

2019 Community Arts Grant Application for Wyoming County

Administered by the Arts Council for Wyoming County

Funded by the New York State Council on the Arts

Project title _____

Eligible applicants are limited to non-profit organizations and individual artists in Wyoming County, NY. Consult the guidelines to determine if you are eligible for a Community Arts Grant from the Arts Council for Wyoming County. For further information, contact us at 585-237-3517 ex 102 or hollinger@artswyco.org

Deadline: Thursday, October 25. Application must be received at the ACWC office by 5 pm.

Legal Name of Organization: _____

EIN # _____

Sponsored Artist or Group: _____

Legal Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact person 1 _____ Contact person 2 _____

Phone: _____ Phone _____

E-Mail: _____ E-Mail: _____

State your mission statement or briefly describe the purpose and activities of your organization.

Fiscal Year Runs: ____/____ to ____/____ Year Organization formed/incorporated: _____

Annual Operating budget amount for last fiscal year: _____

NYS Assembly District #: 147 NYS Senate District #: 59 US Congressional District #: 26

Has your organization ever applied directly to NYSCA? ___ Yes ___ No Year applied: _____

Proof of Not-For-Profit status: Please check one that applies and submit a copy of the document with this application.

- _____ U.S. Internal Revenue Service 501(c)(3)
- _____ NYS Charities Registration (Article 7A)
- _____ Unit of local government

- _____ NYS Not-For-Profit Corporation (Charter from Board of Regents S.216)
- _____ Certificate of incorporation under S.402 of the NYS Not-For-Profit Law

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Project Information

Project Title: _____

Facility and location of the project: _____

How will accommodations be made for persons with disabilities? _____

Dates and times project will take place: _____

How many events? _____ How many artists will be hired for the project? _____

Target Audience: _____ Anticipated Number of people served: _____

____ # Children ____ # Teens ____ # Adults ____ # Seniors ____ # Special Needs

If a repeat project, what was the attendance for the most recent year this project took place? _____

Did this figure meet or exceed expectations? _____

Total estimated expenses*: _____ Amount being requested*: _____

*The total expenses and amount being requested are the same figures you have calculated on the budget sheet.

Project Narrative

ON SEPARATE PAPER, Please answer the following questions, in the order presented. Please number your responses. Please label the top of paper with organization and project title. On no more than two single sides of 8 ½ x 11" paper, indicate:

1. Describe your project. Give a complete, concise description of the project for which funds are being requested.
2. What are its goals? What are the particular benefits to audience members, participants, the community and your organization refer to the Priorities on page 3 of the application guidelines to answer this question.
3. How many people will be directly and actively involved in carrying out the project or event? What are their roles?
4. Why did your organization choose to carry out its project in this way (ex. choice of location, time of year, time of day, etc.)?
5. How do you plan to advertise, promote and market your project (ex. advertising, press releases, website, flyers, email, outreach, etc. Please list publications).
6. How will you measure project success?
7. **REPEAT PROJECTS ONLY:** Describe any changes you will make in your project this year, and the ways these changes will improve the project.

Your proposal will be evaluated on the basis of your narrative, so be thorough, but concise. **Refer to the Review Criteria section in the Application Guidelines when composing your narrative.**

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Project Budget: _____ *(organization)*

Minimum & Maximum request limits apply. See page 3 of Application Guidelines for details. All applicants should show additional sources of revenue in budget.

Income, description add notes as necessary	Project
Box office, Admissions, pass the hat	
Tuition, workshop fees	
Concessions, sales, ads in program	
Corporate support	
Individual support	
Government Support	
Foundations	
	\$

Expenses	Project
Personnel (Organization's staff)	
Artists (contracted for project)	
Other Outside Professionals	
Space Rental	
Marketing and advertising	
Travel / Transportation	
Equipment rental	
Other, please itemize	
Total	\$
Total Expenses minus Total Income = DEC Request	\$

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In kind contributions	
<i>In-kind contributions are expenses that would be incurred by your project if they were not donated.</i>	
Administrative (project coordinators or other organizational staff)	
Technical / Production (org. staff)	
Artistic (please be specific) (org. staff)	
Total In-Kind Personnel	\$
Non-Personnel Expenses	
Artists (contracted for project)	
Other Outside Professionals	
Space Rental	
Travel / Transportation	
Advertising / Promotion	
Total In-Kind Non-Personnel Expenses	\$
Remaining Operating Expenses	
Supplies & Materials	-----
Equipment Rental	
Other	
Total In-Kind Remaining Operating Expenses	\$
Total In-Kind Expenses	\$
Equipment rental	
Other, please itemize	
Total	

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Checklist & Certification

Checklist

Please include ALL of the following with your application packet.

All applicants must include:

- _____ Original, plus 8 copies of pages 1-6 of the completed Application with Project Narrative as page 5 and resumes of artistic personnel
- _____ ONE Financial statement of the last completed fiscal year; a long form 990 is acceptable, the postcard is not. Financial statement must be approved by the organizations board of directors
- _____ ONE list of the organizations board members' names and addresses
- _____ Organization's proof of not-for-profit status, as listed in the guidelines

Sponsored artists must also include:

- _____ Proof of Wyoming County residency (Individual Artist Grant only)
- _____ Letter of Commitment from sponsoring organization
- _____ Artistic resumes(s) & samples of work (5-10 images [photos or images on CD or DVD, labeled, with separate title sheet]; 7-10 pages of manuscripts; 5-10 examples or pages of poems; OR 3-5 minute presentations on CD or DVD)
- _____ For collaborating artists or groups, samples of work or history of collaboration (if requested)

Certification and Release

The undersigned certifies that he or 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 the guidelines of the ACWC Community Arts Grants Program, attached, and certifies that this applicant complies with and is made subject to said guidelines
4. On behalf of the applicant, releases the Arts Council for Wyoming County and their agents with respect to damages to property or material submitted in connection herewith.

Signature: _____ Title: _____

Printed Name: _____ Date: _____