Instructor component (What is your plan to engage instructors?)
 - D. Participants: Describe how you plan to recruit and retain program participants.
 - E. Partnership (if applicable): Define your program’s partners. Explain how the partnership demonstrates a collaborative response to the creative and developmental needs of the target population.

2. **Qualifications:** *Use section heading “Qualifications” to label your narrative.*
 - Describe key professional personnel (e.g. program manager, artists, etc.), their roles and qualifications.

3. **Planning/Implementation:** *Use section heading “Planning/Implementation” to label your narrative.*
 - Describe your plan for program implementation and management (Describe your planning process. How will you promote the program?)
 - Describe the method(s) that you will use to evaluate and document your program and gauge its success. Tell how you will use this information.
 - Explain how you plan to sustain the program beyond the life of this grant.

GRANT REQUEST

- *The Commission’s grant is intended as a contribution to support the program.* Applicants are responsible for negotiating all applicable outside fees (e.g. teaching artists) individually.
- *The grant request must be matched on a one-to-one cash and in-kind basis. (see description for in-kind services in program guidelines).* Programs that exceed the grant request + cash/in-kind match must identify additional funding sources in the application budget.

Total Project Amount: \$ _____

Total Amount Requested: \$ _____

Program Start Date (no earlier than 5/1/08): _____ Program End Date (no later than 6/30/09): _____

TOTAL ORGANIZATION FISCAL SUMMARY - IF NON-ARTS ORGANIZATION, PLEASE SUPPLY EARLY LEARNING PROGRAMMING BUDGET TOTALS

	A. Total budget for last completed fiscal year	B. Total budget for present year	C. Total budget for projected year
FY End Date (month/day/year)	_____	_____	_____
Income	\$ _____	\$ _____	\$ _____
Expenditures	\$ _____	\$ _____	\$ _____

CHECKLIST

5 APPLICATION COPIES ASSEMBLED IN THE FOLLOWING ORDER

- Application Form - dated and signed (original signatures). Be sure to complete legislative information completely and accurately.
- Application Narrative - no more than 4 pages
- Budget - two pages

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

- IRS Tax Exempt Determination Letter or Municipal Ordinance/Statute. (Schools exempt)
- W-9 Form
- A one page background/history of Lead Applicant organization
- A one-page biography of each key professional personnel (e.g. program managers, artists, etc.)

SIGNATURE

Signature of Authorized Official _____
Title _____ Date _____

EARLY LEARNING ARTS PROGRAM PILOT GRANTS BUDGET - FY 2008

A. PROJECT INCOME

List the source and amount of income that will be applied to the project. State or federal funds cannot be used as match.

	I. Applicant	II. Partner (If Applicable)	III. Total (I+II)
A1. Earned Income			
a. Cash	\$ _____	\$ _____	\$ _____
b. Other (itemize)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<i>(Total Earned Income)</i>	\$ _____	\$ _____	\$ _____

A2. Contributed Income - Put a "check" in the box next to **confirmed** sources of income.

a. Foundation (itemize)	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
<i>(Total Foundation)</i>	\$ _____		\$ _____		\$ _____
b. Corporate (itemize)	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
<i>(Total Corporate)</i>	\$ _____		\$ _____		\$ _____
c. Municipal (itemize)	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
<i>(Total Municipal)</i>	\$ _____		\$ _____		\$ _____
d. Other (specify)	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
<i>(Total Other)</i>	\$ _____		\$ _____		\$ _____

A3. SUB-TOTAL (EARNED & CONTRIBUTED) \$ _____ \$ _____ \$ _____

A4. In-Kind* Identify in-kind services below.

**Applicant and partner in-kind goods and services may not total more than 50 percent of the match (A6)*

a. Facility Rental	\$ _____	\$ _____	\$ _____
b. Food	\$ _____	\$ _____	\$ _____
c. Materials/Supplies	\$ _____	\$ _____	\$ _____
d. Services	\$ _____	\$ _____	\$ _____
e. Other (specify)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

A5. SUB-TOTAL (IN-KIND) \$ _____ \$ _____ \$ _____

A6. TOTAL APPLICANT/PARTNER INCOME/MATCH (A3 TOTAL + A5 TOTAL) \$ _____

A7. CCT Request (up to \$25,000, cannot be greater than A6) \$ _____

A8. TOTAL PROJECT INCOME INCLUDING CCT REQUEST (A6 + A7) \$ _____

B. PROJECT EXPENSES

	TOTAL PROJECT EXPENSE	CCT REQUEST
B1. Administrative Expenses		
(e.g. organizational staff, overhead costs, etc.)		
Please include line-item breakdown below.		
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
c. _____	\$ _____	\$ _____
d. _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____
B1. SUB-TOTAL	\$ _____	\$ _____
B2. Outside Professional Services (please list)		
a. Artistic fees (itemize)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
b. Programmatic fees (itemize)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
B2. SUB-TOTAL	\$ _____	\$ _____
B3. Other Program Expenses (please list)		
a. Student transportation	\$ _____	\$ _____
b. Applicable project materials and supplies	\$ _____	\$ _____
Other (specify)		
c. _____	\$ _____	\$ _____
d. _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____
B3. SUB-TOTAL	\$ _____	\$ _____
TOTAL (SUM OF B1, B2, AND B3 SUB-TOTALS)	\$ _____	\$ _____
	(Must equal "Total Project Income" – A8)	(Must equal Line A7)