

<p>Community Arts Grants Project Support for Not-for-Profit Organizations Application 2012</p>

Submission of one DEC application per year. Multiple project components should be combined to constitute a SINGLE application. Request amount may NOT exceed \$5,000.00. **Please type or print very clearly.**

ORGANIZATION INFORMATION

Applicant Organization's Legal Name	AKA (also known as)
-------------------------------------	---------------------

Mailing Address

City	State	Zip Code
------	-------	----------

Organization's website and e-mail address	Organization's Telephone Number and Fax
---	---

Contact Name & Title	Contact Phone (day, eve and fax)
----------------------	----------------------------------

Contact's e-mail	Chairman/President Board of Directors
------------------	---------------------------------------

Treasurer/Fiscal Officer	Organization's Fiscal year	Incorporation Date
--------------------------	----------------------------	--------------------

NYS Assembly District	NYS Senate District	US Congress District
-----------------------	---------------------	----------------------

<p>ORGANIZATION NOT-FOR-PROFIT STATUS</p>
--

<p>Check one and enclose copy of checked item. (Waived for applicants that received 2011 DEC funding)</p>
--

<p>NOTE: State Tax Exempt Organization Certification (ST-119-1) is NOT proof of nonprofit status.</p>
--

- U.S. Internal Revenue Service 501(c)(3) – letter of IRS tax-exempt status
- NYS Not-For-Profit Corporation (Charter from Board of Regents S.216.)
- NYS Charities Registration (Article 7A) – receipt from Dept. of State, Office of Charities Registration
- Unit of Local Government – letter on official letterhead, signed by appropriate official
- Certificate of Incorporation under S.402 of the NYS Not-for-Profit Law – acceptance form copy

PROJECT SUPPORT REQUEST SUMMARY

1. Request to Decentralization \$ _____

2. Proposed project will consist of:
(what) _____

and will take place at (location)

for (whom)

Dec Funds will be used to support

_____ aspect/s of your project.

(Keep in mind that DEC funds are primarily intended to support artists fees)

PROJECT CATEGORY (Check one)

- Music
- Theater
- Dance
- Storytelling
- Visual Arts
- Media Arts
- Literature
- Multidisciplinary

PRIMARY AUDIENCE

- Children K – 3rd grade
- Children 4th – 8th grade
- Teens
- Adults
- Elders

PROJECT COMPONENTS

- Workshop
- Performance
- Lecture
- Other (Please specify)

ORGANIZATION INFORMATION

Briefly describe the purpose and activities of your organization:

PROJECT INFORMATION

Project Title: _____

Estimated Number of People Benefitting

Artists _____ Youth _____ Other Individuals _____

Is this program site accessible to the physically challenged? YES: _____ NO: _____

PROJECT DESCRIPTION

Please give a complete description of project for which funds are being requested. Please be brief and concise. Your project will be evaluated heavily on the basis of this narrative. You may add up to ONE additional page

Organizations must submit a financial statement for the most recently completed fiscal year. Please be sure to include this document with your application.

ORGANIZATION'S TOTAL BUDGET Enter figures for your organization's total projected budget for the fiscal year in which the project will take place.

____ / ____ / ____
Fiscal Year Ending

Income

Expenses

PROJECT BUDGET INFORMATION

IN-KIND CONTRIBUTIONS TO PROJECT

TYPE OF IN-KIND CONTRIBUTION	EXPLANATION	ESTIMATED VALUE
Personnel		\$
Administrative		\$
Artistic		\$
Technical		\$
Equipment Rental/Purchase		\$
Space Rental		\$
Travel/Transportation		\$
Advertising/Promotion		\$
Other In-Kind		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL IN-KIND CONTRIBUTIONS		\$

Complete the BUDGET format below following the instructions in the application guidelines. Note: Do NOT fill out A2 & B2 columns. These will be used for your final reporting. Do not list In-Kind contributions in your budget. List In-Kind above.

PROJECT REVENUE	EXPLANATION ((how this amount will be generated)	A1: Anticipated Budget Revenue (\$)	A2: Actual Revenue (\$)	DEC Request \$
<i>Earned Income</i>				
Admissions		\$	\$	
Membership		\$	\$	
Tuition, workshop fees		\$	\$	
Sales, concessions		\$	\$	
Other		\$	\$	
		\$	\$	
<i>Unearned Income</i>		\$	\$	
Individual		\$	\$	
Corporate Contributions		\$	\$	
Government Grants		\$	\$	
Fundraising events		\$	\$	
Other		\$	\$	
TOTAL REVENUE		\$	\$	
DEC REQUEST		\$		
TOTAL REVENUE + DEC	Request may not exceed \$5000	\$		
PROJECT EXPENSES	EXPLANATION (how this amount will be generated)	B1: Budget Expenses \$	B2: Actual Expenses \$	
<i>Personnel (salaried)</i>				
Administrative		\$		
Artistic		\$	\$	
Technical		\$	\$	
Other		\$	\$	
		\$	\$	
<i>Outside Professional Services</i>				
Administrative		\$	\$	
Artistic		\$	\$	
Technical		\$	\$	
Space Rental		\$	\$	
Equipment Rental		\$	\$	
Travel/Transportation		\$	\$	
Advertising/Promotion		\$	\$	
Remaining Operating		\$	\$	
TOTAL EXPENSE		\$	\$	
Actual Expenses (B2)	\$	↑		
Actual Revenue (A2)	\$	SHOULD MATCH		
TOTAL REVENUE + DEC Award	\$	←		
% of project funded by DEC	(DEC is not intended to be the sole source of funding for any proposed project)			

CERTIFICATION: The undersigned certifies that he/she (1) is a principal officer or agent of the applicant with authority to obligate it; (2) has knowledge of the information presented herein and the information referenced on this application and support material is truthful; (3) has read the guidelines of the Community Arts Grants Fund herein by reference, and that this application complies with, and is made subject to said guidelines; (4) releases the Columbia County Council on the Arts and the Greene County Council on the Arts, its employees and agents with respect to damages to property or material submitted in connection herewith.

Legal Name of Organization: _____

Principal Officer's Signature: _____

Title: _____ Date: _____

NOTE: An UNSIGNED application is considered INCOMPLETE and is not eligible to be reviewed. Please be careful to complete and sign your application before you submit it for review.

❖ Using the checklist ALL MATERIALS (regardless of your County of residence) should be sent or delivered to GREENE County Council on the Arts, 398 Main St, Catskill, NY 12414.

APPLICATION CHECK LIST & ASSEMBLY INSTRUCTIONS

Please submit the following in the manner requested below. Applications submitted in a manner other than this may be ineligible for consideration.

_____ 10 signed copies of pages ...of your application (ORIGINAL AND 9 COPIES)

_____ Brief resumes/bios of principal administrator(s) and artistic personnel involved in project (10 COPIES)

❖ Assemble the 10 sets of packets as follows: Each packet should contain Pages 1 - 7, followed by artistic resumes. Staple each packet in the left hand corner. Do NOT include additional information, fancy covers, board list, etc. in these packets.

_____ Evidence of the not-for-profit status in ONE of the following forms marked
“Attachment 1” (waived for applicants that received 2011 DEC funding) (ONE COPY)

An IRS letter of tax-exempt status, 501 (c) (3) **OR**

A copy of the organization’s latest receipt from the Department of State Office of Charities Registration, section 172 of the Executive Law. To receive the form, contact the Office of Charities Registration, Department of State, 162 Washington Avenue, Albany, NY **OR**

A copy of the Charter issued by the Board of Regents of the State of New York under Section 216 of the Education Law **OR**

Official authorization as an arm of local government such as submission of a letter on formal stationery signed by the appropriate county, city, town or village executive **OR**

Acceptance of incorporation section 402 of the Not-for-Profit Law.

_____ List of Board of Directors and current staff (paid and/or volunteer). (ONE COPY)

_____ Financial statement for the organization’s most recently completed fiscal year. (ONE COPY)

_____ Supplemental materials: (1 SET)

One (1) videotape/DVD cued for 3-5 minutes for viewing **OR**

One (1) audio tape cued for 3-5 minutes for listening **OR**

Eight (8) photographs or color computer scans. Label each with the artist’s name, title, materials, size and year of creation. **OR**

For Literature: three to five (3-5) pages of writing samples with the option of audio cued for 1-3 minutes of a taped reading of your work.

_____ Videotape, CD, audio tape, photos, and color computer scans must be accompanied by a one page script that lists the organization’s name, project name, artist’s name (if applicable), very brief project description, and year of project.

_____ A publicity package containing no more than a combined TOTAL of four (4) of the following items: brochures, programs, press clippings, catalogs, postcards or any other related printed material. (1 SET)

_____ Mandatory attendance to the Application Seminar for new and returning applicants who were NOT funded. (Attendance may be waived by the Director of Community Arts Grants in lieu of individual appointment based on quality and completeness of previous applications.)

_____ A self-addressed envelope with sufficient postage **ONLY IF** you desire the return of your support materials. Otherwise not necessary.