



CREATIVE COLLABORATION PROGRAM GRANT APPLICATION - FY 2011

Deadline: September 27, 2010 (4 p.m.)

Please send completed application to: Amy Freidman, Creative Collaboration Grant Program,
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 (SEE PAGE 2 OF GUIDELINES, "WHO MAY APPLY," FOR ELIGIBLE APPLICANT DESCRIPTION)

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

Executive Director _____

E-mail _____ Telephone/Extension _____

Applicant Contact Person _____ Title _____

E-mail _____ Telephone/Extension _____

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

LEGISLATIVE INFORMATION (OBTAIN FROM TOWN REGISTRAR 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 INFORMATION (INDICATE ONE)

This is a new initiative: Yes No

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

This project is for (choose one): Residency Professional Development

FOR OFFICE USE: App # _____

PROJECT SUMMARY

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

CCT funds will support _____

GRANT REQUEST

\$ _____ (\$2,000 maximum)(\$3,000 maximum for Arts Presentation and Creative Collaboration combined)

• *The Commission's grant is intended as a contribution to support the collaboration.* Teaching artists set their own fees.

Applicants are responsible for negotiating teaching artist fees individually.

• *The grant requested must be matched on a one-to-one cash basis.* Projects that exceed the grant request + cash match must identify additional funding sources in the application budget.

Project Start Date (no sooner than November 5, 2010): _____

Project End Date (no later than October 31, 2011): _____

Number of days including planning (5-10): _____

PROJECT PARTNERS (IF APPLICABLE)

List (non-lead applicants) partner(s) in your project/program:

1. **Teaching Artist** (must be from CCT's Directory of Teaching Artists): _____

2. _____

3. _____

APPLICATION NARRATIVE

Answer questions A-C in a narrative of no more than two (2) single-spaced typed pages (one side only). Margins should be no less than ¾ inch on all four sides, with font size no smaller than 11 point. Your project budget is not included in the two-page total. Use these section headings:

A.) Project:

- Describe your project. Include the program design, structure, and activities (target audience/population, location, number of sessions, participants, etc.), as well as timeline. What are the goals and expected outcomes? How will your project impact teaching and learning in, about and through the arts in your targeted setting? Describe the method(s) that you will use to evaluate and document your project and gauge its success. Tell how you will use this information.

B.) Planning:

- Describe your planning process including the teaching artist's role.

C.) Site-Specific:

- If your collaboration is school-based, include standards-based curricular connections and intended learning outcomes.
- If you are applying to support professional development for staff, faculty, or volunteers, include intended learning outcomes.

PROJECT BUDGET

Please complete the attached 1-page budget for either Creative Collaboration.

NATIONAL STANDARDS DATA

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 the National Standards Data Collection Form, downloadalbe at:
http://www.cultureandtourism.org/cct/lib/cct/arts_forms/nationalstandardformenabled.pdf.

CHECKLIST

APPLICATION (ONE ORIGINAL AND 4 COPIES) ASSEMBLED IN THE FOLLOWING ORDER:

- Application Form - dated and signed (original signatures)
- Application Narrative - no more than 2 pages
- Budget (1 page)

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

- IRS Tax Exempt Determination Letter or Municipal Ordinance/Statue (Schools exempt)
- W-9 Form
- National Standards Data Collection Form (3 pages)

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 _____

CREATIVE COLLABORATION GRANTS BUDGET - FY 2011

APPLICATION ORGANIZATION: _____

A. INCOME APPLIED TO PROJECT

List the sources and amount of income you plan to apply to the project. State or federal funds cannot be used as match. Do not include in-kind donations.

A1. APPLICANT CASH

List applicant's cash contribution, if any \$ _____

A2. OTHER

Identify source of other contribution, if any

_____ \$ _____
 _____ \$ _____

TOTAL CASH INCOME (A1-2)

(Must at least equal CCT request)

\$ _____

A3. CCT REQUEST (UP TO \$2,000)

\$ _____

A4. TOTAL PROJECT INCOME (INCLUDING CCT REQUEST)

\$ _____

B. EXPENSES

B1. Administrative Expenses

(Staff salaries and benefits not applicable)

TOTAL PROJECT

CCT REQUEST

\$ _____

\$ _____

B2. Direct Project Expenses (please list)

a. Total Teaching Artist Fees

\$ _____

\$ _____

Fee per Residency Day: \$ _____

b. Student transportation

(not to exceed 1/3 of CCT request)

\$ _____

\$ _____

c. Applicable project materials and supplies

\$ _____

\$ _____

d. Other (please specify)

_____ \$ _____
 _____ \$ _____

TOTAL EXPENSES

\$ _____
 (Must equal line A4)

\$ _____
 (Must equal line A3)