



# ORGANIZATIONAL SUPPORT PROGRAM APPLICATION - FY 2009

**DEADLINE: WEDNESDAY, FEBRUARY 6, 2008**

Send all materials to: Kathleen DeMeo, **OSP Application**, Connecticut Commission on Culture & Tourism  
(New Address:) One Constitution Plaza, 2nd Floor, Hartford, Connecticut, 06103. Telephone: 860-256-2735

## APPLICANT INFORMATION

Organization Official Name \_\_\_\_\_ Year Incorporated \_\_\_\_\_

Organization Also Known As (if different from official name) \_\_\_\_\_

Street Address \_\_\_\_\_ Mail Address (if different) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Web Address: \_\_\_\_\_

Exec. Director \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

Board Chair \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Title \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Contact Email \_\_\_\_\_

## GRANT CATEGORY

General Operating Support

Project Support\*

\* Title of the project or a brief description. **This grant will support:** \_\_\_\_\_

## BUDGET/STAFF SUMMARY

**All non-profit organizations** (applying for GOS or Project support): Report organization's **actual totals** for last completed fiscal year's **Operating Budget** (FY2007). **Colleges/Universities:** Provide FY07 cash operating income/expenses for arts programming component (e.g., theatre, arts center) for which funds are sought. If fiscal year recently ended, give best available figures/finalized due by 4/1. Do not include capital income or expenses, endowment funds, cash reserves, or in-kind donations.

FY End Date (mm/dd/07): \_\_\_\_\_ Income: \_\_\_\_\_ Expenses: \_\_\_\_\_

Does organization have an Endowment? \_\_\_\_\_ If so, has organization drawn from Endowment in the last 12 months? \_\_\_\_\_

Number Full-Time Paid Staff: \_\_\_\_\_ Number Part-Time Paid Staff: \_\_\_\_\_ Number Volunteer Staff: \_\_\_\_\_

For **Project Support** grants only, answer the following: (see limitations on request amount, guidelines page 5)

Total Project Budget: \_\_\_\_\_ Grant Request: \_\_\_\_\_ Percent of Grant to Budget: \_\_\_\_\_%

Project Activity Code (see glossary, page 36): \_\_\_\_\_ Project Start & End Dates (mm/dd/yy - mm/dd/yy): \_\_\_\_\_

## CERTIFICATION

We understand that failure to respond to any of the items requested in this application may seriously hinder its consideration. We certify that the information contained in this application including attachments, financial statements and other supporting material, is true and correct to the best of our knowledge.

Signature Authorized Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Staff Use: App. # \_\_\_\_\_

## BUDGET INCOME FORM FOR GENERAL OPERATING SUPPORT

**Note: Budget forms are also available in Excel Format (preferred)**

Complete the form with income information figures based on your organization's fiscal year. Include only **cash income for operating activities**; do not include capital campaign revenue or in-kind goods/services. Round to the nearest dollar.

Put a "check" in the box next to any **confirmed sources of income for FY09**.

	Actual FY2007	Approved FY2008	Projected FY2009	
<b>CONTRIBUTED INCOME</b>				
1. Government				
a. Federal <small>anticipated CCT)</small>	\$ _____	\$ _____	\$ _____	□
b. State (may include past or	\$ _____	\$ _____	\$ _____	□
c. Regional	\$ _____	\$ _____	\$ _____	□
d. Municipal	\$ _____	\$ _____	\$ _____	□
2. Individual	\$ _____	\$ _____	\$ _____	□
3. Foundation	\$ _____	\$ _____	\$ _____	□
4. Corporate	\$ _____	\$ _____	\$ _____	□
5. Special Events/Fundraisers	\$ _____	\$ _____	\$ _____	
6. Endowment Transfer	\$ _____	\$ _____	\$ _____	
7. SUBTOTAL	\$ _____	\$ _____	\$ _____	

**EARNED INCOME**

8. Program Income				
a. Admissions	\$ _____	\$ _____	\$ _____	
b. Classes/Workshops	\$ _____	\$ _____	\$ _____	
c. School Programs/Tours	\$ _____	\$ _____	\$ _____	
9. Membership Dues	\$ _____	\$ _____	\$ _____	
10. Contracted Services	\$ _____	\$ _____	\$ _____	
11. Other (List) _____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
12. SUBTOTAL	\$ _____	\$ _____	\$ _____	

TOTAL CASH INCOME  
(Total line 7 and 12)

\$ _____	\$ _____	\$ _____
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Applicant Name: \_\_\_\_\_

## BUDGET EXPENSE FORM FOR GENERAL OPERATING SUPPORT

**Note: Budget forms are also available in Excel Format (preferred)**

Complete the form with **cash operating expenses** based on your organization's fiscal year. Important: see budget glossary to determine where to list various expenses.

<b>EXPENSES</b>	<b>Actual 2007</b>	<b>Approved 2008</b>	<b>Projected 2009</b>
1. Salaries			
a. Administrative (ED total salary here)	\$ _____	\$ _____	\$ _____
b. Programmatic/Artistic	\$ _____	\$ _____	\$ _____
c. Technical/Production	\$ _____	\$ _____	\$ _____
d. Other	\$ _____	\$ _____	\$ _____
2. SUBTOTAL SALARIES	\$ _____	\$ _____	\$ _____
3. Outside Professional Services			
a. Programmatic/Artistic	\$ _____	\$ _____	\$ _____
b. Technical/Production	\$ _____	\$ _____	\$ _____
c. Administrative	\$ _____	\$ _____	\$ _____
d. Other	\$ _____	\$ _____	\$ _____
4. SUBTOTAL PROF. SERVICES	\$ _____	\$ _____	\$ _____
5. Supplies	\$ _____	\$ _____	\$ _____
6. Telephone	\$ _____	\$ _____	\$ _____
7. Postage & Shipping	\$ _____	\$ _____	\$ _____
8. Space Rental/Occupancy Costs	\$ _____	\$ _____	\$ _____
9. Marketing/Publicity/Advertising	\$ _____	\$ _____	\$ _____
10. Outside Printing/Publication	\$ _____	\$ _____	\$ _____
11. Travel	\$ _____	\$ _____	\$ _____
12. Other (List) _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
13. SUBTOTAL LINES 5-12	\$ _____	\$ _____	\$ _____
<b>TOTAL CASH EXPENSES</b> (Total lines 2, 4 and 13)	\$ _____	\$ _____	\$ _____

Applicant Name: \_\_\_\_\_

## FINANCIAL SUMMARY FORM FOR GOS APPLICANTS

Complete the budget summary below. Include **cash income for operating activities only**. Do **not** include the value of in-kind donations. The cost of standard office equipment, including computers, may be included in your budget.

Do **not include capital campaign revenue** or capital expenses:

- Expenses and purchases related to the renovation or new construction of cultural facilities;
- Major equipment purchases intended for permanent installation within cultural facilities;
- 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): \_\_\_/\_\_\_/07

Indicate if fiscal year 2007 figures are: Audited \_\_\_ or Unaudited \_\_\_

	Actual 2005	Actual 2006	Actual 2007	Approved 2008 Budget	
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 minus line 4)					

\* Add **total income** for fiscal years **2005, 2006 and 2007** and divide by three.

- 1) Indicate the amount of accumulated deficit, if any, the organization is currently 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 2007, indicate what it will be used for:
  
- 4) If the organization shows operating deficits, or is carrying debt, describe your plan to reduce or eliminate it:

**Verification** of this information (signature required) by chief financial officer: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## BUDGET INCOME FORM FOR PROJECT SUPPORT

**Note: Budget forms are also available in Excel Format (preferred)**

Complete the form below with projected income information for the project for which you seek funding. List only those resources to be applied to the project described in your application (which occurs between July, 2008 and June 2009). **Total project expenses and income must be equal.** Round figures to the nearest dollar.

Put a "check" in the box next to confirmed sources of income. **See budget glossary for clarification of terms.**

### CONTRIBUTED INCOME ANTICIPATED FOR PROJECT

- 1. Government
  - a. Federal \$ \_\_\_\_\_
  - b. State (do not include CCT request) \$ \_\_\_\_\_
  - c. Regional \$ \_\_\_\_\_
  - d. Municipal \$ \_\_\_\_\_

2. Individual \$ \_\_\_\_\_

3. Foundation	\$ _____ (total)	Amount Requested	Most Recent Award from Source	Year Received
Specify each source below:				
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____

4. Corporate/Business	\$ _____ ( total)			
Specify each source below: (include Greater Hartford Arts Council grant here if applicable)				
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____

5. Special Events/Fundraisers	\$ _____ (total)			
Specify each source below:				
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____
_____	\$ _____	<input type="checkbox"/>	\$ _____	_____

6. Applicant Cash \$ \_\_\_\_\_

7. SUBTOTAL CONTRIBUTED INCOME \$ \_\_\_\_\_

Applicant Name: \_\_\_\_\_

*(Continue to next Project Income Form)*

**BUDGET INCOME FORM FOR PROJECT SUPPORT (CONTINUED)**

**EARNED INCOME ANTICIPATED FOR PROJECT** (July 1, 2008 - June 30, 2009)

8. Program Income

- a. Admissions \$ \_\_\_\_\_
- b. Classes/Workshops \$ \_\_\_\_\_
- c. School Programs/Tours \$ \_\_\_\_\_

9. Membership Dues \$ \_\_\_\_\_

10. Contracted Services \$ \_\_\_\_\_ (total)

Specify below:

- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

11. Other (please list):

- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

12. SUBTOTAL EARNED INCOME \$ \_\_\_\_\_

13. **Commission Grant Request** \$ \_\_\_\_\_

14. TOTAL CASH INCOME \$ \_\_\_\_\_

**IN-KIND CONTRIBUTIONS**

Estimate the in-kind contributions for this project. **Do not add this total to the cash revenue.**

Source	Items/Services	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total In-Kind Contributions: \$ \_\_\_\_\_

Applicant Name: \_\_\_\_\_

*(Continue to Project Expense Form)*

## BUDGET EXPENSE FORM FOR PROJECT SUPPORT GRANT

Complete the form with projected expense information **for the project for which you seek funding** (which occurs between July 1, 2008 and June 30, 2009). List only those expenses for the project described in your application. Total project expenses and income must be equal. **Up to 20%** of the total project budget may include overhead or project administration expenses. **See budget glossary for clarification of terms.**

**EXPENSES ANTICIPATED FOR PROJECT**

	Job Title	Amount	Percentage of time spent on project
<b>1. Salaries</b>			
a. Administrative		\$ _____ (total)	
Specify each person involved:	_____	\$ _____	_____ %
	_____	\$ _____	_____ %
	_____	\$ _____	_____ %
b. Programmatic/Artistic		\$ _____ (total)	
Specify each person involved:	_____	\$ _____	_____ %
	_____	\$ _____	_____ %
	_____	\$ _____	_____ %
c. Technical		\$ _____ (total)	
Specify each person involved:	_____	\$ _____	_____ %
	_____	\$ _____	_____ %
	_____	\$ _____	_____ %
d. Other		\$ _____	
Specify:	_____	\$ _____	_____ %
<b>2. Outside Professional Services</b>			
a. Programmatic/Artistic		\$ _____	
b. Technical/Production		\$ _____	
c. Administrative		\$ _____	
d. Other		\$ _____	
<b>3. Supplies</b>		\$ _____	
<b>4. Telephone</b>		\$ _____	
<b>5. Postage &amp; Shipping</b>		\$ _____	
<b>6. Occupancy</b>		\$ _____	
<b>7. Marketing/Publicity/Advertising</b>		\$ _____	
<b>8. Outside Printing/Publication</b>		\$ _____	
<b>9. Travel</b>		\$ _____	
<b>10. Other (specify) _____</b>		\$ _____	
_____		\$ _____	
_____		\$ _____	
<b>TOTAL CASH EXPENSES</b>		\$ _____	<b>Applicant Name:</b> _____

## FINANCIAL SUMMARY FORM FOR PROJECT SUPPORT APPLICANTS

- **All non-profit organizations:** provide a summary of organization’s total **operating** cash income and expenses for the current and last completed fiscal year.
- **Universities and colleges:** provide a summary of the school’s **arts programming entity** for which you seek funding (e.g., performing arts center, theatre, museum, gallery) for the current and last completed fiscal year.

The cost of 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 cultural facilities;
- Major equipment purchases intended for permanent installation within cultural facilities;
- Equipment with a life expectancy of more than three years and a monetary value of more than \$500.

Applicant Name: \_\_\_\_\_

	Actual 2006	Actual 2007	Approved 2008 Budget
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)			

Most recent fiscal year ended:  
(month/day): \_\_\_\_/\_\_\_\_/ 07

Indicate if FY2007 figures are:  
Audited \_\_\_\_ or Unaudited \_\_\_\_

- 1) Indicate the amount of accumulated deficit, if any, the organization is carrying: \$ \_\_\_\_\_
- 2) If your organization/program is projecting an increase or decrease of 20% or more in any category, explain why: \_\_\_\_\_
  
- 3) If the organization shows a sizeable operating surplus for FY 2007, indicate what it will be used for: \_\_\_\_\_
  
- 4) If the organization shows operating deficits or is carrying debt, describe your plan to reduce or eliminate it: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# SUPPORT MATERIAL INVENTORY FORM

All applicants are required to submit support material.

This form will be used to track and return support material. For mail return, remember to supply a self addressed stamped mailer or box. Materials must be claimed at the Commission office **between July 1 – September 1, 2008**. Materials will be discarded after September 1<sup>st</sup> if no instruction is given.

Applicant Name: \_\_\_\_\_

Should items be returned?    No \_\_\_\_\_                      Yes, Will Pick Up \_\_\_\_\_                      Yes, SASE Enclosed \_\_\_\_\_

## 1. AUDIO, VISUAL AND/OR PUBLICATION MATERIALS

Submit two complete sets of support materials. Choose up to two of the following media. Check box to indicate what you are submitting.

- VHS video cassette or DVD (one)
- Audio Compact Disc (one)
- Photographs (no more than 10)
- Book/Magazine/Journal/Catalog (limit of four different items)

## 2. ADDITIONAL PRINTED SUPPORT MATERIAL

Identify the items you are submitting (example: catalog annual report, teacher guides, and curriculum materials). Submit up to five items.

Item:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## AFFIRMATIVE ACTION AND A.D.A. COMPLIANCE FORM

Commission on Culture & Tourism grant recipients are required to comply with all governmental regulations concerning Affirmative Action. Connecticut cultural organizations may not discriminate in their programs, hiring practices or board membership on the basis of race, gender, religion, creed, color, national origin, disability, sexual orientation or age.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

### AFFIRMATIVE ACTION COMPLIANCE

Please list the date (or dates) when the organization’s Board of Directors approved an Affirmative Action Plan or Statement of Policy. This document may be requested as needed by the Commission on Culture & Tourism, the State Attorney General’s Office or the State Commission on Human Rights and Opportunities Office.

Do you have an Affirmative Action plan or policy?  Yes  No If yes, date(s) of plan \_\_\_\_\_

### A.D.A. COMPLIANCE

Commission on Culture & Tourism grant recipients are required to comply with the provisions of the Americans with Disabilities Act (ADA) of 1990 which prohibits discrimination on the basis of disability. Private arts and other non-profit organizations fall under Title III of the ADA, “places of public accommodation,” including “places of public display or collection” such as museums.

All organizations that are recipients of **federal aid** (e.g., National Endowment for the Arts funds) also hold accessibility obligations under Section 504 of the Rehabilitation Act. In addition, the Connecticut state statutes prohibit discrimination on the basis of disability. Although all of the aforementioned laws are distinctive, they have in common the requirement that programs, services and architectural facilities must be as accessible as possible.

Check those standards with which your organization complies:

**Parking** must allow one accessible space for every 1-25 spaces. One in every eight accessible spaces, but not less than one, shall be “van accessible.” Spaces must be marked with the international symbol of accessibility and must be closest to the accessible entrance. Paved walkways should lead to the building entrance.

**Exterior entrance** should be clear of stairs or ramped. The doorway must be wide enough to accommodate wheelchairs and be located near accessible parking.

**Restrooms, telephones and drinking fountains** should be accessible to people with mobility disabilities, including wheelchair users.

**Printed materials** should be available in alternate formats for individuals who cannot read standard print.

**Programming** must be accessible to persons with disabilities. For example, exhibition display cases should be set up so objects may be viewed comfortably by a seated person. Touch tours may be appropriate for permanent collections. Visual and performing arts groups should provide audio descriptions for persons who are partially sighted or blind and open- or closed-captioning video displays or sign language interpreters for persons with hearing impairments.

**Assembly areas** should include seating for wheelchair users. Companion seating also must be available.

**Marketing** should include advertising of the physical and communication accessibility of a facility or program.

If your organization is not ADA compliant, explain why and the steps you are taking to address access:

The named organization agrees to comply with all governmental regulations concerning Affirmative Action and Disabilities compliance.

Authorized Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# ORGANIZATIONAL SUPPORT PROGRAM APPLICATION CHECKLIST

Applicant name: \_\_\_\_\_

This checklist includes all items required for an application to be considered complete. Do not submit any materials other than those required. Additional items will not be reviewed by the panel. Do not use staples, plastic sleeves or binding. Check each box to confirm items are enclosed with your application.

Submit in the order of this checklist **the original and eight (8) copies**, complete sets of the following items, unless otherwise indicated:

**Cover page**

- 1. This application checklist, signed at the bottom - *one copy submitted with original materials only*

**Section I: Application Forms and Narrative**

- 1. Application Form - *one page - be sure the form is **signed*** (page 21)
- 2. Introduction and Application Narrative - *no more than 5 pages*
- 3. Budget Income Form - *one page (two pages for Project Support Applicants)*
- 4. Budget Expense Form - *one page*
- 5. Project Timeline - *for Project Support Applicants only*
- 6. Resumes or Bios of key staff and artists - *not to exceed 7 pages total*
- 7. Current Board of Directors List - *no more than 2 pages* (instructions page 15)

**Section II: Financial and Legal Documents**

- 1. Financial Statements - *GOS applicants only - FY05, 06, 07 with **original set**; FY07 (only) with copied sets* (see page 15)
- 2. Financial Summary Form - *all applicants - one page*
- 3. IRS Tax-Exempt Letter - *one copy submitted with **original set only***
- 4. Affirmative Action /ADA Compliance Form - *one copy submitted with original set only* (page 30)
- 5. Certificate of Incorporation - *one copy submitted with **original set - first-time GOS applicants only***

**Section III: Support Material**

Submit in the order of this checklist two (2) separate, complete sets of the following items:

- 1. Support Material Inventory Form (page 29)
- 2. Support Materials (instructions page 17)
  - \_\_\_ Audio
  - \_\_\_ Video
  - \_\_\_ Photographs
  - \_\_\_ Book, Magazine, Journal, Catalog
- 3. Printed Support Material (up to five items)
- 4. Self-addressed stamped mailer or box for return of support material, if applicable

This application checklist reflects all the items we are submitting for an Organizational Support Program Grant.

Contact Name: \_\_\_\_\_ Signature \_\_\_\_\_