

APPLICATION FORM

GRANTS
for
CULTURAL PROGRAMS
DECENTRALIZATION PROGRAM FOR SULLIVAN COUNTY 2012
DEADLINE 4 P.M. FRIDAY, OCTOBER 28, 2011

Please type or print in ink. Do not staple or tape this form.

Applicant Organization's Legal Name AKA (Also Known As)

Organization's Mailing Address City State Zip Code

Contact Person Name Title or Position

Contact Phone (Day) Contact Phone (Eve) Fax

E-mail Year Incorporated Day Fiscal Year Ends Month

Sullivan County NYS Assembly Dist. NYS Senate Dist. US Congressional Dist.

Project is (check one): Organization initiated Artist initiated (org. serving as sponsor)
Collaborating artist or organization, if applicable

Cultural/artistic discipline of project : Check one most appropriate.
Music Visual Arts Theatre Dance Literature Humanities Other

Project Expense \$ Requested Amount \$ (Office: Funded Amount \$)

HISTORY

Has your organization ever applied to New York State Council on the Arts directly (without DVAA as a conduit)? No Yes If yes: Year Amount of Funding \$

Year of latest application for Decentralization funding through DVAA:
Amount received:

Title or brief description of project funded

(A) PROJECT DESCRIPTION

4. Explain marketing plan. How will you advertise this project?

5. Briefly state the purpose or mission of your organization. How does this project further your organization's mission?

6. Anticipate your project's benefit to the community.

What is the total number of artists participating? _____

What is the anticipated number of individuals served in each category?

Numbers do not necessarily have to add up to the total audience.

_____ Youth _____ Elderly _____ Racial minorities _____ People with disabilities

How many total individuals will you serve? Total audience + total artists = _____

7. What provisions have you made for your project to be universally accessible?

If necessary, you may enclose a maximum of one (1) additional sheet to answer the above and/or to inform about this project in any way that the questions on this form do not address.

An additional maximum of 4 pages of support materials may be attached. Support materials reinforce the application and may include brochures, programs, press clippings, contracts, artists' résumés, etc.



List names and addresses of Board of Directors (if incorporated) or associates of applying organization. Please identify the officers.

CHECKLIST

***Applications will be considered ineligible
without all of the following :***

1. Application form with signature of the principal officer; both Parts A (Description) and B (Budget) completed.
2. Organizational Nonprofit Status: *Check one box and include a copy of the appropriate form.*
 - Determination letter from the U.S. Internal Revenue Service as a 501(c)(3) organization
 - Letter from the New York State Board of Regents Charter, Section 216 of the Education Law
 - Letter of acceptance of incorporation under Section 402 of the NYS Not-for-Profit Law
 - Bureau of Charities filing receipt
 - Official authorization as an arm of a local government (a formal letter on official stationery signed by the appropriate county, town or village executive)
3. Financial statement from organization's last completed fiscal year

CERTIFICATION

The undersigned states that (s)he has knowledge of the information herein and is a principal officer of the applicant organization with the authority to obligate it:

Signature _____ Title _____

Print Name _____ Date _____



(B) PROJECT BUDGET

**LIST INCOME AND EXPENSES RELATED ONLY TO THIS PROJECT REQUEST.
WHEN NEEDED, USE SEPARATE SHEET FOR BREAKDOWN OF INCOME AND EXPENSES.**

PROJECT INCOME: *(You must show income; this grant will not fund 100% of the project expense.)*

Earned Income

- Admission _____
- Concessions, sales, publications _____
- Tuition, workshop fees _____
- Fund raising _____
- Other _____

Unearned Income *(List in-kind service and its dollar value on back; do not translate to income here.)*

- Contributions and donations _____
- Grants (other than Decentralization) .. _____
- County, state or municipal funds _____
- Other _____

Total Project Income _____

PROJECT EXPENSES:

Personnel

- Artistic salaries or honoraria _____
- Technical salaries or fees _____
- Administrative salaries or fees _____

Project supplies and materials _____

Project space rentals _____

Travel and transportation _____

Advertising and promotion _____

Other _____

_____

Total Project Expenses _____

Minus: Total Project Income (from above) . _____

Equals: PROJECT GRANT REQUEST _____