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**2024 COMMUNITY ARTS**

**ORGANIZATIONAL SUPPORT APPLICATION**

**DEADLINE: December 1st, 2023**

Funded by the New York State Council on the Arts, a state agency Statewide Community Regrant Program with the support of the Office of the Governor and the New York State Legislature; administered by the Lower Adirondack Regional Arts Council.

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| **APPLICATIONS MUST BE HAND DELIVERED/MAILED TO:**  Community Arts Grants, C/O LARAC, 7 Lapham Place, Glens Falls, NY 12801  ***LATE or EMAILED APPLICATIONS WILL NOT BE REVIEWED.***  **A COMPLETE APPLICATION MUST INCLUDE:**   * 1 Original, signed application * **1** Copy of the organization’s financial statement   *For Non-Profits:*  Provide the most recently completed fiscal year’s financial statement   (\*Organizations with less than 1yr of financial history must also provide an additional form with the organizations history in general\* Contact coordinator for this form)  *Municipalities*  Must provide (2) forms:  -2016’s Analysis of Changes in Fund Equality for the general Fund  -The 2016 General Fund Detail Expenditure for Culture and Recreation   * **1** Copy of Proof of Not-For-Profit Status **(Must Include EIN Number)** * **1** List of Board of Directors (Name, Phone # and Officer Labels) * **1** Copy of the most recent Board of Directors Meeting Minutes * **1** Resume for each of the listed artistic personnel   **A COMPLETE APPLICATION MUST ALSO INCLUDE:**  + 5 Copies of the Completed and Signed Application  + 5 Copies of Artistic Resumes  + 5 Copies of Artistic Support Materials | | | | | | | | | | | | | | | |
| **ORGANIZATIONAL INFORMATION** | | | | | | | | | | | | | | | |
| Applicant Organization’s Legal Name: | | | | | | | | | | | | | | | |
| AKA (Also known as): | | | | | | | | | | | | | | | |
| Applicant Mailing Address: | | | | | | | | | | | | | | | |
| City: | | State: | | | | | | Zip: | | | | | | County: | |
| Phone Number: | | | | | | | | | | | | | | | |
| Email: | | | | | | | | Website: | | | | | | | |
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| **APPLICANT CONTACTS** | | | | | | | | | | | | | | | |
| N a m e | | | | E m a i l | | | | | | | | | P h o n e N u m b e r | | |
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| **ORGANIZATION INFORMATION:** | | | | | | | | | | | | | | | |
| Incorporated Year: | | | | | | | | | Fiscal Year Cycle: | | | | | | |
| NYS Assembly District: | | | | NYS Senate District: | | | | | | | | | US Congressional District: | | |
| Have you ever applied DIRECTLY to NYSCA? | | | | | | No | | | | | Yes, Date: | | | | |
| Have you applied for a LARAC grant in the past 3 years? | | | | | | | | | | | No | | | | Yes |
| If yes, did you receive funding? | | | | No | | | | | | | | | Yes, Amount: | | |
| Name of project previously funded: | | | | | | | | | | | | | Dates: | | |
| **ORAGNIZATION BACKGROUND** | | | | | | | | | | | | | | | |
| *Mission Statement:* | | | | | | | | | | | | | | | |
| **ORGANIZATIONS REVENUE AND EXPENSES** *(BASED ON MOST RECENT FISCAL YEAR)* | | | | | | | | | | | | | | | |
| Year(mm/dd/yy):       to  Revenue:  Expenses:  Savings & CD’s:  Investments:  Endowment: | | | | | | | | | | | | | | | |
| **PROJECTS** | | | | | | | | | | | | | | | |
| **PROJECT 1** Title  Projected Expense:  Projected Revenue:  Request: | | | | **Project 2** Title:  Projected Expense:  Projected Revenue:  Request: | | | | | | | | | **Project 3** Title:  Projected Expense:  Projected Revenue:  Request: | | |
| **FOR MULTIPLE REQUESTS- SUBMIT A PROJECT INFORMATION SECTION (SEEN BELOW)**  **FOR EACH REQUEST** | | | | | | | | | | | | | | | |
| **PROJECT INFORMATION** | | | | | | | | | | | | | | | |
| Project Title: | | | | | | | | | | | | | | | |
| Project Start Date: | | | | | | | Project End Date: | | | | | | | | |
| Total Project Expenses: | | | | | | | Amount Requested: | | | | | | | | |
| Project Location: | | | | | | | How many times will this be presented? | | | | | | | | |
| # of Artists Involved: | | | # of Youth: | | | | | | | | | # of Adults (18+): | | | |
| Community Involvement – In Person or Virtual | | | | | | | | | | | | | | | |
| *Summarize your project in a clear and concise statement, one sentence in length:* | | | | | | | | | | | | | | | |
| **CHECK THE DISCIPLINE THT BEST DESCRIBES THE PROJECT** | | | | | | | | | | | | | | | |
| Crafts | Dance | | | | Folk Arts | | | | | Humanities | | | | | Literature |
| Media | Musical Theater | | | | Music | | | | | Opera | | | | | Multi-Disciplinary |
| Visual Arts | Theater | | | | Photography | | | | | Other (describe): | | | | | |
| **APPLICATION FORM QUESTIONS** | | | | | | | | | | | | | | | |
| ***Please note: Your grant will be reviewed primarily on the answers to these questions below. Text boxes will expand to fit your content.*** | | | | | | | | | | | | | | | |
| *If you are applying for a project that has been previously funded through a LARAC grant, how has the program changed or developed?* | | | | | | | | | | | | | | | |
| *Describe the plan for execution of this program if partial/no funding is awarded.* | | | | | | | | | | | | | | | |
| *Explain how you plan to market this program to the public. Print Marketing? Digital Marketing? Be specific.* | | | | | | | | | | | | | | | |
| *How will grant funds be spent?*  *Artistic Fees (Instructors/Presenters/Performers, In-State Travel Expenses):*  *-*  *-*  *-*  *Marketing (Printing, Postage, Digital Marketing Fees)*  *-*  *-*  *-*  *Artistic Materials (Supplies, Equipment Purchase/Rental, Space Rental)*  *-*  *-*  *-*  *Administrative Expenses (Personnel, Technical Fes)*  *-*  *-*  *-*  *Total Dollars Requested (must be between $500 - $5,000):* | | | | | | | | | | | | | | | |
| *How will you pay for expenses not covered by this grant?* | | | | | | | | | | | | | | | |
| **PROJECT DESCRIPTION** | | | | | | | | | | | | | | | |
| **Your description for each request should begin here, using a font no smaller than 11.**  **Include the following:**   1. Describe your event in detail. 2. Name the performers/presenters/instructors involved. (See cover page for instructions on submitting resumes) 3. Explain the project timeline from start to finish (if applicable). 4. Why have you chosen to offer this program? 5. State what you are doing to make the event accessible for those with disabilities. | | | | | | | | | | | | | | | |
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| ***CERTIFICATION***  *The person signing below must be an officer of the Board of the organization applicant.*  The undersigned certifies that (s)he is a principal officer of the applicant organization with authority to obligate it; has knowledge of the information presented herein; has read the guidelines of the Arts Initiative Program and certifies that this application complies with, and is made subject to said guidelines; on behalf of the applicant, herewith releases the LARAC Board of Directors, its employees and agents with respect to damage to property or materials submitted with this application; and on behalf of the applicant, will be responsible for the administration and finances of the project(s) outlined herein as well as all reports and stipulations required of all Community Arts Grant grantees.  Name (*print or type*):  Signature:  Title:  Date: |

**EMAIL QUESTIONS TO:**

Alyssa Shiel, Grants Coordinator

Outreach@larac.org