Connecticut Office of the Arts

DECD
State of Connecticut
Department of Economic and Community Development

CREATIVE PLACEMAKING PILOT PROGRAM – FY2012 APPLICATION

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 _____

Mailing Address (if different) _____

City/State/Zip _____

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: _____%
* If less than 100% COA funding, identify other funding sources in budget and attach an addendum with explanation.

Project Start and End Dates (mm/dd/yy - mm/dd/yy): _____
*Must fall between February 1, 2012 - June 30, 2013

PARTNER INFORMATION (ATTACH SECOND PAGE, IF NEEDED)

List Partners	Key Contact	Email address
P1. _____	_____	_____
P2. _____	_____	_____
P3. _____	_____	_____
P4. _____	_____	_____
P5. _____	_____	_____

APPLICATION NARRATIVE

Answer questions in narrative form in no more than five (5) single-spaced typed pages (one side only). Please use an easily readable font no smaller than 11 point.

1. Describe the project for which funds are requested (who, what, when, place; be specific).
   a. If the project has multiple components, provide a detailed description of each component.
   b. If the project has multiple phases, provide a detailed outline of each phase.

2. Provide the background of your town/city/region. Discuss the extent to which the project will do one or more of the following: 1) improve livability; 2) enhance economic development; 3) leverage and expand creative sector assets; 4) engage the community.

3. Define the immediate and long-term objectives of the project, including but not limited to, physical aspects, programming, community building. Describe how you will track and evaluate progress toward your objectives.

4. Describe the planning process used by your organization for the project. If collaborating with other entities, describe the joint planning process and how the project relates to your organization's and your partners' overall objectives.

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:

- ☐ 2-page Application Form
- ☐ Application Narrative - no more than five (5) pages
- ☐ Project Budget, including total project income, total project expenses and specific expense allocations
- ☐ National Standard Data Collection Form

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 _____