New England Arts Stimulus Application Form

Print Form

Connecticut Commission on Culture & Tourism

An application prepared in cooperation with the six New England State Arts agencies and the New England Foundation for the Arts to help applicants apply for Arts Stimulus funds from your state arts agency and from NEFA. See your state's individual guidelines for eligibility requirements before you apply. Only certain organizations (performing arts presenters) can apply for NEFA arts stimulus funds. Be sure to read the NEFA guidelines before you apply.

Applicant Information

Legal Name of Applicant

Address Line 1

Address Line 2

City

State

Zip Code

☐ Check if your address has changed within the last six months, or since your last application to your state arts agency

Phone (include area code)

Fax (include area code)

Principal contact for this app

Email (of contact for this app)

Web site of applicant organization

☐ Check if you have received a direct grant from your state arts agency within the past three years. Do not count grants received *indirectly* through a local arts agency regranting program.

Amount requested in this application. Refer to your state arts agency guidelines for help, as some states limited the amount of the grant request.

Project start date (no earlier than 4/1/2009)

Project end date (no later than 6/30/2011)

New England Arts Stimulus Application Form

Narrative Questions

What is the mission of your organization?

How has the current economic downturn affected your organization? Address changes in programming in the current and future years, affects on staffing, and impact on earned and contributed income. Is your organization in danger of going out of business as a result of the current economy?

What is the job or jobs you wish to restore or retain using these arts stimulus funds, and why is it important to your organization?

What would happen if this job or jobs was unfilled? In particular, speak to the effect this will (or does) have on the service your organization provides to your state or community.

Describe the steps you will take to ensure that this position or positions, if funded, will be sustained for the entire project period.

Are there other jobs in your organization that might be saved as a result of saving this one? Are there jobs in other for-profit or non-profit businesses that might be helped by saving this job or jobs?

Can you speak to how important your organization - and its continued existence - is to the businesses in your area, and to the economy of your area?

New England Arts Stimulus Application Form

Financial Information

Your organization's fiscal year starts (month/date) MM/DD

Effect of fiscal downturn on budget, staffing, service to community

Total Operating Expenses for 2007-2008 (before fiscal crisis began)

Projected Total Operating Expenses for 2008-2009 (start of the fiscal crisis)

Projected Total Operating Expenses for 2009-2010

Number of paid staff in 2007-2008 (full-time equiv)

Number of paid staff in 2008-2009 (full-time equiv)

Describe positions that were reduced or eliminated as a result of the fiscal downturn

Projected Number of paid staff in 2009-2010

What positions, if any, are in danger of being reduced or eliminated if the fiscal crisis continues?

Impact on service to the community	Number of individual benefitting from your programs	Number of youths benefitting from your programs	Number of artists participating in your programs
In 2007-2008			
Projected in 2008-2009			
Projected in 2009-2010			

Assurance and Signature Page FOR RHODE ISLAND APPLICANTS

Assurances

For organizations, this certification **must be signed by a principal officer of the organization with legal authority to obligate it** and knowledge of matters contained here. Original application form must have original signature(s).

The applicant will assure that it and any organization assisted by it will comply with Titles I - IV of the Americans with Disabilities Act of 1990 (PL 101-336), as amended, Title VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., PL 88-352) as amended, Sections 503 & 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Equal Employment Opportunity Act of 1972 (PL 92-261), Rhode Island Executive Order #19, 1977, and where applicable, Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), to the end that no person in the United States shall, on the grounds of race, color, religion, sex, age, national origin, handicap, or sexual orientation, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the applicant received financial assistance from the Council.

The undersigned certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of their knowledge, and that the applicant is an eligible organization as specified in the guidelines.

The filing of this application has been authorized by the governing body of this applicant, and the undersigned representative has been duly authorized to file this application for and in behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application.

Authorizing Official (ex., Chairman/President of Board/Superintendent):

Signature: _____ Date: _____

Name: _____

Title: _____

Telephone _____

Executive Director/Manager/Project Director/Principal:

Signature: _____ Date: _____

Name: _____

Title: _____

Telephone _____