Connecticut Commission on Culture & Tourism

ARTS PRESENTATION GRANT APPLICATION - FY 2010

Deadline: November 18, 2009

Send completed application to: An-Ming Truxes, Arts Division Director,
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

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

Federal Employer ID # _____ Date of Non-Profit Incorportation in CT_____

Organization Official Name _____

Organization Also Known As (if different from Official Name) _____

Street Address or Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax _____

General Organization E-mail _____

Website address _____

Principal/Executive Director _____

E-mail _____ Telephone/Extension _____

Applicant Contact Person _____ Title _____

E-mail _____ Telephone/Extension _____

LEGISLATIVE INFORMATION (OBTAIN FROM TOWN REGISTAR OR WWW.VOTESMART.ORG)

CCT informs your legislator about your grant. It is important that you provide accurate information.

U.S. Representative's Name _____ District # _____

State Senator's Name _____ District # _____

State Representative's Name _____ District # _____

PROJECT SUMMARY

Please complete the following sentence (10-15 words) in relation to your application.

CCT funds will support _____

_____

GRANT REQUEST

$ _____ ($350 minimum; $3,000 maximum)
Must be matched with non-governmental funds on a dollar-to-dollar cash basis.

Project Start Date (no sooner than January 25, 2010): _____
Project End Date (no later than June 30, 2010): _____

FOR OFFICE USE: App #_____

EVENT DESCRIPTION

List performing groups or individual artists for which grant is being requested. Presenters may apply for more than one artist or performing group.

Name of Artist/Group

1. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

2. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

3. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

4. _____ Day/Date/Time _____

Type of Activity _____ Name of Facility/Town _____

PROJECT INFORMATION

Total performances/readings # _____ Total workshops/demonstrations # _____ Expected audience # _____

Are tickets being sold? ○ Yes ○ No Admission fee/range $ _____

PROGRAM NARRATIVE

Describe the proposed program/event. State why you are producing it and what you hope to accomplish. Schools must describe the curriculum connection. Attach separate sheet if needed.

Is your facility ADA accessible? ○ Yes ○ No
Are you providing materials in alternate format as requested? ○ Yes ○ No

NATIONAL DATA STANDARD

Information about your project is used by the National Endowment for the Arts to document the Connecticut Commission on Culture & Tourism's and other state arts agencies' grantmaking activities. It will be used to determine national trends and will not be considered in the evaluation of your application.

Please complete and attach the National Standards Data Collection Form, downloadable at:
http://www.cultureandtourism.org/cct/lib/cct/arts_forms/nationalstandardformenabled.pdf.

PROGRAM BUDGET (ROUND TO THE NEAREST DOLLAR)

INCOME

1. **Applicant Cash** (Identify source):

_____ $ _____

_____ $ _____

_____ $ _____

2. **Other contributions** - ticket sales, individual donors, foundations, other state, etc. (Identify source):

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL CASH INCOME (1-2) **$** 0.00
(Must at least equal CCT request #3)

3. **CCT REQUEST** **$** _____

TOTAL PROGRAM INCOME **$** 0.00

EXPENSES

1. **Administrative**

_____ $ _____

_____ $ _____

2. **Artist fee(s) for Directory Artist(s)**

_____ $ _____

_____ $ _____

_____ $ _____

3. **Program**

Technical/Production/Equipment $ _____

Facility $ _____

Publicity/Marketing $ _____

Other (supplies, postage, telephone, etc.)

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL CASH EXPENSES **$** 0.00
(Must equal Total Program Income)

CHECKLIST

APPLICATION (ONE (1) ORIGINAL) ASSEMBLED IN THE FOLLOWING ORDER:

- ☐ Application Form - dated and signed (original signatures) by authorized offical (Principal, PTO Presidant/Excutive Director)

BEHIND THE COPY MARKED "ORIGINAL," PLEASE ADD THE FOLLOWING

- ☐ Signed presenter / artist contract for each artists / group hired
- ☐ W-9 Form
- ☐ National Standards Data Collection Form

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 _____