



## **Community Arts Grant Application 2025**

*This project is made possible with funds from the Statewide Community Re-grants Program, a regrant program of NYSCA with the support of the Office of the Governor and the New York State Legislature and administered by the Arts Council for Wyoming County.*

Community Arts Grants provide support to community-based organizations, groups, collectives or artists for arts and cultural projects. This program enables emerging artists and organizations to grow professionally and to enhance the cultural climate in communities and neighborhoods where they live and work. Community Arts Grants can fund but are not limited to: exhibitions, performances, concerts (all disciplines), festivals, demonstrations and workshops, screenings or readings.

This is a competitive process. All applications are extensively evaluated according to the criteria and priorities. Through Connecting Communities Arts Grants, the Arts Council for Wyoming County, NYSCA and the NYS Legislature hope to expand, enhance and increase arts and cultural programs in our community.

### **APPLICATION DEADLINE JANUARY 10, 2025, 4 PM**

- **Deadline for Review of applications, December 1, 2024, 4pm.**
- **2025 Final Reports are due no later than 30 days after the completion of the project. All reports must be submitted by January 31, 2026.**
- **Submit your application and the accompanying materials to by the deadline to:**

**BY MAIL:**

**ACWC Grants Coordinator  
Arts Council for Wyoming County  
PO Box 249  
Perry, NY 14530**

**IN PERSON AT ACWC, 31 South Main, Perry.**

**OR EMAIL [grants@artwyco.org](mailto:grants@artwyco.org). If sending large files, contact Grants Coordinator for further instructions.**

## Application Checklist – Required Application Materials:

	Attend an application seminar or set up an appointment for a meeting with the ACWC Grants Coordinator. <b>Date of attendance or contact:</b> /                    / <b>2024</b>
	Completed application form, narrative, budget and timeline. Be sure to sign (get sponsor signatures if applicable).
	Updated resume/CV and artist(s) statement(s) or other descriptive text of creative work for applicant teaching artist. If a group, this includes each member. If a non-profit arts organization, include cooperative work.
	Samples/images/videos of previous work that supports the proposed project. (Email grants@artwyco.org with files or links to websites, shared drives or other online sources for all content. (Physical examples of work must be delivered to ACWC.)
	For <b>Pre-K-12 In-School or After-School Projects (A): Letter of Commitment</b> from the partner school to the arts organization or teaching artist. <i>Refer to guidelines.</i>
	For <b>Community Based Learning (B): Letter of Commitment</b> which details the partner’s support of the project and anticipated roles and responsibilities for each partner involved. <i>Refer to guidelines.</i>
	For applications submitted with a <b>Fiscal Sponsor: Letter of Agreement</b> from the sponsor that clearly outlines the administration of the grant and defines mutual responsibilities.
	Letter of endorsement or cooperation from proposed site or other relevant entities with interest or involvement in project.
	<b>For applicant artist or lead artist:</b> proof of Wyoming or Allegany County Residency. <b>Type of Proof attached:</b> (NOTE: <i>all documents must contain the individual’s name and address and must be dated no earlier than two years prior to an application</i> ):
	Telephone Bill
	Utility Bill
	Credit Card Statement (first page only; social security and financial information should be blocked)
	Current lease or mortgage agreement listing the artist’s name and address
	NYS Driver’s License or ID card
	Voter registration card
	Other requirements from <b>Organizational</b> applicants:
	Board of Directors roster (names and addresses)
	Financial statement of the last completed fiscal year
	Proof of non-profit status – <i>refer to guidelines</i>
	<b>WORKPLAN AND RUBRIC</b> including lesson plans, evaluation plan, and participant evaluation forms.

## APPLICATION - SECTION 1: PROJECT INFORMATION

Please refer to program guidelines for specific, detailed instructions. Use no larger than 12 pt type. ALL INFORMATION IS REQUIRED.

<b>Project Title:</b>									
<b>Applicant:</b>									
<b>Media/Artform</b>									
<b>Type of Applicant:</b>		Artist		Artist Group		Non-Profit Arts Organization			
<b>Do you have a fiscal sponsor?</b>						Yes		No	
<b>If yes, specify fiscal sponsor:</b>									
<b>County:</b>				Allegany County			Wyoming County		
<b>Employee Identification Number (EIN)</b> (For non-profits or fiscal sponsors)									
<b>Proposed site of project:</b>									
<b>Address of proposed site of project:</b>									
City:						NY		Zip:	
<b>Contact Person #1:</b> <i>Artist, Lead Artist, or Director/Project Lead</i>									
Email:						Phone:			
<b>Contact Person #2</b>									
Email:						Phone:			
<b>Community-Based Partner:</b> (leave blank if there is no partner)									
<b>Dates (s) / Time(s) of project:</b>									
<b>How many events will take place as part of this project?</b>									
<b>How many artists will participate in the project?</b> (For groups, such as bands, count each artist; for non-profits or cooperative artists applying, include total number of artists involved in project)									
<b>Target Audience:</b>									
<b>Anticipated number served TOTAL:</b>									
<b>Anticipated percentage served per category:</b>									
<b>Children:</b>		<b>Teens:</b>		<b>Adults:</b>		<b>Seniors:</b>		<b>Special Needs:</b>	
<b>What accommodations are in place for people with disabilities? (200 characters max):</b>									
<b>Political Districts:</b>									
NYS Assembly:				NYS Senate:			US Congress:		
<b>Have you ever applied to NYSCA?</b>						Year Applied?			
<b>BELOW: FOR NON-PROFIT APPLICANTS OR FISCAL SPONSORS:</b>									

<b>Non-Profit Applicants – Fiscal Year Runs:</b>		<b>From:</b>	<b>To:</b>
<b>Year Organization was formed/incorporated:</b>			
<b>Please share below your mission statement or briefly describe the purpose and activities of your organization (limit 500 characters)</b>			
<i>(Mission Statement)</i>			
<b>For Organizational Applicants or Sponsoring Organizations – Non-Profit Status: <i>Check one that applies and submit a copy of the document proof with this application.</i></b>			
	US Internal Revenue Service 501(c)(3)		
	NYS Charities Registration (Article 7A)		
	Unit of Local Government		
	NYS Federally Recognized Tribal Nation		
	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		

**SECTION 2: PROJECT NARRATIVE:**

**Your proposal will be evaluated based on this narrative, so be as thorough as possible.** Please answer the following questions ***within this document***. Insert responses below corresponding questions. If a separate document is needed, please include the numbered questions with each response. **Please follow character limits indicated for Section 2 responses.**

**Question 1:** What is your project? What are you seeking grant funds to do? (1000 characters)

**Question 2:** Discuss the artists you have chosen for this project; how many artists will you work with? What makes those artists the “right fit” for your project? (1000 characters)

**Question 3:** Other than artists, how many people will be directly and actively involved with carrying out the project or event? What are their roles? (500 characters)

**Question 4:** How do you plan to market this project? (For example: advertising, press releases, website, flyers, email, outreach, etc.; list publications.) (500 characters)

**Question 5:** Discuss the choices your organization has made related to date(s), time(s), location(s), or other details. (500 characters)

**Question 6:** How will you evaluate the success of your project? (500 characters)

**Question 7 – *Timeline*:** Outline below a timeline for completion milestones throughout the proposed project (for example: all interviews will be completed by May 31; all photos will be printed by October 15; 5 of 15 poems will be completed by April 10). (1000 characters)

**Question 8 – *FOR REPEAT PROJECTS ONLY*:** Describe any changes you will make in your project this year, and the ways these changes will improve the project. (500 characters)

**SECTION 3: BUDGET NARRATIVE:**

*This section replaces a separate budget form and budget notes. Please respond to the following budget related questions and provide the budgeted amounts for each. Refer to the Budget section of the Community Arts Grants Guidelines & Instructions for details concerning eligible/ineligible expenses and amount limits, etc. DO NOT INCLUDE IN-KIND FIGURES; complete the separate in-kind section to include estimated donations of time and materials.*

**BUDGET TABLE**

**USE THIS TABLE TO RECORD TOTAL BUDGET EXPENSES, INCOME AND GRANT REQUEST**

<b>STEP 1:</b> Complete the <b>Expenses</b> section, below, and enter total of all "Budget" Items A through I.	<b>TOTAL:</b>	\$
<b>STEP 2:</b> Complete the <b>Income</b> section of your budget, below. DO NOT INCLUDE COMMUNITY ARTS GRANTS FUNDS AS INCOME.	<b>TOTAL:</b>	\$
<b>STEP 3:</b> Subtract above Income total from Expenses total. <b>***THIS IS YOUR GRANT REQUEST***</b>	<b>GRANT REQUEST</b>	\$
<b>STEP 4:</b> Complete "Grant Request" sections of Expenses Items A. through I., below, by indicating the amount of GRANT REQUEST you plan to use for each expense.		

**ADDITIONAL INSTRUCTIONS:** Complete both Expenses and Income sections **FIRST**. Once **GRANT REQUEST** is determined (above table, **STEP 3**), complete **STEP 4** of **BUDGET TABLE**. **NOTE:** total of all "Grant Request" figures must equal **GRANT REQUEST** in **BUDGET TABLE**, above. **GRANT REQUESTS MAY RANGE FROM \$1000 TO \$5000.**

**EXPENSES**

**Items A through I: Include Budget for each & describe in spaces provided.**

**Item A: Administrative Personnel:** Describe the budgeted amount for staff the project: positions, estimated hours and rates. (300 characters)

Budget \$		Grant Request \$	

**Item B: NON Personnel: Artist Fees.** Add totals for artists/artist groups or art organizations you will hire for your project to determine budget (this includes fees for artist applicant(s). DO NOT INCLUDE ARTIST'S SUPPLIES COST IN THIS CATEGORY. Included supplies fees must be detailed separately in SUPPLIES category (Item E). (300 characters)

Budget \$		Grant Request \$	

**Item C: NON Personnel: Technical/Artistic.** List any technical/artistic personnel for this project (such as lighting, directors, choreographers, framers, videographers, etc.), rates & totals for each and add to determine budget. (300 characters)

Budget \$		Grant Request \$	

**Item D: NON Personnel: Other.** Please detail any other paid contractors, such as ushers, concession workers, janitors, graphic designers; their rates and totals for each, and total. (300 characters)

Budget \$		Grant Request \$	

**Item E: Consumable Supplies / Materials; Equipment Rental\*. GRANT REQUEST MAX: \$1000**  
 Please describe the supplies and materials that you will need to purchase to carry out the project, and how they will be used. Detail quantities needed, cost for each and totals. Include any amount to rent equipment to be used for the project. (300 characters)

**\*PLEASE NOTE: EQUIPMENT PURCHASE IS NO LONGER PERMITTED AS A PROJECT EXPENSE.**

Budget \$		Grant Request \$	



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**Item F: Travel / Transportation.** What transportation needs **within your county** will be paid for to carry out this project? Please break down the costs associated with this need. (300 characters)

Budget \$		Grant Request \$	

**Item G: Marketing / Advertising / Promotion.** Describe costs for advertising the project. Include paid social media ads, print ads, posters, etc. (You will use the separate in-kind section, below, to estimate values of free social media promotions, press, etc.). (300 characters)

Budget \$		Grant Request \$	

**Item H: Remaining Operating Expenses.** Detail any other operating expenses related to the project, such as software subscriptions, insurance, etc. How is each needed for the project? (300 characters)

Budget \$		Grant Request \$	

**Item I: Other Expenses.** Describe any expenses you will have that do not fit into any other category & the need for them. (300 characters)

Budget \$		Grant Request \$	

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**TOTAL EXPENSES**

Add all " <b>Budget</b> " expense figures. Use this figure to complete <b>BUDGET TABLE</b> at top of <b>SECTION 3 (STEP 1)</b> . <span style="float: right;">\$</span>
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**INCOME**

*Items J through U: Include Budget for each & describe in spaces provided (Parts 1 & 2). Enter the total income in BUDGET TABLE, above (STEP 2). Character limits apply.*

**PART 1: EARNED INCOME:**

*Item J: Admissions. How many are expected to attend? What is the ticket/admission or requested donation amounts? Total should reflect this. (300 characters)*

<b>Budget</b>	<b>\$</b>

*Item K: Membership Dues. What portion of membership funds will be dedicated to this project? (300 characters)*

<b>Budget</b>	<b>\$</b>

*Item L: Tuition / Workshop Fees. What fee will each person pay to attend classes, workshops, lectures, etc., and how many are expected to attend? Will there be a separate fee for supplies? Please describe in detail below. (300 characters)*

<b>Budget</b>	<b>\$</b>

**Item M: Ad Revenue.** Will you collect funds to advertise in a program or in some other way? How much will you collect for each and how many total ads do you expect to have? Total should reflect this. (300 characters)

<b>Budget</b>	<b>\$</b>

**Item N: Sales / Concessions.** Will you sell food, drinks, and/or any retail items? Please describe. (300 characters)

<b>Budget</b>	<b>\$</b>

**Item O: Earned Income: Other.** Please describe any earned income that does not fit clearly into any other category.

<b>Budget</b>	<b>\$</b>

<b>SUBTOTAL, PART 1: Earned Income. Add Budget INCOME</b> \$ <i>figures J. through O.</i>
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**PART 2: CONTRIBUTED INCOME**

**Item P: Donations.** Will any donations be collected dedicated to this project? Describe. (300 characters)

Budget	\$

**Item Q: Sponsorships.** Will you collect sponsorships from any businesses or organizations toward this project? If possible, list these and how much each will contribute.

Budget	\$

**Item R: Grants.** Describe any grant sources and total funds for each? Are these funds restricted to specific expenses? What are those expenses? **(Please do not include anticipated Community Arts Grants funds in this total.)**

Budget	\$

**Item S: Fundraising.** What fundraising is planned and how much do you expect to earn from it? (300 characters)

Budget	\$

**Item T: Organizational Contribution.** Has your organization budgeted any funds to pay for any part of this project? How much and what expense will it cover? (300 characters)

Budget	\$

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**Item U: Contributed Income: Other.** Contributed income that does not fit clearly into any other category. (300 characters)

<b>Budget</b>	<b>\$</b>

**SUBTOTAL, PART 2: Contributed Income. Add Budget**      \$  
**INCOME figures P. through U.**

**TOTAL INCOME**

Add **SUBTOTALS** of both Earned (PART 1) and Contributed (PART 2) Income. Use this figure to complete **BUDGET TABLE** at top of **SECTION 3 (STEP 3)**.      \$

**IN KIND CONTRIBUTIONS**

What is being donated / contributed? Include quantities	\$ Value / Unit Estimated value of each unit (such as per hour, per piece,	Total Value of contribution
<b>TOTAL IN KIND</b>		<b>\$</b>

**Applicant's Signature and Date:**

I certify that all statements made in this application are true to the best of my knowledge. I have read the guidelines of the ACWC Community Arts Grant Program and certify that this application complies with and is made subject to said guidelines. I certify that I reside in Allegany or Wyoming County and have done so for at least six months prior to the application deadline. I certify that I am at least 18 years of age, and that I am not enrolled as a full-time undergraduate student. I acknowledge that the Arts Council for Wyoming County is not liable for damage or loss of materials submitted.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sponsoring Agency Representative, if applicable (*person legally eligible to obligate the not-for-profit organization*)

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_