

CONNECTICUT ARTS ENDOWMENT FUND 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)

Organization Name: _____

_____ 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**. Indicate fiscal year end date (month/day/year): _____
- Complete, **signed** copy of organization's *previous year's* IRS-990 Form **as filed**. Indicate fiscal year end date (month/day/year): _____
- IF** an amount shows as **noncash** on **Part 1, line 1d** (1e on 2006 form), provide list of noncash items.
- 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 receive proceeds from the Connecticut 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 (1st page only)

2007 Arts Endowment Fund recipients are NOT required to submit Expense Reports or support materials at this time. Please see new reporting schedule on page 3 of guidelines

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



CONNECTICUT ARTS ENDOWMENT FUND APPLICATION - FY 2008

Postmark Deadline: December 15, 2007 (Hand Deliveries: December 17, 2007)

Send completed application to:

Kathleen DeMeo, Connecticut Arts Endowment Fund, Connecticut Commission on Culture & Tourism
*Note: CCT is moving to **One Constitution Plaza, 2nd floor, Hartford, CT 06103** in early-mid December*
Call 860-256-2800 or check www.cultureandtourism.org *before mailing*

APPLICANT INFORMATION

Organization Federal Employer ID # _____ Year of Nonprofit Incorporation in CT _____
Official Organization Name _____
Street Address _____ Mail Address _____
(if different)
City/State/Zip _____ Telephone _____
Executive Director _____ Org. Web Address _____
Application Contact Person _____ Title _____
Contact's Telephone _____ Contact's Email _____

CULTURAL DIVERSITY DATA (Required by National Standard for Arts Information Exchange)

Check the one code that best represents 50% or more of your staff or board (not audience):

- American Indian/Alaskan Native Asian Black/African American Hispanic/Latino
 Native Hawaiian/Pacific Islander White Multi-Racial

LEGISLATIVE INFORMATION (Town Clerk can supply, based on organization's address)

State Senator's Name: _____ District # _____ CT Congressional District # (1-5) _____
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: Application # _____

ARTS ENDOWMENT FUND WORKSHEET - FOR 990-EZ FILERS ONLY

Attach this form to each 990-EZ form you are submitting.

Amount of contributions, gifts, and grants as shown on Part I, line 1: _____

Amount, if any, of above that represents government grants/contributions: _____

Amount, if any, of above that represents non-cash donations: _____

List non-cash donations for each year if applicable:

I certify that these figures are true and correct.

Signature of Chief Financial Officer* _____

Typed or Printed Name _____ Title _____

* May be an accountant (outside the organization) who prepares the 990-EZ form (preferable) or the Board Treasurer or highest-level staff person responsible for financial matters.