



## 2020 COMMUNITY ARTS ORGANIZATIONS APPLICATION DEADLINE: October 25, 2019 at 4pm



**Council on  
the Arts**

Funded by the New York State Council on the Arts, a state agency Decentralization Program with the support Governor Andrew Cuomo and the New York State Legislature; administered by the Lower Adirondack Regional Arts Council.

**APPLICATIONS MUST BE HAND-DELIVERED TO THE LARAC  
OFFICE BY 4 PM**

-or-

**POSTMARKED BY Oct. 21 & MAILED TO:**  
Community Arts Grants, C/O LARAC, 7 Lapham Place, Glens Falls, NY 12801

***FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED.  
LATE APPLICATIONS WILL NOT BE REVIEWED.***

### **A COMPLETE APPLICATION MUST INCLUDE:**

- + 1 Original, signed application
- + 7 Additional copies of the completed, signed application
- + 1 Copy of the organizations 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
- + 1 List of Board of Directors (Name, Phone # and officers Labels)
- + 1 Copy of the most recent Board of Directors Meeting Minutes
- + 8 Copies of the resumes for each of the listed artistic personnel (Limit: 2pgs per resume)
- + 8 Copies of the Budget Form

**ORGANIZATIONAL INFORMATION**

Applicant Organization's Legal Name:

AKA (Also known as):

Applicant Mailing Address:

City:

State:

Zip:

County:

Phone Number:

Email:

Website:

**APPLICANT CONTACTS**

Name	Email	Phone Number

**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:

**ORGANIZATION BACKGROUND***Mission Statement:***ORGANIZATIONS REVENUE AND EXPENSES (BASED ON MOST RECENT FISCAL YEAR)**

Year(mm/dd/yy): to

Revenue:

Expenses:

Savings &amp; 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+):

*Summarize your project in a clear and concise statement, one sentence in length:*

## CHECK THE DISCIPLINE THAT 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 grown?*

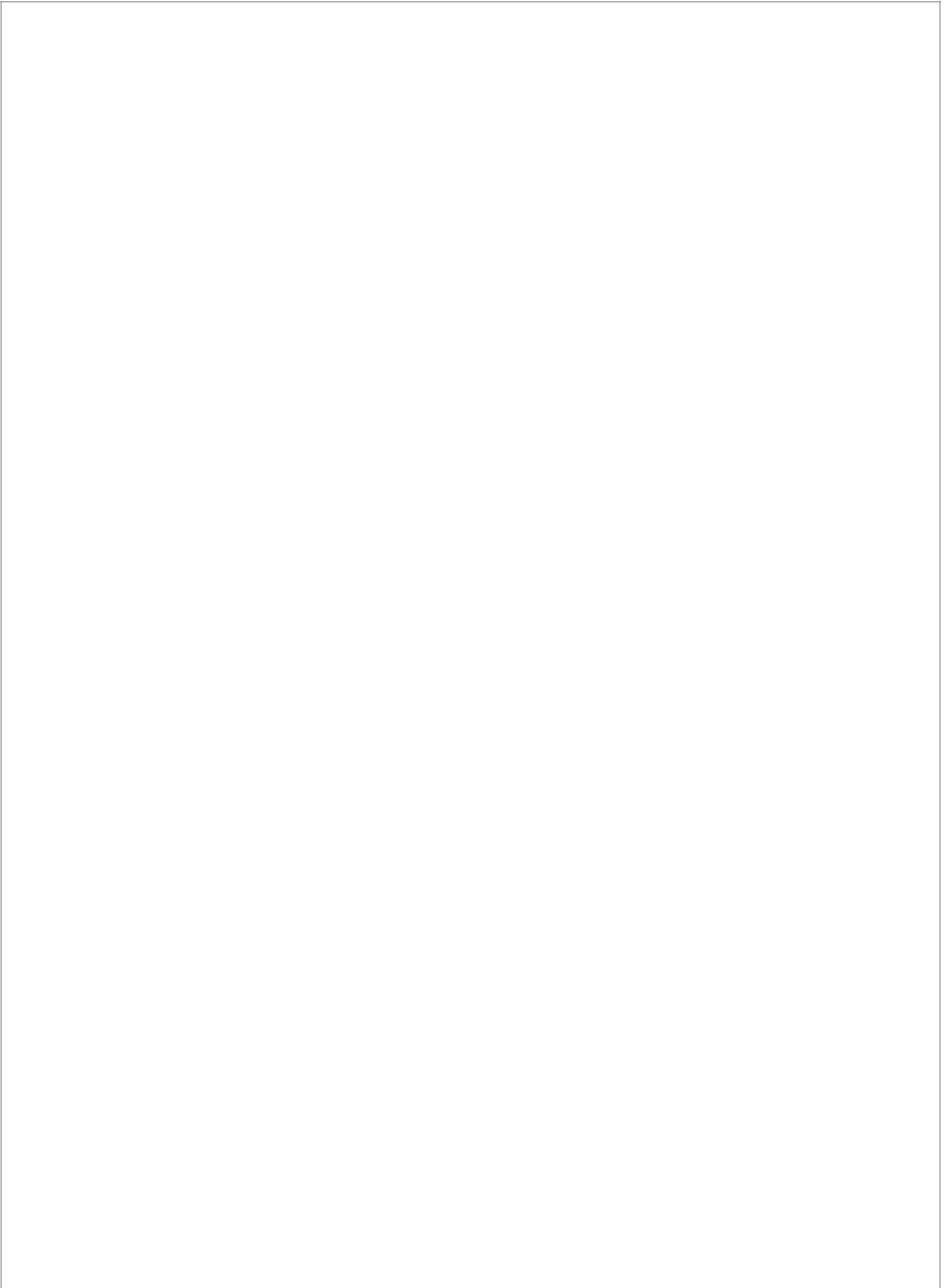
*Describe the plan for execution of this program if partial/no funding is awarded.*

## **PROJECT DESCRIPTION**

**Your description for each request should begin here, using a font no smaller than 11. Include the following**

DESCRIPTION CANNOT EXCEED 2 PGS. FOR EACH SEPARATE PROJECT. INFO EXCEEDING 2 PAGES WILL NOT BE PRESENTED TO THE PANEL

1. Describe your event in detail
2. Name the performers/presenters/instructors/etc. (See cover page for instructions on submitting resumes)
3. Delineate the fees charged by each of the performers/presenters/instructors/etc.
4. Why have you chosen to offer this event to the public?
5. State what you are doing to make the event accessible for those with disabilities



**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: \_\_\_\_

***To be considered complete, the application must also include the Budget Form.***

**EMAIL QUESTIONS TO:**

Alyssa Shiel, Grants Coordinator  
Outreach@larac.org