Print Form

Connecticut Commission on Culture & Tourism

STRATEGIC INITIATIVE GRANT APPLICATION

Deadline: January 14, 2011 by 4 p.m.

EVERY BLANK MUST BE FILLED IN (N/A WHERE APPLICABLE) IN ORDER FOR THIS FORM TO BE CONSIDERED COMPLETE AND READY FOR REVIEW.

APPLICANT INFORMATION (PLEASE PROVIDE E-MAIL ADDRESS – ALL NOTICES, CORRESPONDENCE, CONTRACTS ETC WILL BE SENT VIA E-MAIL ONLY)

Federal Employer ID # _____ Date of Non-Profit Incorporation in CT _____

Lead Applicant Organization Official Name _____

Street Address or Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax _____

Website address _____

Executive Director _____ E-mail _____

Telephone_____

*Application Contact Person _____ *E-mail _____

Telephone _____ Fax _____

** Required - all notices and information regarding applications will be sent by email ONLY to application contact person.*

PROJECT INFORMATION

This is a new initiative: ☐ Yes ☐ No

This is the expansion of a current project/ program: ☐ Yes ☐ No

Grant Category:

Check one: ☐ I. Local Impact ☐ II. Regional Impact ☐ III. State-wide Impact

Disciplines for this project are (a minimum of two of the following):

☐ Art ☐ Tourism ☐ History, Historic Preservation, Humanities ☐ Film

LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK OR VOTESMART.ORG)

U.S. Senator _____ District # _____

U.S. Representative _____ District # _____

State Senator _____ District # _____

State Representative _____ District # _____

FOR OFFICE USE: App #_____

PROJECT SUMMARY

Project Title: _____

This grant will support _____

_____

_____

PROJECT PARTNERS

List lead applicant and partner(s):	Identify the discipline that each partner best represents. (Art, Film, History, Historic Preservation, Humanities, Tourism)
Lead: _____	_____
P1. _____	_____
P2. _____	_____
P3. _____	_____
P4. _____	_____

APPLICATION NARRATIVE

Answer the following questions in narrative form in no more than five (5) single-spaced typed pages (one side only). Margins should be no less than ¾ inch on all sides; font size no smaller than 11 point. The project budget and partner information forms are not included in the four (4) page total.

1. Briefly describe the lead applicant, noting its mission and primary activities. State why this project is a priority to your organization.
2. Describe the project for which you seek funding and specify how requested funds will be used. Include timeline and key proposed activities.
3. Explain what makes this project unique or how it expands a current project.
4. Explain how this project supports and furthers the mission of Connecticut Commission on Culture & Tourism.
5. Describe the benefits of the project to the partners and the community.
6. Clearly and specifically explain how you will evaluate the project. Include the methods and tools for measuring results: ex. tickets sold, overnight rooms rented or other quantifiable measures.
7. Explain your plans to sustain this project in the future, if applicable.
8. Explain your plans to sustain this partnership beyond the program/project, if applicable.

GRANT REQUEST

$ _____ **Must be matched on a one-to-one basis with cash (no in-kind services allowed).**

Project Start Date (no sooner than 3/30/2011): _____ End Date (no later than 4/30/2012): _____

LEAD ORGANIZATION'S TOTAL FISCAL SUMMARY

	A. Total budget for last completed fiscal year	B. Total budget for present year	C. Total budget for projected year
FY End Date (month/day/year)	_____	_____	_____
Income	$ _____	$ _____	$ _____
Expenditures	$ _____	$ _____	$ _____

PARTNER INFORMATION FORM

ONE FORM TO BE COMPLETED BY EACH NON-LEAD PARTNER ORGANIZATION – DUPLICATE IF NECESSARY

Partner Organization Official Name _____

Street Address or Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax _____

Organization's Website _____

Partner Contact Person _____

Telephone or Extension _____ E-mail Address _____

Please provide the following information in the space provided below (do not send separate attachments):

- Please summarize the mission and primary activities of your organization:

- Please summarize your organization's contribution to this project:

- Please summarize your organization's anticipated gain from this project:

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.

Printed Name _____ Title _____

Signature _____ Date _____

CHECKLIST

SIX (6) COPIES – ONE MARKED "ORIGINAL" – ASSEMBLED IN THE FOLLOWING ORDER

- ☐ Application - dated and signed with original signature
- ☐ Narrative - no more than five (5) pages
- ☐ Partner Information form from each partner - dated and signed with orignial signature
- ☐ Budget
- ☐ Documentation confirming match
- ☐ Internal Revenue Service 501(c)(3) determination letter

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 Commission on Culture & Tourism's 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 CCT. I further understand that all documents submitted become the property of CCT.

Printed Name _____ Title _____

Signature _____ Date _____