



Connecticut Commission  
on Culture & Tourism

# PEER ADVISOR NETWORK INFORMATION FOR APPLICANTS

*Revised September 2005*

Launched in 2004, the **Peer Advisor Network (PAN)** is a flexible, subsidized capacity building service that matches a non-profit arts organization or a community cultural group (the Client) with a designated Peer Advisor for a short term consultancy. The Commission on Culture and Tourism (CCT) has established an initial network of advisors who have been specially trained to provide short-term consulting services to help organizations address health and capacity issues. To date, 13 Connecticut-based professionals comprise the network.

Organizations can receive a maximum of two days (16 hours), or a minimum of one day (8 hours), of on-site direct consulting services in the form of individual meetings, group meetings, workshops, working sessions, or other agreed upon forms of assistance. Once an application is accepted, guidance from a CCT staff member helps to identify a suitable Advisor, who is then contracted directly by the Client organization. The Client and Advisor collectively design the consultancy and complete a Memorandum of Agreement.

Peer Advisor fees are set at \$300 per day: the Commission subsidizes two thirds of the Advisor fee (\$200/day) and the recipient organization pays the remaining one third (\$100/day). Organizations are expected to cover (if any) additional travel, lodging and meal costs of the Advisor as well as any related, agreed upon, expenses such as phone calls, photocopying, etc. Both parties must prepare a final report upon completion of the contract.

The PAN Program is modeled after the nationally recognized peer advising program of the Arts Extension Service at the University of Massachusetts.

## Peer Advisor Network topic areas include:

### **Organizational Planning**

- ✓ Developing a cultural plan
- ✓ Strategic Planning
- ✓ Developing a financial plan
- ✓ Planning an endowment
- ✓ Developing and Planning Programs
- ✓ Technology Planning

### **Organizational Development**

- ✓ Conducting and Organizational Assessment
- ✓ Board Development, Training and Recruitment
- ✓ Staff Development Initiatives
- ✓ Volunteer Development, Training and Recruitment
- ✓ Developing Personnel Policies

### **Financial Management**

- ✓ Expanding and Diversifying Financial Support
- ✓ Conducting Annual Fund Raising Drive
- ✓ Developing Operating Budgets and/or Project Budgets
- ✓ Managing Special Events
- ✓ Conducting a Capital Campaign
- ✓ Grant Writing

### **Program Development/Management/Evaluation**

- ✓ Conducting a Needs Assessment
- ✓ Designing a New Program
- ✓ Increasing Cultural Participation
- ✓ Community Outreach Initiatives
- ✓ Audience Development
- ✓ Attracting Diversity to Programs
- ✓ Arts Education Planning and Programs
- ✓ Forming and Managing Partnerships and Collaborations
- ✓ Expanding Access for people with Disabilities
- ✓ Program Development for At-Risk Populations
- ✓ Evaluating Success of Programs
- ✓ Tools for measuring program outcomes

### **Marketing and Public Relations**

- ✓ Marketing /PR Campaigns
- ✓ Developing Communication Tools
- ✓ Managing Publicity/Promotion

### **Other Areas / Special Expertise**

- ✓ Developing a Public Art program
- ✓ Multi- Discipline Arts Management
- ✓ Developing Local Arts Councils/Commissions
- ✓ Facility Planning and Development
- ✓ Contract Negotiations for Presenting Organizations

**And more...**

## ELIGIBILITY

**The following agencies are eligible for a Peer Advisor assignment:** Connecticut cultural non profit organizations (both incorporated and emerging), local arts agencies and municipal cultural councils.

## APPLICATION

**Contact:** Arts Division Program Manager, John Cusano, Community Development Coordinator, at (860) 256-2723 or via email: <jcusano@ctarts.org>

**Complete the Application Form:** The Application requires data regarding the applicant organization and a description of the identified need and (any) previous steps taken to address the issue.

**Mail or Deliver completed Application to:** ATT: PEER ADVISOR NETWORK  
CT Commission on Culture and Tourism  
One Financial Plaza, 755 Main Street  
Hartford, CT 06103

**Application Receipt Notification:** The PAN Program Manager will call upon receipt and initial review of your application to notify you of approval for a Peer Advisor match. Every effort will be made to assign a Peer Advisor within the needed time frame.

## THE CONTRACT PROCESS

**Application Review and Peer Advisor Matching:** Eligible applications are reviewed upon receipt. Review criteria include the appropriateness of the request, realistic expectations and organization readiness. If recommended for approval, the PAN Program Manager will discuss your request with an appropriate peer advisor, notify the client organization of a potential match, and forward relevant materials to the selected Advisor. The Peer Advisor will contact the client organization directly to discuss pertinent needs and logistics and initiate a PAN Memorandum of Agreement. Approved applications are matched with one Peer Advisor only per contract.

**The Memorandum of Agreement:** The negotiated terms of the advising session(s) must be made in writing, signed by both parties and approved by the CCT. A Peer Advisor contract may be for a minimum of one day (8 hours) or a maximum of two days (16 hours) in length.

**Evaluation:** To assess quality of service and overall effectiveness, client organizations and peer advisors must submit evaluations to the Commission within two weeks following the advising session. Additional PAN contracts will not be awarded unless prior evaluations have been submitted with CCT.

**Confidentiality:** The Commission requires a copy of the Peer Advisor's Final Report for our files, however, the report will not be submitted until the client organization reviews and approves a draft. While the PAN Final Report is reviewed by Commission staff, that information, or any other information related to a Peer Advisor consultancy, is not shared with any other peer panels reviewing applications for Commission funding.



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# PEER ADVISOR NETWORK APPLICATION

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## GENERAL INFORMATION

Organization: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact email: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## REQUEST FOR SERVICE

**Area(s) of Need:** Please clearly mark the box or boxes that most closely approximate your organization's area of need regarding this Peer Advisor request.

### Organizational Planning

- Developing a cultural plan
- Strategic Planning
- Developing a financial plan
- Planning an endowment
- Developing and Planning Programs
- Technology Planning

### Organizational Development

- Conducting and Organizational Assessment
- Board Development, Training and Recruitment
- Staff Development Initiatives
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- Developing Personnel Policies

### Financial Management

- Expanding and Diversifying Financial Support
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### Program Development/Management/ Evaluation

- Conducting a Needs Assessment
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### Marketing and Public Relations

- Marketing /PR Campaigns
- Developing Communication Tools
- Managing Publicity/Promotion

### Other Areas / Special Expertise

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## NARRATIVE

**Application Questions:** Please answer the following questions using no more than two pages. Answer each question thoroughly and retype question numbers and the question preceding each answer.

1. What does your organization do? Please provide a brief history of the organization and the current mission statement. Include information on when you were incorporated, or if not incorporated, how long you have been in existence.
2. What is your area of need? Describe the challenges facing your organization that have motivated this application. Please be as specific as possible.
3. What is your expectation of the help you can receive from a Peer Advisor? What do you hope to achieve with this consultancy?
4. Describe any work that has taken place at your organization to address the issues mentioned above. (i.e. preliminary work, previous consultants or training, staff or board committee work)
5. Who will participate in the requested advising session? Give names, titles, phone numbers and email addresses.

At the bottom of your narrative, please include the following information:

Name of Applicant Contact: \_\_\_\_\_

Title of Contact: \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Board Chair: \_\_\_\_\_

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_