



**AMERICAN RECOVERY AND REINVESTMENT ACT 2009  
ARTS JOBS PRESERVATION PROGRAM  
GRANT APPLICATION - FY 2010**

Deadline: May 15, 2009

Please send completed application to: An-Ming Truxes, Art 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 (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 SUMMARY**

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

CCT funds will support \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATION INFORMATION**

Organization's total operating income from most recently completed fiscal year ending \_\_\_/\_\_\_/\_\_\_: \$ \_\_\_\_\_  
Number of current paid staff (full-time equivalent): \_\_\_\_\_

**FOR OFFICE USE:** App # \_\_\_\_\_

**PROJECT INFORMATION (INDICATE ONE)**

Title of position to be supported by grant: \_\_\_\_\_

Name of employee, contractor or candidate (if known): \_\_\_\_\_

Position will span:  Entire length of the grant period, August 3, 2009 - June 30, 2010; OR

Specific dates beginning: \_\_\_\_\_ and ending: \_\_\_\_\_

Complete box A **OR** B:

**A. Applying for a staff position (choose one)**

Currently Filled: The requested staff position is now filled at \_\_\_\_ (#) of hours/week

- It has already been reduced by \_\_\_\_ (#) of hours/week; OR
- It is anticipating a reduction of \_\_\_\_ (#) of hours/week

Currently Vacant: The requested staff position, at \_\_\_\_ (#) of hours/week, has been vacant since \_\_\_\_\_ (must be after July 1, 2008 for the purpose of this grant)

**B. Applying for artist(s)/contractual personnel (choose one)**

Currently Engaged: The requested contract for artist(s) personnel is for a total of \_\_\_\_ (#) of hours\* spanning \_\_\_\_\_ (explain length of time period, e.g. weeks, months)

- It has already been reduced by \_\_\_\_ (#) hours; OR
- It is anticipating a reduction of \_\_\_\_ (#) hours

Recently Canceled: The requested contract for a total of \_\_\_\_ (#) of hours\* spanning \_\_\_\_\_ (length of time) was canceled on \_\_\_\_\_ (date after July 1, 2008)

*\* If more than one person is working on the same project, total hours of all individuals*

**GRANT REQUEST (SELECT A OR B COINCIDING WITH CHOICE ABOVE)**

A. For salary support, wages and fringe benefits

- \$10,000
- \$20,000

B. For fees for previously engaged artists and/or contractual personnel

- \$5,000
- \$10,000

If grant is covering a portion of salary or contract, indicate annual salary of position (including benefits) or total contract amount \$ \_\_\_\_\_

**APPLICATION NARRATIVE**

Provide a narrative, no more than 2 single-spaced pages, that address the review criteria (bolded) on which your application evaluation will be based. Margins should be no less than 3/4 inch on all four sides, with font size no smaller than 11 point. Please follow the sequence of the questions that appear below.

**Significance of the position (staff or contractual) to the mission or core work of the organization**

1. Provide a two or three sentence statement about your organization. If a college or university, describe the arts program for which you are seeking support. Summarize its mission/purpose and characterize the community region/audience it serves.
2. Describe the job position or contractual personnel for which you are seeking support. How long has this position been a part of the organization's staff structure? Provide job title, description, salary, and the number of weeks of employment. For artists and contractual personnel, describe the project for which these individual(s) would be paid. Discuss the importance of this position or contractual personnel to the mission and core work of your organization.

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**APPLICATION NARRATIVE (CONT'D)**

**Potential that the Arts Jobs Preservation grant will have a significant and immediate impact on the organization and its ability to continue to serve the public**

3. How has the current economic downturn affected your organization? Address changes in programming and services in the current and future years, effects on staffing, and impact on earned and contributed income.
4. How will/has the loss or reduction of this position impact(ed) your organization in terms of overall operations? Are other jobs affected by this change? What effect will the position loss or reduction have on the service your organization provides to its community or region?
5. Elaborate if the position helps your organization reach and serve underserved populations.

**Organization's ability to implement the ARRA funds**

6. Describe your organization's readiness to utilize the funding to restore or retain the position. Include any previously planned information; qualifications of the person whose position has been eliminated or is in jeopardy; canceled engagements or contracts; plans already in place to identify a qualified candidate for the position, etc.

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**CHECKLIST**

**APPLICATION (ONE ORIGINAL AND 5 COPIES) ASSEMBLED IN THE FOLLOWING ORDER:**

- Application Form - dated and signed (original signature in blue ink)
- Application Narrative - no more than 2 pages (one-sided only)
- One-page bio of individual holding the position (staff/contractual) or identified to refill the position (if known)

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**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 \_\_\_\_\_