Connecticut Office of the Arts

DECD
State of Connecticut
Department of Economic and Community Development

ARTS PROJECT SUPPORT APPLICATION - FY2012

DEADLINE: FRIDAY, JANUARY 13, 2012

Send completed form to: David Bahlman, Director of Culture, Arts Project Support Program, Department of Economic and Community Development (DECD), Connecticut Office of the Arts (COA), One Constitution Plaza, 2nd Floor, Hartford, CT 06103

EVERY BLANK MUST BE FILLED IN (OR INDICATE N/A) IN ORDER FOR THIS FORM TO BE CONSIDERED COMPLETE AND READY FOR REVIEW

APPLICANT INFORMATION

Federal Employer ID #_____ Date of Non-Profit Incorporation in CT _____

Organization Official Name _____

Organization Also Known As (if different from Official Name) _____

Street Address (required for legislator notification) _____

Mailing Address (if different) _____

City/State/Zip _____

Main Telephone _____ General Email _____

Fax _____ Website Address _____

Executive Director _____

Email* _____ Telephone/Extension _____

Application Contact Person_____

Contact Person's Title _____

Email _____ Telephone/Extension _____

** Required - all notices and information regarding applications will be sent by email to application contact person ONLY*

PROJECT INFORMATION

Title of the project or a 5-15 word description. **This grant will support:**

_____

Total Project Budget: $ _____ Grant Request: $ _____

Percent of Request to Project Budget: _____%

Project Start and End Dates (mm/dd/yy - mm/dd/yy): _____

Organization's FY 2011 **cash operating income: $** _____
(Colleges & Universities report annual income for arts center, theatre, etc. only)

FOR OFFICE USE: Application #_____

APPLICATION CHECKLIST

This checklist includes all items required for an application to be considered complete. Do not submit any materials other than those required. **Check each box to confirm items are enclosed with your application.**

SUBMIT IN THE FOLLOWING ORDER ONE ORIGINAL (SIGNATURES) AND FIVE (5) COPIES:

- ☐ Application - five pages including checklist, budget income and expense forms and financial summary
- ☐ Application Narrative - approximately two (2) pages
- ☐ *Optional*, one-page explanation of income and expense budget items

BEHIND THE ABOVE COPY MARKED "ORIGINAL," ADD THE FOLLOWING:

- ☐ National Standard Data Collection Form - one copy of 3-page form
- ☐ IRS Tax-Exempt Letter - one copy

BEHIND THE ABOVE SIX (6) APPLICATION SETS, IN SEPARATE LARGE ENVELOPES OR FOLDERS SUBMIT A SET OF SUPPORT MATERIALS (see "support materials" in guidelines):

- ☐ Audio or Visual Work Sample - one item listed below:
  1) _____
- ☐ Press, Publicity and Educational Materials - up to three items listed below:
  1) _____
  2) _____
  3) _____
- ☐ *Optional,* self-addressed postage-paid mailer or box for return of support material

SIGNATURE

Under penalties of perjury, I declare that I have examined information contained in the application for this grant and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete, and I am in fact eligible for funding under this grant program. I am aware that the submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public record and/or forfeiture of any funding awarded under this program. I further declare that I have reviewed the Connecticut Office of the Arts Grant Overview Guidelines and acknowledge that it is my responsibility as a grant applicant to become familiar with these guidelines and that failure to comply could result in ineligibility for the grant program. I understand that should I have any questions regarding these guidelines, I may contact DECD. I further understand that all documents submitted become the property of DECD.

Printed Name _____ Title _____

Signature _____ Date _____

ARTS PROJECT SUPPORT BUDGET (INCOME)

Complete the form with projected income for the project for which you seek funding. List only those resources to be applied to the project described in your application, which will occur between March 15, 2012 and March 14, 2013. Total project expenses and income must be equal.

Check boxes next to those sources of income which are **confirmed** at this time.

CONTRIBUTED INCOME ANTICIPATED FOR PROJECT

Specify source(s) below:

1. Grants from Federal Government $_____ ☐ _____
2. Grants from State Government (do not include COA request) $_____ ☐ _____
3. Grants from Municipal Government $_____ ☐ _____
4. Contributions from Individuals $_____ ☐
5. Contributions from Private Foundations $_____ (total)

Specify each source below:	Amount Requested	Most Recent Award from Source	Year Rec'd
_____	$_____ ☐	$_____	_____
_____	$_____ ☐	$_____	_____
_____	$_____ ☐	$_____	_____
_____	$_____ ☐	$_____	_____

6. Corporate/Business Contributions $_____(total)

Specify each source below:			
_____	$_____ ☐	$_____	_____
_____	$_____ ☐	$_____	_____
_____	$_____ ☐	$_____	_____
_____	$_____ ☐	$_____	_____

7. Other Contributed (such as other arts organizations)
   _____ $_____ ☐
8. Applicant Cash $_____ ☐

9. Subtotal Contributed Income $_____

EARNED INCOME ANTICIPATED FOR PROJECT

10. Admissions/Ticket Sales $_____
11. Programs and Services Revenue $_____
12. Other Earned (please list):
    _____ $_____
    _____ $_____

13. Subtotal Earned Income $_____

14. Commission Grant Request $_____

TOTAL CASH INCOME $_____ (lines 9+13+14)

IN-KIND CONTRIBUTIONS

Estimate the value of in-kind contributions for this project if applicable: $_____

***** Clarify any specific budget items which might be questioned by reviewers. Explanation of income and expense budget items should not exceed one page.

ARTS PROJECT SUPPORT BUDGET (EXPENSES)

Complete the form with projected expense information for the project for which you seek funding. List only those expenses for the project described in your application, which will occur between March 15, 2012 and March 14, 2013. Total project expenses and income must be equal. Administrative salaries may not exceed 20% of project costs.

EXPENSES ANTICIPATED FOR PROJECT

		Job Title	Amount	Percent of time spent on project
1. Salaries				
a. Administrative	$_____ (total)			
Specify each person involved:		_____	$_____	_____%
		_____	$_____	_____%
		_____	$_____	_____%
b. Programmatic/Artistic	$_____ (total)			
Specify each person involved:		_____	$_____	_____%
		_____	$_____	_____%
		_____	$_____	_____%
c. Technical/Production	$_____ (total)			
Specify each person involved:		_____	$_____	_____%
		_____	$_____	_____%
		_____	$_____	_____%
d. Other	$_____			
Specify:		_____	$_____	_____%
2. Outside Professional Services				
a. Programmatic/Artistic	$_____			
b. Technical/Production	$_____			
c. Administrative	$_____			
d. Other	$_____			
3. Supplies, Materials & Merchandise	$_____			
4. Telephone, Postage & Shipping	$_____			
5. Space Rental; Occupancy Costs	$_____			
6. Marketing/Publicity/Advertising	$_____			
7. Outside Printing/Publication	$_____			
8. Transportation & Travel	$_____			
9. Insurance	$_____			
10. Other (specify) _____	$_____			
_____	$_____			
_____	$_____			
TOTAL CASH EXPENSES	$_____			

***** Clarify any specific budget items which might be questioned by reviewers. Explanation of income and expense budget items should not exceed one page.

ARTS PROJECT SUPPORT FINANCIAL SUMMARY

- **All non-profit organizations:** provide a summary of organization's total unrestricted **operating** cash income and expenses for the current and last completed fiscal year.
- **Universities and colleges:** provide a summary of the school's **arts program or venue** (e.g., theatre, arts center) for which funds are sought.
- Do **not** include the value of cash reserves or in-kind donations, or income/expenses related to building projects, improvements or renovations.

Applicant Name: _____

Organization's fiscal year start and end dates (mm/dd - mm/dd): ___/___ -___/ _____

Amount of accumulated deficit organization presently carries, or debts owed if any: $_____

Organization Fiscal Year Ending:	Actual 2009	Actual 2010	Board Approved or Actual 2011
1. Earned Income			
2. Contributed Income			
3. Total Income			
4. Operating Expenses			
5. Net Income / Loss (line 3 minus 4)			

1) Explain the reason for any major increases or decreases (+or -20% or more) in **any** category in the past three years.

2) If the organization shows operating deficits, or owes debts, describe your plan to reduce or eliminate them:

Verification of information (signature **required)** by chief financial officer: _____

Name: _____ Title: _____ Date: _____