



### **FUNDING CRITERIA**

In awarding grants, *consideration is given to programs which aim to upgrade and professionalize cultural activities.* The following criteria is considered when evaluating requests: artistic merit, community benefit and interest, organizational stability, compliance with past regulations, feasibility, need, accessibility to people with disabilities.

### **RESTRICTIONS**

#### ***NO FUNDING MAY GO TO OR BE USED FOR THE FOLLOWING:***

- Public school districts, private or parochial schools, charter schools, and their affiliates or components. (However, PTAs may apply if they have their own not-for-profit status.)
- In-school programs and school theater productions.
- New York State agencies, departments and two or four-year public colleges or universities.
- Any organization which applied to the New York State Council on the Arts on March 1, 2008. No organization may withdraw its NYSCA application after 3/1 to the Arts Initiative.
- Equipment expenditures, capital expenditures, or major expenditures for the establishment of new organizations.
- Operating expenses and fellowships at professional training schools that are not open to the public.
- Cultural activities restricted to an organization's membership.
- Clowns, balloon art, magic, or culinary programs, payment to those under 18
- Art programs that are essentially therapeutic, recreational, or rehabilitating.
- Operating expenses of privately owned facilities such as homes or studios.
- Entertainment costs (e.g. theatre parties, museum openings, receptions, and fundraising benefits.)
- Awards and prizes.
- Programs with primary focus outside Warren County or Washington County.
- Past grantees who have failed to submit final reports beyond 60 days of the report due date.

### **REVIEW PROCEDURES**

A Review Panel of seven for each county meets to evaluate and rank the applications according to the funding criteria and then recommends funding levels for approved projects. In addition to the items in the application packet, panel members have access to correspondence, program audits, interim and final reports as part of the review process. The LARAC Board of Directors has full authority for final approval.

### **RESPONSIBILITIES IF FUNDED**

#### **All programs must be open to the public and advertised as such.**

If funded, an organization must provide one of the following: Certificate of Incorporation, Charter from NYS Board of Regents, or a DBA Certificate. Blank DBA forms are available at most stationery stores; filing fee is \$25. Detailed information of grantee responsibilities is provided at the time of funding notification. An evaluation (audit) of each funded program will follow during the year to ascertain the extent to which services proposed were actually rendered.

***Application Deadline: September 18, 2008***

**HAND-DELIVERED TO THE LARAC OFFICE BY 5 PM OR  
POSTMARKED BY AND MAILED TO:**

Arts Initiative, C/O LARAC, 7 LAPHAM PLACE, GLENS FALLS, NY 12801

No faxed or emailed applications will be accepted.

*Lapham Place, off of Glen St., is just south of TD Banknorth. Parking is available adjacent to the LARAC building. Parking is also available on Maple Street, as LARAC is located across from City Park. A staff member will be available until 5 p.m. on Thursday, September 18, 2008 to collect any hand-delivered applications.*

# ARTS INITIATIVE

## INSTRUCTIONS FOR COMPLETING THE APPLICATION for 2009

**Application forms should be typed** Complete all sections, except those labeled “for office use only”, typing only within the space designated. Applications are available at each grant seminar, at LARAC, or may be downloaded from [www.LARAC.org](http://www.LARAC.org) in Word format or PDF. **No scanned, faxed or reformatted applications will be accepted. Any applications submitted with format that does not exactly replicate the hard copy will be returned to be redone.**

**Type only within the space designated.**

### PAGE 1

#### *CONTACT PERSON for PROJECT*

This person should be fully knowledgeable about the organization as well as the grant application; this will serve as the organization’s liaison with LARAC.

#### *FISCAL YEAR*

This refers to the 12 month period used to describe the beginning and end of your financial activity. State only the month and day that ends the organization’s fiscal year (i.e. July 31)

#### *NYSCA FUNDING*

If the organization has ever applied directly to the New York State Council on the Arts (NYSCA), check yes and state the year(s); otherwise, check no. Application to LARAC for this grant is NOT direct application to NYSCA.

#### *PROJECT FINANCES*

Number of requests ranges from one to three. Using figures from page 4 of your application. List estimated expense, income, and request for each project. Please label each project by name. To be eligible for consideration: minimum request for **EACH** project must be \$300 with **ALL** projects totaling no more than \$5000.

### PAGE 2

*FUNDING ALTERNATIVE* provides Plan B should your organization not receive full funding

#### *ADVERTISING*

Be specific in labeling the media sources you will be using for advertising. (Be sure the dollar amount listed on page 4 of the budget corresponds with this listing.)

#### *ORGANIZATION’S MISSION*

This provides panelists who may not be familiar with your organization some context in which to place your project.

#### *CERTIFICATION*

Signature must be the **DIRECTOR OR A BOARD OFFICER OF THE ORGANIZATION** who has the authority to obligate the organization signs and dates the application.

### PAGE 3 (If more than one request, submit one page 3 per request.)

#### *STARTING/ENDING DATES*

Programs funded through the Arts Initiative may not begin before January 1 of the next year. If funding is requested for a part of a series of events and the series spans two calendar years, show information only for those programs that start after January 1 and end by December 31, 2009.

#### *DISABILITIES*

State specifically how your organization can accommodate those with various disabilities at your event.

**PROJECT DESCRIPTION**

Be as specific as possible to show that a planning process has taken place. Clearly state what you will provide, who, when, where, for whom, and how you will accomplish this. *Failing to provide enough specifics is the most common reasons to be denied funding.* Your description for each request should begin on page 2 and, if needed, may include one additional 8 ½ x 11 page, using a font no smaller than 11.

**PAGE 4 GRANT BUDGET FORM (If more than one request, submit one page 4 per request.)**

New Format requests basically the same information as in the past, but it will compute totals as you input your budgeted amounts.

**Overview:** The Microsoft Excel provides several convenient features. Among them:

- Cells will wrap to accommodate the amount of information entered. Please note: lengthy explanations or lists should be included on a separate sheet of paper (limited to no more than 1 side of 1 sheet of paper). Simply type “see attached” in appropriate row.
- Due to the fact that rows will wrap if you have a long explanation, your budget page may expand beyond one page, which is acceptable.
- Auto Sum: To avoid mathematical errors, this form has been formatted to automatically total entries for Revenue and Expenses.
- % funded by the Arts Initiative Grant: All applicants must provide a MINIMUM revenue match of 20% of the amount requested. This form will automatically calculate the percentage for you.
- Budget Form has been password protected so that formulas, etc. can’t be altered by mistake.

**TIPS FOR COMPLETING THE BUDGET FORM**

**Organization:** List organization’s name.

**Project No.:** Indicate Project 1, 2, or 3.

**PROJECT REVENUES (A) *As amounts are entered, they are automatically totaled at the bottom of Column A.***

**EARNED INCOME:** Income derived by providing a service or selling a product.

**Admissions/Box Office:** Indicate how a given number was generated. For instance, 200 tickets @ \$12 per ticket.

**Tuitions/Workshops Fees:** Indicate how a given number was generated. For instance, 50 participants @ \$20 per workshop.

**Sales/Concessions:** Indicate categories of items to be sold.

**Program Advertising:** Indicate amount to be raised by selling ads in your event program; if not applicable, place N/A in Explanation.

**Other:** List any other sources of Earned Income.

**UNEARNED INCOME:** Includes donations of cash from various sources.

**Funds on Hand:** Revenue to come from your annual budget.

**Individual Contributions/Corporate Contributions:** Indicate anticipated contributions.

**Grants:** List sources of other grants. (DO NOT INCLUDE ANY ARTS INITIATIVE DOLLARS HERE.)

**Other:** List other source of Unearned Income.

**PROJECT EXPENSES (B)** *As amounts are entered, they are automatically totaled at the bottom of Column B.*

**PERSONNEL**

**Administrative:** Executive and supervisory staff, program directors, managing director, development staff, clerical, ushers and box office staff, librarians, maintenance and security staff. **Unless personnel are being specifically hired for this project alone, no figures should appear in this space.** *Label positions to be paid.*

**Artistic:** Artistic directors, performers, conductors, curators, composers, choreographers, designers, video artists, poets, painters, musicians, etc. *Label positions to be paid.*

**Technical:** Technical directors, wardrobe, lighting and sound crew, stage managers, stagehands, film technicians, conservators, etc. *Label positions to be paid.*

**Advertising/Publicity:** Media advertising--newspaper advertising, radio, etc.

**Copies/Printing:** Machine-copied items and professionally printed items such as brochures and flyers.

**Equipment Rental:** Cost of renting equipment to use in your project.

**Space Rental:** Rehearsal space, theater, hall, gallery, and other spaces. (Do not include your own space.)

**Travel/Transportation:** Tolls, mileage, per diems, etc.

**Operating Expenses:** Limited to percent tied to project; do not include expenses for receptions, food, drink, or honorariums. (Grant will not fund general operating expenses of the organization.)

**IN-KIND DONATIONS:** Include only professional services that you would otherwise have to pay for (legal, accounting, graphic design, etc.). **DO NOT INCLUDE VOLUNTEER HOURS** for clerical work such as envelope stuffing, gallery-sitting, filing, shredding, etc.

**GRANT REQUEST (C)**

Totals of Revenues and Expenses will be automatically transferred to the black box near the bottom of the budget form. The grant request will be automatically configured as will the matching percentage.

**Request per project must be no less than \$300 with total of all requests equaling no more than \$5,000.**

**REQUESTS FALLING OUTSIDE OF THAT RANGE WILL BE NOT CONSIDERED.**

**PACKAGING OF APPLICATION** (use of both sides of the paper is encouraged)

- ◆ In one folder, place the ORIGINAL application WITH ORIGINAL SIGNATURE, 1 copy of Form A or B, 1 COPY of each of the following: artistic resumes, annual financial statement, proof of not-for-profit status, list of board of directors, and minutes.
- ◆ In second folder, place 7 packets containing:
  - Pages 1, 2, 3, 4 (plus Pages 3 & 4 of additional requests), a copy of Form A or B, and a copy of resumes (either stapled or clipped together)
  - Then place everything in a large mailing envelope for mailing or hand delivery.

Please do not place applications in a binder of any type.

Application may be mailed or hand-delivered. **See Guidelines Page 2 for deadline and more information.**

# ARTS INITIATIVE PROJECT APPLICATION FOR 2009

**APPLICATION DEADLINE: THURSDAY, SEPTEMBER 18, 2008**

Applications must be postmarked (not metered) by Thursday, September 18, 2008 or hand-delivered to LARAC by **NO LATER** than 5 p.m. Thursday, September 18, 2008

Emailed or faxed applications are not accepted.

Mail to: Arts Initiative, LARAC, 7 Lapham Place, Glens Falls, NY 12801

See Page 2 of the Guidelines for details on mailing or hand-delivering the application.

**LATE APPLICATIONS ARE NOT ELIGIBLE FOR FUNDING & WILL NOT BE REVIEWED.**

## A Complete Application Packet Must Contain: **EIGHT COPIES OF**

- 1. **THE ORIGINAL SIGNED 4-PAGE APPLICATION AND 7 COPIES**  
(also an original and 7 COPIES of additional pages 3 and 4, if more than one request)  
(**SCANNED or FAXED COPIES OF APPLICATION ARE NOT ACCEPTABLE.**)
- 2. **FORM A** Required from not-for-profits or **FORM B** Required from municipalities
- 3. **RESUMES** Include 8 copies for each of the artistic personnel listed on page 3 of application.  
(Limit each resume to 2 single-sided pages or 1 double-sided page; pages beyond this will not be presented.)

## **ONE COPY OF**

- 4. **FINANCIAL STATEMENT**  
**NOT-FOR-PROFITS** must provide the most recently completed fiscal year's financial statement. **Completed IRS forms are not acceptable as your organization's financial statement.**  
\*\*\*\*\*Organizations with less than 1 year of financial history are required to submit an additional form regarding the organization's history in general (Contact Grant Coordinator for the form)  
**MUNICIPALITIES** must provide copies of two forms as their financial statements:
  - (1) 2007's Analysis of Changes in Fund Equity for the General Fund and
  - (2) the 2007's General Fund Detail Expenditures for Culture and Recreation
- 5. **PROOF OF NOT-FOR-PROFIT STATUS**  
All organizations are to send one copy of their not-for-profit status. Municipalities must provide one copy of the resolution authorizing application.
- 6. **LIST OF BOARD OF DIRECTORS** (List must include names, phone numbers, and officers labeled.)  
and **DATE OF LAST BOARD MEETING**
- 7. **MINUTES OF THE MOST RECENT 2008 BOARD OF DIRECTORS' MEETING**

**FAILURE TO INCLUDE ALL ITEMS LISTED ABOVE  
BY THE STATED DEADLINE WILL JEOPARDIZE FUNDING.**

## **PACKAGING OF APPLICATION** (See Page 2 of the INSTRUCTIONS)



The Arts Initiative Program is made possible with public funds from the  
New York State Council on the Arts, a state agency.  
Administered locally through the Lower Adirondack Regional Arts Council.

# ARTS INITIATIVE PROJECT APPLICATION FOR 2009 DEADLINE: SEPTEMBER 18, 2008

Type only in the space designated.  
Scanned, faxed, or reformatted applications are not accepted. (See instructions, page 1)

Applicant Organization Legal Name		AKA (Also Known As)	
Mailing Address		City, State	Zip code
Contact Person for Project		Position in Organization	
Telephone (organ.)	Telephone (contact person)	Fax	
E-mail	Year formed or Incorp.	Fiscal yr. ends (m/d)	
First time applicant: no _____ yes _____		_____ Warren County Applicant _____ Washington County Applicant	
Have you ever directly applied to NYSCA?		No _____ Yes _____ Year(s) _____	
No. on Board of Directors _____		No. of times a year the Board meets _____	
If you are not a current subscriber and would like to receive LARAC's free online newsletter or email address has changed since last applying, please check here. <input type="checkbox"/>			

***Place an x in ALL statuses that apply to your organization. At least one must be checked to be eligible.***

- |   |                          |
|---|--------------------------|
| 1. U.S. Internal Revenue Service 501(c)3                                  | <input type="checkbox"/> |
| 2. NYS Not-for-Profit Corporation (Charter from Board of Regents S.216)   | <input type="checkbox"/> |
| 3. NYS charities Registration (Article 7A)                                | <input type="checkbox"/> |
| 4. Unit of local government   | <input type="checkbox"/> |
| 5. Certificate of Incorporation under S.402 of the NYS Not-for-Profit Law | <input type="checkbox"/> |

***Project Finances (Figures are derived from page 4 of the application.)***

Project Title	Proj. 1 _____	Proj. 2 _____	Proj. 3 _____
Projected Expense	\$ _____	\$ _____	\$ _____
Projected Revenue	\$ _____	\$ _____	\$ _____
Request	\$ _____	\$ _____	\$ _____

**FUNDING ALTERNATIVE:** What is Plan B if your organization is not granted full funding?

**ADVERTISING** (The narrative here and the amount budgeted should correspond.)

List <b>FREE</b> advertising venues you will use.	List <b>PAID</b> advertising venues you will use.	
	Total Advertising	\$

**STATE YOUR ORGANIZATION’S MISSION/OR BRIEF HISTORY OF THE ORGANIZATION.**

**CERTIFICATION**

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 Arts Initiative grantees.

\_\_\_\_\_  
Name (Please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**For more than 1 request, submit a separate page 3 for each request.**

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Project Title \_\_\_\_\_ Project Dates (must be between 1/1/09-12/31/09) \_\_\_\_\_

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Facility, Location \_\_\_\_\_ Audience you are targeting \_\_\_\_\_

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No. of artistic personnel anticipated \_\_\_\_\_ Attendance anticipated \_\_\_\_\_ No. of children anticipated \_\_\_\_\_ No. of times program will be presented  
(if a group, please total all individuals)

What are you doing for people with disabilities:

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**PROJECT DESCRIPTION**

Your description for each request should begin here and may include one additional 8 ½ x 11 page, using a font no smaller than 11. Include the following:

1. Specific details about the project for which funds are requested. (Don't leave the Panel guessing about your project.)
2. Specify names of the artistic personnel you will be hiring to provide the programming. (*See cover page for instructions on submitting resumes.*)
3. If your proposal involves payment to several groups or individuals, delineate the fees charged by each.
4. How will this program benefit the community.

**Project #** \_\_\_\_\_

Page 4 of the application is the Budget Page. Be sure to download the Budget Page, which is a separate excel document.

See Page 2 of the Instructions for tips on using this new Budget Page format

**FINANCIAL SUMMARY FORM A**  
**(to be completed by not-for-profit organizations only)**

**NAME OF ORGANIZATION** \_\_\_\_\_

**DATE OF LAST FILING WITH IRS** (if applicable) \_\_\_\_\_

**DATE OF LAST FILING WITH CHARITIES BUREAU** (if applicable) \_\_\_\_\_

The figures below are taken from the attached financial report for fiscal year ending \_\_\_\_\_  
Month                      Year

**\*\*Round off to the nearest dollar\*\***

<b>CASH ON HAND</b> , Beginning of Fiscal Year		\$
<b>REVENUE</b> for the year	\$	
<b>EXPENSES</b> for the year	\$	
<b>SURPLUS (DEFICIT)</b> for the year		\$
<b>CASH CARRIED FORWARD</b> to next Fiscal Year		\$
<b>TOTAL IN SAVINGS &amp; CDs</b>		\$
<b>INVESTMENT VALUE</b> (i.e. stocks, bonds, etc.)		\$
<b>IS THERE AN ENDOWMENT?</b>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$
<b>HOW IS THE ENDOWMENT USED?</b>		
<b>Restricted funds are donated or raised for only a specific purpose (i. e. a grant, capital project, etc.) DOES YOUR ORGANIZATION HAVE ANY RESTRICTED FUNDS?</b>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$
<b>HOW ARE YOUR RESTRICTED FUNDS TO BE USED?</b>		

Please use this space if any figures need clarification.

**Confirmation by Organization's Treasurer**

\_\_\_\_\_  
Please print Treasurer's Name

\_\_\_\_\_  
Signature of Treasurer

*(Signature ascertains that the figures above and stated in the enclosed financial statement are correct to the best of the treasurer's knowledge.)*

\_\_\_\_\_  
Date

**FINANCIAL SUMMARY FORM B**  
**(to be completed by municipalities only)**

NAME OF MUNICIPALITY \_\_\_\_\_

**THE FIGURES STATED BELOW MUST BE TAKEN FROM THE ENCLOSED FINANCIAL REPORTS FOR THE FISCAL YEAR ENDING \_\_\_\_\_**

Data given below should be reported from the

**ANALYSIS OF CHANGES IN FUND EQUITY FOR THE GENERAL FUND**

FUND EQUITY, BEGINNING OF YEAR	\$
REVENUES AND OTHER SOURCES	\$
EXPENDITURES AND OTHER USES	\$
FUND EQUITY, END OF YEAR	\$

Total given below should be reported from the

**GENERAL FUND, DETAIL EXPENDITURES FOR CULTURE AND RECREATION**

TOTAL CULTURAL AND RECREATION EXPENDITURES	\$
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**Confirmation by Municipality's Fiscal Officer**

\_\_\_\_\_  
Please print Fiscal Officer's Name

\_\_\_\_\_  
Signature of Fiscal Officer

*(Signature ascertains that the figures above and stated in the enclosed financial statement are correct to the best of the fiscal officer's knowledge.)*

Date \_\_\_\_\_

Phone No. \_\_\_\_\_