

2010 Arts & Cultural Council for Greater Rochester DECentralization Community Arts Grant Application

Deadline: Received in Arts & Cultural Council Office by November 5, 2009 @ 5:00 PM
Send to: 277 N. Goodman Street, Rochester, NY 14607. Answer all information. Handwritten applications are not accepted.

BACKGROUND:

Applicant Organization's Legal Name: _____

Executive Director/Authorized Signatory: _____

Project Manager: _____

Remember to include Resumes of all Project Managers/Contact Personnel with your Application

Mailing Address: _____

City: _____ Zip: _____ County: _____

Day Phone: _____ Eve. Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Incorporation date or date Formed: _____ Fiscal year begins: _____ Ends: _____

For last completed fiscal year: Revenues: \$ _____ Expenses: \$ _____

NYS Assembly District: _____ NYS Senate District: _____ U S Congressional District: _____

(<http://nymap.elections.state.ny.us/nysboe/search.asp> for above district numbers)

Have you ever applied directly to NYSCA? _____ If yes, in what year? _____

Have you applied for a DEC Grant within the past 3 years? **Y N** If Yes, did you receive funding? **Y N**

If you have been funded for this program through DEC in the past, how has the project changed and/or grown? (Please answer on a separate page that precedes your narrative responses.)

PROJECT INFORMATION:

Project Title: _____

Required: Please summarize your project in **50 words or less**. Note: This will be the description used by the Arts & Cultural Council to identify and publicize your project. **Do not skip this step!**

NUMBER OF ARTISTS INVOLVED: _____

NUMBER OF YOUTHS (Under 18) BENEFITTING: _____

TOTAL ANTICIPATED AUDIENCE: _____

Project Starting Date: _____ Project End Date: _____

Total Project Expense: \$ _____ **2010 DEC Grant Amount Requested:** _____

Which **Arts Discipline** best describes the project? (See guidelines) _____

Date of information session attended or meeting with ACCGR Staff: _____

Is your project Artist Initiated? Y N Is the Artist the Contact Person? Y N

Key Artistic Personnel: _____ Day Phone: _____

Remember to include a Resume of the Artistic Personnel with your Application along with the Required Support Materials

CERTIFICATION: The undersigned certifies that he/she (1) is the principal officer of the applicant with authority to obligate it; (2) has knowledge of the information presented herein; (3) has read and understood the guidelines of Arts & Cultural Council for Greater Rochester DECentralization Arts Grant Program and complies with, and is made subject to said guidelines; (4) releases Arts & Cultural Council, its employees and agents with respect to damages to property or materials submitted with this application.

Print Name: _____ **Title:** _____

Organization Name: _____

AUTHORIZED SIGNATURE (This might be different from the project manager.) **Date:** _____

PROJECT NARRATIVE: Must be typed or computer generated on no more than two 8.5" x11" sheets. Do not use a font smaller than 12 point. Be sure to collate all materials and binder-clip them together. Do not place them in three-ring binders. Do not include a cover letter. Page 1 of the application will serve as your cover sheet.



Download and review the “DEC 2010 Budget Form” and “Instructions for Completing the DEC 2010 Budget Form” documents from our website (www.artsrochester.org) before continuing. Hard copies of these documents are available upon request.



1. Organization background: Provide a brief description of your organization’s mission, objectives, and major programs.
2. Describe your project and the plan for implementation. Please be sure to detail the GOALS and OBJECTIVES of the project.
3. How do you plan to evaluate your proposal to determine whether or not it meets the goals and objectives? (Include in your support materials any surveys or other feedback mechanisms you plan to use.)
4. List each event, performance, workshop, etc. and the dates, times and locations (street address) using **this format (May be attached. If attached, does not count toward two page limit.):**

<u>Activity</u>	<u>Date</u>	<u>Time</u>	<u>Location/Address</u>	<u>\$Fee/Ticket</u>
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5. What community/cultural needs will your project meet?
6. How will you assure that your project complies with Section 504 of Federal law that all programs be accessible to the handicapped?
7. How will you revise your program if you do not receive full funding?
Having a back-up plan demonstrates organizational commitment to the project.
8. How do you intend to raise your organization’s cash match? If your organization has been previously funded by DEC for this project for two consecutive years prior to this application, you must show at least 40% of funding from other sources. Otherwise, you must show at least 20% of funding from other sources.
9. Publicity Plan: How do you plan to publicize this project? Where will you publicize it? What are your anticipated publicity costs? (Include in attachments any sample publicity items you plan to use.)
10. Please download the “**DEC 2010 BUDGET FORM**” and complete the “Proposal – Participation” form.

Supplementary Materials (Be sure to include the following with your application packet):

- 1 original signed application form, budget form, in-kind gift form, participation form, and all attachments
- 9 photocopies** of application form, budget forms, in-kind gift form, participation form, and all attachments
- A** Proof of Organization's Non-Profit status (see guidelines)
- B** Current list of board of directors, including affiliation, addresses, and phone numbers
- C** Previous year financial statements (Most recent **completed** fiscal year, audit statement from accountant; signed treasurer's report; Highly recommended: Statement of Cash Flows, Income Statement and Balance Statement. **IRS form 990 will not be accepted.**)
- D** Current Budget (for year not yet completed)
- E** Resumes (project managers, artists, technical positions)
- F** Support Documentation (letters of financial commitment or contracts from artists, other organizations)
- G** Fliers, marketing samples, sample evaluative tools
(Limit posters, news articles, brochures, etc. to 3)

Artist Initiated Projects Must Also Include 1 original and 9 photocopies of:

- H.** Letter of support from sponsoring nonprofit organization signed by authorized official.
- I.** Letter of recommendation from individual or company outside of project.

PROJECT BUDGET (Jan 1-Dec. 31, 2010)

PLEASE DOWNLOAD THE DEC 2010 BUDGET FORM AND COMPLETE THE "PROPOSAL 2010 DEC BUDGET FORM"

Project IN-KIND Contributions (Jan 1-Dec. 31, 2010)

Do not include volunteer time as in-kind contribution, unless it is for professional services.

In-Kind contributions are *non-cash* contributions in the form of services, materials, goods or space.

PLEASE DOWNLOAD THE DEC 2010 BUDGET FORM AND COMPLETE THE "PROPOSAL IN-KIND GIFTS" FORM

Letters of Support/Artistic Sample

1. Have you submitted supporting materials for review? Yes ____ (Please include what type and list below.)
No ____
2. Please make sure all supporting materials are **queued and clearly marked** with the artist's name, organization's name, project name and application year. **Supporting materials must be CURRENT (within the last 3yrs)!**
3. **Regarding Artist Support Materials:** All materials will be held at the Arts & Cultural Council offices.