Connecticut Commission on Culture & Tourism

ORGANIZATIONAL SUPPORT PROGRAM INTERIM REPORT – FY 2008

DEADLINE TUESDAY, FEBRUARY 6, 2007

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

APPLICANT INFORMATION

Organization Name _____ FEI#_____

Street Address _____ Mail Address (if different)_____

City/State/Zip_____ Web Address: _____

Exec. Director_____ Tel._____ Email _____

Board Chair _____ Tel._____ Email _____

Contact Person_____ Tel._____ Email _____

LEGISLATIVE INFORMATION (Based on organization's address. If address changed in the last year, see guidelines)

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

State Representative's Name: _____ District #_____

OPERATIONAL/ADMINISTRATIVE UPDATE

If you check any item (1-4) below, explain in detail on page 2.

☐ 1. There have been changes in key staff and/or board leadership in the last 12 months.

☐ 2. There have been changes in our facilities in the last 12 months that affect our programming.

☐ 3. We have begun/will begin new programs or initiatives that represent more than 20% of our activities or budget.

☐ 4. We have suspended/will suspend or eliminate initiatives that represent more than 20% of our activities or budget.

FINANCIAL UPDATE

If you check any item (5-7) below, explain in detail on page 2. Also complete Financial Summary Form on page 3 and submit Financial Statements as described in guidelines.

☐ 5. There has been a reduction of 20% or more in income in the last completed fiscal year. (2006).

☐ 6. There has been a reduction of 20% or more in expenses in the last completed fiscal year (2006).

☐ 7. Events have occurred that might affect the future financial condition of the organization.

CERTIFICATION

I certify that the information contained in this report including attachments, financial statements and other supporting material, is true and correct to the best of my knowledge.

Authorized Official's Name_____ Signature_____

Title_____ Date_____

NARRATIVE/EXPLANATION OF CHANGES

Applicant Name: _____

Summarize your organization's activities/major accomplishments for the past year. Describe any changes in board, staff, programming or financial condition. If you **checked a statement on page 1**, identify by number (1-7) and **explain in detail.** Type responses directly on this form or on a separate page using headings seen here. Do not exceed one page.

FINANCIAL SUMMARY

Note: This page is alternately provided as a Microsoft Excel formatted worksheet.
Complete the budget summary below. Include cash income for operating activities only. The cost of standard office equipment, including computers, may be included in your budget. Do **not** include capital expenses:

- Expenses and purchases related to the renovation or new construction of facilities;
- Major equipment purchases intended for permanent installation;
- Equipment with a life expectancy of more than three years and a monetary value of more than $500.

Applicant Name _____

Most recently completed fiscal year ended: (month/day): ___/___/06

Indicate if fiscal year 2006 figures are: ☐ Audited or ☐ Unaudited

	Actual 2004	Actual 2005	Actual 2006	Budgeted 2007	Projected 2008
1. Earned Income					
2. Contributed Income					
3. Total Income (line 1 plus 2)					
4. Operating Expenses					
5. Net Income/Loss (line 3 minus line 4)					

Three-Year Average Income: ☐ (Add total income for years 2004, 2005 and 2006 and divide by three)

1) Indicate the amount of accumulated deficit, if any, the organization is carrying: $_____

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

3) If the organization shows a sizeable operating surplus for FY 2006, indicate what it will be used for:

4) If the organization shows an operating deficit or is carrying debt, describe your plan to reduce or eliminate it:

Verification of this information (signature required) by C.F.O./Board Treasurer: _____

Name: _____ Title: _____ Date: _____