



**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 # \_\_\_\_\_

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**PARTNER INFORMATION (TO BE COMPLETED BY EACH 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:

**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**

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

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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 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.)

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**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)
<b>A1. Earned Income</b>			
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>	\$ _____		\$ _____		\$ _____

<b>A3. SUB-TOTAL (EARNED &amp; CONTRIBUTED)</b>	<b>\$ _____</b>		<b>\$ _____</b>		<b>\$ _____</b>
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## 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 (A3 Total)*

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

<b>A5. SUB-TOTAL (IN-KIND)</b>	<b>\$ _____</b>		<b>\$ _____</b>		<b>\$ _____</b>
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<b>A6. TOTAL APPLICANT/PARTNER INCOME/MATCH (A3 TOTAL + A5 TOTAL)</b>	<b>\$ _____</b>
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A7. CCT Request	\$ _____
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<b>A8. TOTAL PROJECT INCOME INCLUDING CCT REQUEST (A6 + A7)</b>	<b>\$ _____</b>
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**B. PROJECT EXPENSES**

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