

Tri County Arts Council DECentralization Community Arts Grant Application 2010



Deadline: Postmarked by October 21, 2009 (organization)

Send to: 108 Union Street, Cobleskill, NY 12043



A. 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 if Applicable*

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/> 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**

B. PROJECT INFORMATION:

Please summarize your project(s) in **50 words or less**.

Project #1 Title: _____

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 TCAC 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*

Project #2 Title: _____

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 TCAC 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

Project # 3 Title: _____

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 TCAC 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

C. 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 the Tri County Arts Council DECentralization Arts Grant Program and complies with, and is made subject to said guidelines; (4) releases TCAC, its employees and agents with respect to damages to property or materials submitted with this application.

Print Name: _____ Title: _____

Organization Name: _____

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

D. PROJECT NARRATIVE: Submit a typed or computer generated application that is a maximum of two pages. *Page 1 of the application will serve as your cover sheet. Thank you.*

Please address all 10 points below for each project narrative. Thank you.

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 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:**

<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. If you have been funded for this program through DEC in the past, how has the project changed and/or grown?

