



EARLY LEARNING ARTS PROGRAM GRANT APPLICATION - FY 2009

Deadline: January 9, 2009

Please send completed application to: Amy Freidman, Early Learning Arts 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 _____

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

PROJECT SUMMARY

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

CCT funds will support _____

FOR OFFICE USE: App # _____

GRANT REQUEST

\$ _____ (\$5,000 minimum; \$25,000 maximum)

Must be matched with non-governmental funds on a dollar-to-dollar cash or in-kind basis. In-kind goods and services may not total more than 50 percent of the match.

Project Start Date (no sooner than May 15, 2009): _____

Project End Date (no later than May 1, 2010): _____

PROJECT PARTNERS (IF APPLICABLE)

List (non-lead applicants) partner(s) in your project/program and fill out the attached “Partner Information Form”:

1. _____
2. _____

APPLICATION NARRATIVE

Answer questions 1-3 in a narrative of no more than four (4) 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. The Program Budget, Project Partners, and National Standard Data are not included in the four-page total.

1. **Program Description:** Use underlined section headings A-E below to label your narrative.
 - A. Description: Provide a summary description of your program. Include the overall program design, structure, activities, target population, and timeline.
 - B. Goals: Articulate program goals. Explain how your program will utilize the arts to impact early learning. Articulate expected outcomes.
 - C. Components: Define your program. Include:
 - Setting, scope, activities, duration and frequency. (Where will your program take place? What will students do? When/how often will students meet/activities occur, and for how long each session?)
 - Arts learning component (How will your program promote cognitive, motor, language, social and emotional development in and through quality arts experiences?)
 - Parent/caregiver component (How does your program address parent/caregiver involvement?)
 - Instructor component (What is your plan to engage instructors?)
 - D. Participants: Describe how you plan to recruit and retain program participants.
 - E. Partnership (if applicable): Define your program’s partners. Explain how the partnership demonstrates a collaborative response to the creative and developmental needs of the target population.
2. **Personnel:** Use section heading “Personnel” to label your narrative.
 - Describe the roles and qualifications of key professional personnel (e.g. program manager, artists, etc.).
3. **Planning/Implementation:** Use section heading “Planning/Implementation” to label your narrative.
 - Describe your plan for program implementation and management (Describe your planning process. How will you promote the program?)
 - Describe the method(s) that you will use to evaluate and document your program and gauge its success. Tell how you will use this information.
 - Explain how you plan to sustain the program beyond the life of this grant.

TOTAL ORGANIZATION FISCAL SUMMARY - IF NON-ARTS ORGANIZATION, PLEASE SUPPLY ARTS PROGRAMMING BUDGET TOTALS

	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	\$ _____	\$ _____	\$ _____

PROJECT BUDGET

Please complete the attached 2-page budget.

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 and attach the National Standards Data Collection Form, downloadable 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 4 pages
- Partner Information (if applicable)
- Budget (2 pages)
- A one page background/history of Lead Applicant organization
- A one page biography of each key professional personnel (e.g. program managers, artists, etc.)

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

- IRS Tax Exempt Determination Letter or Municipal Ordinance/Statute (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 _____

PARTNER INFORMATION (IF APPLICABLE)

THIS 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 _____

General Organization E-mail _____ 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 of your organization:

Briefly describe your background/history, activity and any other pertinent information:

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 _____

EARLY LEARNING ARTS PROGRAM GRANTS BUDGET - FY 2009

APPLICANT ORGANIZATION: _____

A. PROJECT INCOME

List the source and amount that will be applied to the project. State or federal funds cannot be used as match.

	I. Applicant	II. Partner (If Applicable)	III. Total (I+II)
A1. Earned Income			
a. Cash	\$ _____	\$ _____	\$ _____
b. Other (itemize)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
(Total Earned Income)	\$ _____	\$ _____	\$ _____

A2. Contributed Income - Put a "check" in the box next to **confirmed** sources of income.

Please itemize. Contributed Income includes income from foundations, corporations, municipalities and other sources such as individuals.

	I. Applicant	II. Partner (If Applicable)	III. Total (I+II)
1. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
2. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
3. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
4. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
5. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
6. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
7. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
8. _____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
(Total Contributed Income)	\$ _____	\$ _____	\$ _____

A3. SUB-TOTAL (EARNED & CONTRIBUTED) \$ _____ \$ _____ \$ _____

A4. IN-KIND* IDENTIFY IN-KIND SERVICES BELOW.

*Applicant and partner in-kind goods and services may not total more than 50 percent of the match (A6). Any In-kind "personnel" listed may only include volunteer time by a professional (if applicant or partner staff, time must be above and beyond normal working hours).

	I. Applicant	II. Partner (If Applicable)	III. Total (I+II)
a. Facility Rental	\$ _____	\$ _____	\$ _____
b. Food	\$ _____	\$ _____	\$ _____
c. Materials/Supplies	\$ _____	\$ _____	\$ _____
d. Services	\$ _____	\$ _____	\$ _____
e. Other (specify)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

A5. SUB-TOTAL (IN-KIND) \$ _____ \$ _____ \$ _____

A6. TOTAL APPLICANT/PARTNER INCOME/MATCH (A3 TOTAL + A5 TOTAL) \$ _____

A7. CCT Request (up to \$25,000, cannot be greater than A6) \$ _____

A8. TOTAL PROJECT INCOME INCLUDING CCT REQUEST (A6 + A7) \$ _____

EARLY LEARNING ARTS PROGRAM GRANTS BUDGET - FY 2009

APPLICANT ORGANIZATION: _____

B. PROJECT EXPENSES

	TOTAL PROJECT EXPENSE	CCT REQUEST
B1. Administrative Expenses (e.g. organizational staff, overhead costs, etc.) (not to exceed 20% of total project cost) Please include line-item breakdown below.		
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
c. _____	\$ _____	\$ _____
d. _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____
B1. SUB-TOTAL	\$ _____	\$ _____

B2. Outside Professional Services (please list)

a. Artistic fees (itemize)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
b. Programmatic fees (itemize)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
B2. SUB-TOTAL	\$ _____	\$ _____

B3. Other Program Expenses (please list)

a. Student transportation (must not exceed 10% of CCT request)	\$ _____	\$ _____
b. Applicable project materials and supplies	\$ _____	\$ _____
Other (specify)		
c. _____	\$ _____	\$ _____
d. _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____
B3. SUB-TOTAL	\$ _____	\$ _____

TOTAL (SUM OF B1, B2, AND B3 SUB-TOTALS)	\$ _____ (Must equal line A8)	\$ _____ (Must equal line A7)
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