



**GENERAL OPERATING SUPPORT (ARTS) APPLICATION - FY 2011**

**DEADLINE: THURSDAY, AUGUST 12, 2010**

Send completed form to: Kathleen DeMeo, Arts General Operating Support Program Manager  
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 \_\_\_\_\_

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

**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 2009 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 SET WITH ORIGINAL SIGNATURES AND SEVEN (7) COPIES:

- Application Form - two pages including this checklist
- Application Narrative - no more than five pages
- Staff List (one page) plus bios of key artistic staff (up to five pages) and management staff (up to three pages)
- Board of Directors List in specified format - no more than two pages
- Operating Budget Income and Expense Forms - two pages
- Financial Summary Form - one page
- Financial Statements (FY '07, '08 & '09 with original application; only FY '09/or most recent with copied sets)

BEHIND THE FIRST SET 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 SUPPORT MATERIALS:

- Press, Publicity and Educational Materials - up to five items listed below (see guidelines, p. 12):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

- Planning and Evaluation Materials
  - Sample Evaluation Tool
  - Current Long-range or Strategic Plan

- Audio-Visual Work Samples - up to two items listed below (see guidelines, p. 13):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

- 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. If your fiscal year ended in June, 2010, FY10 figures may reflect actual income. If it has not yet ended, report the budget that your board approved. Read application guidelines, pages 10-11, and budget glossary before completing this form.

<b>CONTRIBUTED INCOME</b>	<b>Actual FY2009</b>	<b>Approved (or Actual) FY2010</b>	<b>Projected FY2011</b>
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	\$ _____	\$ _____	\$ _____
Fundraisers/Special Events (contributions portion, net of direct expenses)	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____
<b>Subtotal Contributed Income</b>	\$ _____	\$ _____	\$ _____
Contributed as Percent of Total Income: _____%			
<b>EARNED INCOME</b>			
Admissions/Ticket Sales	\$ _____	\$ _____	\$ _____
Programs and Services Revenue	\$ _____	\$ _____	\$ _____
Concessions, Gift Shop & Other Sales	\$ _____	\$ _____	\$ _____
Advertising Sales	\$ _____	\$ _____	\$ _____
Facility, Equipment & Other Rentals	\$ _____	\$ _____	\$ _____
Investment Earnings (used for operations)	\$ _____	\$ _____	\$ _____
Other Earned Income (specify below)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Subtotal Earned Income</b>	\$ _____	\$ _____	\$ _____
Earned as Percent of Total Income: _____%			
<b>TOTAL CASH INCOME</b> (Total Contributed + Total Earned)	\$ _____	\$ _____	\$ _____

Provide notes about financial information in anticipation of any questions from the review panel, such as significant changes in the amounts of line items, deficits, multiple year grants, etc.:

Applicant Name: \_\_\_\_\_

## OPERATING BUDGET EXPENSE FORM

Complete the form with expenses for operating activities. If your fiscal year ended in June, 2010, FY10 figures may reflect actual (final) expenses. If it has not yet ended, report the budget that your board approved. Read application guidelines, pages 10-11, and budget glossary before completing this form.

<b>EXPENSES</b>	<b>Actual FY2009</b>	<b>Approved (or Actual) FY2010</b>	<b>Projected FY2011</b>
<b>Salaries</b>			
Administrative (ED total salary here)	\$ _____	\$ _____	\$ _____
Programmatic/Artistic	\$ _____	\$ _____	\$ _____
Technical/Production	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>Subtotal Salaries</b>	\$ _____	\$ _____	\$ _____
<b>Outside Professional Services</b>			
Programmatic/Artistic	\$ _____	\$ _____	\$ _____
Technical/Production	\$ _____	\$ _____	\$ _____
Administrative	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>Subtotal Professional Services</b>	\$ _____	\$ _____	\$ _____
Supplies, Materials & Merchandise	\$ _____	\$ _____	\$ _____
Telecommunications, Postage & Shipping	\$ _____	\$ _____	\$ _____
Space Rental, Occupancy Costs	\$ _____	\$ _____	\$ _____
Marketing, Publicity, Advertising	\$ _____	\$ _____	\$ _____
Outside Printing, Publications	\$ _____	\$ _____	\$ _____
Travel & Meetings	\$ _____	\$ _____	\$ _____
Fundraising Costs	\$ _____	\$ _____	\$ _____
Bank & Credit Card Fees	\$ _____	\$ _____	\$ _____
Insurance (other than Property)	\$ _____	\$ _____	\$ _____
Other (List) _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Subtotal</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL CASH EXPENSES</b>	\$ _____	\$ _____	\$ _____

Provide notes about financial information in anticipation of any questions from the review panel, such as significant changes in the amounts of line items, deficits, multiple year grants, etc.:

Applicant Name: \_\_\_\_\_

## FINANCIAL SUMMARY

Important: Read pages 10-11 of the application guidelines before completing this form to be sure you are reporting correctly. Returning applicants may wish to consult previously submitted financial summaries. Report **unrestricted cash income for operating activities only**.

Applicant Name: \_\_\_\_\_

Organization's fiscal year (month, day - month, day): \_\_\_\_\_ - \_\_\_\_\_

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

Indicate the current value of investments: \$\_\_\_\_\_

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

	Actual 2007	Actual 2008	Actual 2009	Approved or Actual 2010	
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)					

\* **Total income** for fiscal years **2007, 2008 and 2009** divided 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:

I verify that the figures reported on this form are true and correct to the best of my knowledge. I further affirm that the income figures represent cash allotted only to operational activities for the years indicated.

Signature of accountant or chief financial officer: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# 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 not be considered in the evaluation of your application.

Applicant Name: \_\_\_\_\_

## GRANTEE 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    |

## GRANTEE 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, YMCA's)                      |
| 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; does not 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  |   |

## GRANTEE RACE

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

**Individuals:** Select **one or more** characteristics that represent your 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 |   |                                |

## GRANTEE 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.

Grantee Discipline:

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

Project Discipline:

### 01 Dance (Does not include mime - see 04)

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

### 02 Music

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

### 03 Opera/Music Theatre

- A Opera
- B Musical theatre

### 04 Theatre

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

### 05 Visual Arts

- A Experimental
- B Graphics (Includes printmaking, book arts; not graphic design - see 06C)
- D Painting (Includes 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 (Ceramics)
- 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 (Includes radio, sound installations)
- C Video
- D Technology/Experimental (Includes 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 (Includes 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 Organizations that do not have the arts as their primary mission. Arts Division **Projects** must be arts-focused.

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**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.”

- |   |   |                                |
|---|---|--------------------------------|
| <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                  |   |                                |

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**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 (Includes 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 (Includes criticism)  |
| 09 Identification/Documentation   | 29 Professional Development/Training (Enhancing career)  |
| 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 (Includes program evaluation, strategic planning, establishing partnerships) |  |

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

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**PROJECT DESCRIPTORS**

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

- |   |  |   |                                     |  |
|---|--|---|-------------------------------------|--|
| <input type="checkbox"/> ADA/504 Access   | <input type="checkbox"/> International | <input type="checkbox"/> Presenting/Touring | <input type="checkbox"/> Technology | <input type="checkbox"/> Youth at Risk |
| <input type="checkbox"/> None of these apply, or comprise only a small portion of this grant’s activities |  |   |                                     |  |

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**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"/>          | * An organized and systematic educational effort with the primary goal of increasing an identified learner’s knowledge of and/or skills in the arts with measurable outcomes. |
| 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 |                                   |                                   |   |