



GENERAL OPERATING SUPPORT (ARTS) APPLICATION - FY 2010

DEADLINE: TUESDAY, FEBRUARY 10, 2009

Send completed form to: Kathleen DeMeo, Manager, OSP/General Operating Support Application
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

EVERY BLANK MUST BE FILLED IN (OR INDICATE N/A) IN ORDER FOR THIS FORM TO BE CONSIDERED COMPLETE AND READY FOR REVIEW.

APPLICANT INFORMATION

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

Organization Official Name _____

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

Street Address (required for legislator notification) _____

Mailing Address (if different) _____

City/State/Zip _____

Main Telephone _____ General Email _____

Fax _____ Website Address _____

Executive Director _____

Email _____ Telephone/Extension _____

Application Contact Person _____

Contact Person's Title _____

Email _____ Telephone/Extension _____

Board Chair _____

Email _____ Telephone/Extension _____

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

CCT informs legislators about grant recipients in their districts. It is important to provide correct information.

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

State Senator's Name _____ District # _____

State Representative's Name _____ District # _____

SUMMARY INFORMATION

FY 2008 Total **Operating** Income: \$ _____ Total **Operating** Expenses: \$ _____

Number Full-Time Paid Staff: _____ Number Part-Time Paid Staff: _____ Number Volunteer Staff: _____

FOR OFFICE USE: Application # _____

APPLICATION CHECKLIST

This checklist includes all items required for an application to be considered complete. Do not submit any materials other than those required. Check each box to confirm items are enclosed with your application.

SUBMIT IN THE FOLLOWING ORDER ONE ORIGINAL (SIGNATURES) AND SEVEN (7) COPIES:

- Application Form - two pages including this checklist
- Application Narrative - no more than five pages
- Accessibility Checklist - one page
- Resumés/Biographical Summaries of key **artistic** staff - not to exceed five pages total
- Staff List plus Resumés/Biographical Summaries of key **management** staff - not to exceed four pages total
- Board of Directors List - no more than two pages
- Operating Budget Income and Expense Forms - two pages
- Financial Summary Form - one page
- Financial Statements (FY '06, '07 & '08 with original application; only FY '08/most recent with copied sets)
- Current Organizational Strategic Plan if available (optional)

BEHIND THE ABOVE COPY MARKED "ORIGINAL," ADD THE FOLLOWING:

- National Standard Data Collection Form - three pages, one copy

New Applicants Only Add:

- IRS Tax-Exempt Letter - one copy
- Certificate of Nonprofit Incorporation in CT - one copy
- Narrative substantiating primary purpose is arts - one copy

BEHIND THE ABOVE 8 APPLICATION SETS, IN SEPARATE LARGE ENVELOPES OR FOLDERS IF SO DESIRED, SUBMIT TWO SETS OF THE FOLLOWING:

- Audio/Visual Support Materials:
 - Video - DVD - submit one (two permissible if no photos sent)
 - Photographs or Image CD - up to ten photos/images
- Printed Support Materials - up to five items listed below:

- Self-addressed postage-paid mailer or box for return of support material, if desired

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 _____

OPERATING BUDGET INCOME FORM

Complete the form based on your organization's fiscal year. Include only **cash income for operating activities**. Refer to Application Guidelines, page 10, and Budget Glossary for clarification.

	Actual FY2008	Approved FY2009		Projected FY2010
Grants from Federal Government	\$ _____	\$ _____		\$ _____
Grants from State Government (may include past or anticipated CCT)	\$ _____	\$ _____		\$ _____
Grants from Municipal Government	\$ _____	\$ _____		\$ _____
Contributions from Individuals	\$ _____	\$ _____		\$ _____
Contributions from Private Foundations	\$ _____	\$ _____		\$ _____
Business/Corporate Contributions	\$ _____	\$ _____		\$ _____
Income from Special Events/Fundraisers	\$ _____	\$ _____		\$ _____
Other (specify): _____	\$ _____	\$ _____		\$ _____
Subtotal Contributed Income	\$ _____	\$ _____		\$ _____
Percent of Total: ____%				
Admissions/Ticket Sales	\$ _____	\$ _____		\$ _____
Programs and Services Revenue	\$ _____	\$ _____		\$ _____
Concessions, Gift Shop & Other Sales	\$ _____	\$ _____		\$ _____
Program Advertising	\$ _____	\$ _____		\$ _____
Facility, Equipment & Other Rentals	\$ _____	\$ _____		\$ _____
Investment Earnings (used for operations)	\$ _____	\$ _____		\$ _____
Other Earned Income (specify below)				
_____	\$ _____	\$ _____		\$ _____
_____	\$ _____	\$ _____		\$ _____
_____	\$ _____	\$ _____		\$ _____
_____	\$ _____	\$ _____		\$ _____
Subtotal Earned Income	\$ _____	\$ _____		\$ _____
Percent of Total: ____%				
TOTAL CASH INCOME	\$ _____	\$ _____		\$ _____
(Total Contributed + Total Earned)				

Applicant Name: _____

OPERATING BUDGET EXPENSE FORM

Complete the form with **cash operating expenses** based on your organization's fiscal year. Refer to Application Guidelines, page 10, and Budget Glossary for clarification.

	Actual FY2008	Approved FY2009	Projected FY2010
EXPENSES			
Salaries			
Administrative (ED total salary here)	\$ _____	\$ _____	\$ _____
Programmatic/Artistic	\$ _____	\$ _____	\$ _____
Technical/Production	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Subtotal Salaries	\$ _____	\$ _____	\$ _____
Outside Professional Services			
Programmatic/Artistic	\$ _____	\$ _____	\$ _____
Technical/Production	\$ _____	\$ _____	\$ _____
Administrative	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Subtotal Professional Services	\$ _____	\$ _____	\$ _____
Supplies, Materials & Merchandise	\$ _____	\$ _____	\$ _____
Telephone, Postage & Shipping	\$ _____	\$ _____	\$ _____
Space Rental and/or Occupancy Costs	\$ _____	\$ _____	\$ _____
Marketing/Publicity/Advertising	\$ _____	\$ _____	\$ _____
Outside Printing/Publications	\$ _____	\$ _____	\$ _____
Travel & Meetings	\$ _____	\$ _____	\$ _____
Fundraising Costs	\$ _____	\$ _____	\$ _____
Bank & Credit Card Fees	\$ _____	\$ _____	\$ _____
Insurance (other than Property)	\$ _____	\$ _____	\$ _____
Other (List) _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____	\$ _____
TOTAL CASH EXPENSES	\$ _____	\$ _____	\$ _____

Applicant Name: _____

FINANCIAL SUMMARY

Important: Read page 10 of the GOS Application Guidelines before completing the budget summary below. Report **unrestricted cash income** for operating activities only.

Applicant Name: _____

Organization's fiscal year (mm/dd - mm/dd): ___/___ - ___/___

Indicate if fiscal year 2008 figures are: Audited or Unaudited

Does your organization have an Endowment or Cash Reserve Fund or Neither

If so, indicate the current value of investments: \$_____

Amount drawn from Endowment principal in the last 12 months, if any: \$_____

Amount of accumulated deficit organization presently carries, if any: \$_____

	Actual 2006	Actual 2007	Actual 2008	Approved 2009 Budget	
1. Earned Income					
2. Contributed Income					3-Year Average Income *
3. Total Income (line 1 plus 2)					
4. Operating Expenses					
5. Net Income/Loss (line 3 minus line 4)					

* Add **total income** for fiscal years **2006, 2007 and 2008** and divide by three.

1) Explain the reason for any major increases or decreases (+or -20% or more) in **any** category in the past three years.

2) If the organization shows operating deficits, or owes debts, describe your plan to reduce or eliminate them:

Verification of this information (signature required) by chief financial officer: _____

Name: _____ Title: _____ Date: _____

ACCESSIBILITY CHECKLIST

The Connecticut Commission on Culture & Tourism recognizes the importance of non-discrimination, diversity, and equal opportunity in all aspects of its programs and activities. CCT is committed to access, not only as a legal requirement, but also as a policy to encourage the participation of all Connecticut citizens in agency-funded programs. CCT also considers low-income communities, rural populations, and individuals over 65 years old as underserved populations that should be proactively included in programs.

CCT grant recipients are required to comply with the provisions of the Americans with Disabilities Act (ADA) which requires that persons with disabilities have access to public programs or services on an equal basis with the rest of the general public. Private arts and other non-profit organizations fall under Title III of the ADA, "places of public accommodation."

All organizations that are recipients of federal aid (e.g., National Endowment for the Arts funds) also hold accessibility obligations under Section 504 of the Rehabilitation Act. Although the aforementioned laws are distinctive, they have in common the requirement that programs, services and architectural facilities must be as accessible as possible. Organizations with historic properties and groups with limited financial resources must also meet ADA requirements.

Every organization should conduct an evaluation of its policies, practices and programs to ensure that people with disabilities have equal physical, programmatic and communications access. People with disabilities and organizations representing them should participate in the evaluation process. CCT encourages all organizations to have an **ADA Access Plan**. For assistance in developing a plan, contact CCT's Accessibility Coordinator, Susan Docker. Resources are also available on CCT's web site (see Arts Division/Resources/Accessibility).

Applicant Name: _____

Indicate the accessibility standards with which your organization complies:

Yes No **Physical Access**

- Facility** (or venue(s) where are programs are held) is accessible (exterior entrance clear of stairs or ramped; doorway wide enough to accommodate wheelchairs; accessible signage).
- Restrooms, telephones and drinking fountains** are accessible to people with mobility disabilities.
- Parking** facilities are accessible (accessible spaces, marked with the international symbol of accessibility and closest to the accessible entrance; paved walkways leading to building entrance).
- Assembly areas** include seating for wheelchair users. Companion seating also available.

Programmatic/Communications Access

- Printed materials** are available in large print or braille
- Marketing** includes advertising the physical and communication accessibility of a facility or program
- Sign language interpreters** have been provided when requested
- Assistive-listening devices** have been provided when requested
- Audio descriptions** of exhibitions, programs and/or publications have been utilized
- Open- or closed-captioning** has been used in video displays
- Telecommunications devices** are available
- Other** means of access has been provided: _____
- Our organization has an **Access Plan**

If your organization is not fully ADA compliant, explain why and the steps you are taking to address access:

NATIONAL STANDARD FOR ARTS INFORMATION EXCHANGE DATA FORM

This information 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.

Applicant Name: _____

APPLICANT STATUS

Enter the 2-digit code found below that describes the applicant's legal status:

- | | |
|------------------------------|---------------------------|
| 01 Individual | 05 Government - State |
| 02 Organization - Non-Profit | 08 Government - Municipal |
| 03 Organization - Profit | 09 Government - Tribal |

APPLICANT INSTITUTION

Enter the 2-digit code found below that best describes the applicant:

- | | |
|---|---|
| 01 Individual Artist | 23 Secondary School |
| 02 Individual Non-Artist | 24 Vocational/Technical School |
| 03 Performing Group | 25 Other School |
| 04 Performing Group - College/University | 26 College/University |
| 05 Performing Group - Community (A group that performs avocationally; may or may not be professionally directed) | 27 Library |
| 06 Performing Group - Youth (A group, which <i>may</i> include children, that performs for young audiences) | 28 Historical Society |
| 07 Performance Facility | 29 Humanities Council |
| 08 Art Museum | 30 Foundation (Endowed organization that dispenses funds for philanthropic purposes) |
| 09 Other Museum | 31 Corporation |
| 10 Gallery/Exhibit Space | 32 Community Service Organization (Non-arts, e.g. youth centers, chambers of commerce, YMCAs) |
| 11 Cinema | 34 Health Care Facility |
| 12 Independent Press | 35 Religious Organization |
| 13 Literary Magazine | 36 Seniors' Center |
| 14 Fair/Festival | 37 Parks and Recreation |
| 15 Arts Center (A multi-purpose facility for arts programming) | 47 Cultural Series Organization (Primary purpose is presentation of single arts events or series) |
| 16 Arts Council/Agency | 48 School of the Arts (Has arts education as primary mission, e.g. magnet or community art schools, conservatories) |
| 17 Arts Service Organization (Service-related, e.g. arts education alliances; not to include presenters or producers of the arts) | 49 Arts Camp/Institute |
| 18 Union/Professional Association (Includes artist coalitions, professional associations, clubs, guilds and societies) | 50 Social Service Organization (Governmental or private organization addressing specific social issues) |
| 19 School District | 51 Child Care Provider |
| 20 Parent-Teacher Organization | 99 None of the Above |
| 21 Elementary School | |
| 22 Middle School | |

APPLICANT RACE

Organizations: Select the **one** characteristic that best represents the ethnic identity of 50% or more of the applicant's staff or board or membership (**not** audience.)

Individuals: Select one or more characteristics that represent the applicant's ethnic identity.

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> No single group represents more than 50% of staff or board or membership of organization | | |

APPLICANT AND PROJECT DISCIPLINES

Enter one numeric code found below that best describes the main art form of the applicant. Use of supplemental letters (e.g. 01A or 01B) is encouraged, but optional.

Applicant Discipline:

Enter one numeric code found below that best describes the art form of the proposed project activities. This code may differ from Applicant Discipline. Supplemental letters are encouraged, but optional.

Project Discipline:

01 Dance (Do not include mime - see 04)

- A Ballet
- B Ethnic/Jazz (Include folk-inspired - see 12)
- C Modern

02 Music

- A Band (Do not include jazz or popular)
- B Chamber
- C Choral
- D New (Include experimental, electronic)
- E Ethnic (Include folk-inspired)
- F Jazz
- G Popular (Include rock)
- H Solo/Recital
- I Orchestral (Include symphonic and chamber)

03 Opera/Music Theatre

- A Opera
- B Musical theatre

04 Theatre

- A Theatre - General (Include classical, contemporary, experimental)
- B Mime
- D Puppet
- E Theatre for young audiences

05 Visual Arts

- A Experimental
- B Graphics (Include printmaking, book arts; not graphic design - see 06C)
- D Painting (Include watercolor)
- F Sculpture

06 Design Arts

- A Architecture
- B Fashion
- C Graphic
- D Industrial
- E Interior
- F Landscape Architecture
- G Urban/Metropolitan

07 Crafts

- A Clay
- B Fiber
- C Glass
- D Leather
- E Metal
- F Paper
- G Plastic
- H Wood
- I Mixed media

08 Photography (Include holography)

09 Media Arts

- A Film
- B Audio (Include radio, sound installations)
- C Video
- D Technology/Experimental (Include work created using computer or other digital or experimental media)

10 Literature

- A Fiction
- B Non-Fiction
- C Playwriting
- D Poetry

11 Interdisciplinary Pertaining to art forms/art works that integrate more than one arts discipline to form a single work e.g., a collaboration between performing and visual arts. Include performance art.

12 Folklife/Traditional Arts Pertaining to traditions informally learned and transmitted in contexts characteristic of ethnic, religious, linguistic, occupational, and/or regional groups.

- A Folk/Traditional Dance
- B Folk/Traditional Music
- C Folk/Traditional Crafts and Visual Arts
- D Oral Traditions (Include traditional storytelling)

13 Humanities Includes history, philosophy, languages, literature, linguistics, archaeology, ethics, comparative religion, and aspects of the social sciences employing historical or philosophical approaches, e.g. cultural anthropology and sociology.

14 Multidisciplinary Pertaining to activities in more than one discipline. Used when the majority of activities funded by the grant cannot be attributed to a single discipline. Distinguish from Code 11, Interdisciplinary.

15 Non-Arts/Non-Humanities **Applicants** that do not have the arts as their primary mission. Projects must be arts-focused.

PROJECT RACE

If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed, select that group. If the grant activity is not designed to represent or reach one particular group, choose "no single group."

- American Indian/Alaskan Native Black/African American Asian
 Native Hawaiian/Pacific Islander Hispanic/Latino White
 No single group

PROJECT ACTIVITY

Enter the 2- digit code found below that best describes what this grant will fund:

- | | |
|--|--|
| 02 Audience Services (e.g, ticket subsidies, busing) | 20 School Residency (Artist activities in an educational setting - students receive repeated artist contact over time) |
| 03 Award/Fellowship | 21 Other Residency (Artist activities in a non-school setting) |
| 04 Creation of a Work of Art (Include commissions) | 22 Seminar/Conference |
| 05 Concert/Performance/Reading | 23 Equipment Acquisition |
| 06 Exhibition | 24 Distribution of Art (e.g, films, books, prints) |
| 07 Facility Construction, Maintenance * | 25 Apprenticeship/Internship |
| 08 Fair/Festival | 28 Writing About Art |
| 09 Identification/Documentation | 29 Professional Development/Training |
| 11 Operating Support | 30 Student Assessment. |
| 12 Arts Instruction | 31 Curriculum Development/Implementation |
| 13 Marketing | 32 Stabilization/Endowment (Grant funds used to reduce debt, contribute to endowments, or build cash reserves) * |
| 14 Professional Support - Administrative | 33 Building Public Awareness |
| 15 Professional Support - Artistic | 34 Technical Assistance |
| 16 Recording/Filming/Taping. | 35 Website/Internet Development |
| 17 Publication (e.g., manuals, books) | 36 Broadcasting |
| 18 Repair/Restoration/Conservation * | 99 None of the Above |
| 19 Research/Planning (Include program evaluation, strategic planning, establishing partnerships) | |

* These codes may be selected only for Connecticut Arts Endowment Fund applications

PROJECT DESCRIPTORS

Select those descriptors that comprise a significant portion (50% or more) of the grant's resources or activities:

- Accessibility International Presenting/Touring Technology Youth at Risk
 None of these apply, or comprise only a small portion of this grant's activities

ARTS EDUCATION

Indicate if the grant's activities are **arts education**, directed to the following learners, by checking appropriate box(es):

- | | More than 50% of grant activities | Less than 50% of grant activities |
|--|-----------------------------------|-----------------------------------|
| K-12 Students | <input type="checkbox"/> | <input type="checkbox"/> |
| Higher Education Students | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-Kindergarten Children | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Learners (including teachers & artists) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> None of this grant's activities involves arts education | | |