

ORGANIZATIONAL SUPPORT PROGRAM - INTENT TO APPLY

DEADLINE: THURSDAY, JANUARY 11, 2007

Send completed form to: Kathleen DeMeo, OSP Intent to Apply, Connecticut Commission on Culture & Tourism, One Financial Plaza, 755 Main Street, Hartford, Connecticut, 06103. Telephone: 860-256-2735

DISCIPLINE OF APPLICANT ORGANIZATION (See glossary for definitions; Select one only)

- | | | | | |
|----------------------------------|---------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Music | <input type="checkbox"/> Literature | <input type="checkbox"/> Multi-Disciplinary | <input type="checkbox"/> Presenter |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Design | <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Media Arts | <input type="checkbox"/> Non-Arts Organization with Arts Program |

Federal Employer ID # _____ Date of Non Profit incorporation in CT _____

Organization Official Name _____

Street Address _____ Mailing Address (if different) _____

City/State/Zip _____ Main Telephone _____

Fax _____ Website Address _____

Contact Person _____ Tel. _____ Email _____

CULTURAL DIVERSITY DATA (Required by National Standard for Arts Information Exchange - New Applicants only)

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

- | | | | |
|---|--------------------------------|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | |

LEGISLATIVE INFORMATION (Town Clerk can supply, based on organization's address - New Applicants only)

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

State Representative's Name _____ District # _____

GRANT CATEGORY (Check one. Refer to the table on page 5 of the guidelines. Contact Kathleen DeMeo for assistance)

- General Operating Support** **Project Support**

Project Support Applicants only: Supply the title of the project or a 10-15 word description in the following format:

This grant will support _____

FINANCIAL INFORMATION

All applicants: Report organization's **actual totals** for last completed fiscal year's **Operating Budget** (FY 2006). If your fiscal year recently ended, estimate as closely as possible. Do not include capital income or expenses, endowment funds, cash reserves, loan payments/penalties or in-kind donations.

FY end date (mm/dd/06): _____ Income: \$ _____ Expenses: \$ _____
 (Minimum \$25,000 required for GOS)

Project Support applicants only: Report total project cost: \$ _____ (Minimum \$10,000)

Project grant request amount: \$ _____ (Cannot exceed: • \$30,000 returning applicants; \$20,000 new applicants
 • 50% of total project cost • 10% of organization operating income)

Signature of Contact Person _____ Title _____