Connecticut Office of the Arts

DECD
State of Connecticut
Department of Economic and Community Development

GENERAL OPERATING SUPPORT (ARTS) APPLICATION – FY 2012

DEADLINE: FRIDAY, NOVEMBER 4, 2011

Send completed form to: David Bahlman, Director of Culture, Arts General Operating 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 _____

(*Note: Only FY11 GOS grantees are eligible in FY12*)

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 _____

E.D. Email _____ E.D. Telephone/Extension _____

Application Contact Person_____

Contact Person's Title _____

Email * _____ Telephone/Extension _____

Board Chair _____

Email _____ Telephone/Extension _____

*** Required - all notices and information regarding applications will be sent by email ONLY to contact person It is the responsibility of the organization to inform us of any changes.**

SUMMARY INFORMATION

For your organization's fiscal year ending in 2010 report:

Total cash **Operating Income:** $_____ Total cash **Operating Expenses**: $_____

Full-Time Paid Administrative Staff:_____ Part-Time Paid Administrative Staff: _____ Volunteer Staff: _____

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 (1) SET WITH ORIGINAL SIGNATURES AND TWO (2) COPIES:

- ☐ Application Form - One page, which includes the checklist (GOS PDF fillable form)
- ☐ Narrative - no more than two pages
- ☐ Staff List (one page)
- ☐ Board of Directors - no more than two pages (in format specified in GOS guidelines)
- ☐ Financial Summary Form - one page (GOS PDF fillable form)

BEHIND THE FIRST SET MARKED "ORIGINAL," ADD THE FOLLOWING:

- ☐ National Standard Data Collection Form - three pages, one copy
- ☐ Financial Statement (FY 2010)
- ☐ Current long-range or Strategic Plan if available (optional)

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 _____

FINANCIAL SUMMARY

Important: Read page 4 of the application guidelines before completing this form to be sure you are reporting correctly. You may wish to consult previously submitted financial summaries. Report **unrestricted cash income for operating activities only.**

Applicant Name: _____

Organization's accounting year start & end dates (month, day): _____ - _____

(Check box) Does your organization have an endowment? ☐ a cash reserve fund? ☐ or neither? ☐

Indicate the current value of investments: $_____

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

Report for your fiscal years ending in:	**2008** (07-08)	**2009** (08-09)	**2010** (09-10)	**2011*** (10-11)	* Board-approved or Actual
1. Earned Income					
2. Contributed Income					3-Year Average Income**
3. Total Income (line 1 plus 2)					
4. Operating Expenses					
5. Net Income/Loss (line 3 minues line 4)					

**** Total income** for fiscal years **2008, 2009 and 2010** divided by three.

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:

I verify that the figures reported on this form are true and correct to the best of my knowledge. I further affirm that the income figures represent cash allotted only to operational activities for the years indicated.

Signature of accountant or chief financial officer: _____

Name: _____ Title: _____ Date: _____