



**Bronx Council on the Arts
Community Arts Grants Application Form**

**Deadline: September 21, 2007
FY 2007 - 2008**

MARCH 1, 2007 STOP, DO NOT COMPLETE THIS APPLICATION. PLEASE CONTACT BCA STAFF.

DATE OF LAST APPLICATION TO CAG? _____ DATE OF YOUR LAST APPLICATION TO NYSCA? _____

If your organization is submitting more than one request, indicate here and on subsequent pages, if this is request: **A B C** *PLEASE COMPLETE THIS APPLICATION IN NO LESS THAN 12 POINT TYPE.*

APPLICANT ORGANIZATION LEGAL NAME _____

AKA (IF APPLICABLE) _____

MAILING ADDRESS _____

BRONX, NY 104 - _____
CITY, STATE ZIP CODE + 4

STREET OR ACTIVITY ADDRESS (IF DIFFERENT) _____

(Mr.) (Ms.) () _____
CONTACT NAME

_____ TITLE

() _____ ex _____
CONTACT PHONE (DAY)

() _____ ex _____
CONTACT PHONE (EVE)

() _____
FAX NUMBER

_____ E-MAIL

_____ ALTERNATIVE E-MAIL

_____ WEB SITE

CHAIR/PRESIDENT, BOARD OF DIRECTORS _____

DATE FISCAL YEAR ENDS _____

INC. DATE _____

OR _____

YEAR FORMED _____

ASSEMBLY DIST. #

CONGRESSIONAL DIST. #

SENATE DIST. #

COUNCIL DIST. #

COMMUNITY. BD. #

If the organization (or individual) listed above will NOT be the fiscal agent for this application, Please complete this section and include 501 (c)(3) for organization named below.

Organization Name _____

() _____ ex _____

Phone

Organization's Address _____
Bronx, NY 104

() _____

Fax

Contact Person _____

Title _____

Applicant Organization's Expenses for the last complete fiscal year

(If not an arts organization, give figure for arts activities).

Total Org. Income \$ _____ Total Org. Expenses \$ _____ Total # of Artistic Personnel _____

Total Artistic Expenses \$ _____

AUDIENCE/PARTICIPANTS:

- A. How many audience members attended **all** of your organization's **arts** events last year?
- B. How many people took part in **all** of your organization's **arts** programs last year?
- C. How many artists were involved in all of your organization's arts events/programs last year?

2007-08 Org. Name: _____ A B C

ORGANIZATIONAL DESCRIPTION

1. In the space provided, please **describe your organization's purpose** and give a brief history:

PROJECT DESCRIPTION

Use questions 2 through 9 to describe the project for which you are requesting funds. If you are making more than one request, copy pages B through D and check the appropriate Project box at the top right margin.

Project Title: _____

Date(s) of Project: _____

Location of Project: _____

2. Briefly **describe the project**. Please be specific about which portion(s) of the project you are requesting funding.

3. How many people do you expect the project to serve either as participants or as audience?

_____ AUDIENCE _____ PARTICIPANTS _____ TOTAL

4. What are the audience or community benefits derived from this project? Explain what audience or community interest exists for the project.

2007-08 Org. Name: _____

A B C

5. Who will be responsible for this project? Define his/her responsibility. (Please attach resumes)

6. What professional artists do you plan to engage for this project? What are their roles? (Please attach resumes of artists or potential artists).

7. What is your organization's previous experience in carrying out similar projects?

8. What other sources of funding (both **cash** & in-kind) will you have for this project other than BCA?

9. Describe your contingency plan in the event that you receive less than the amount you request (or are not funded).

10. How will this project be publicized?

11. Is your project accessible/usable to persons with disabilities? If yes, explain how (add additional pages).

BCA COMMUNITY ARTS GRANTS -- 2007-2008

PROJECT BUDGET (Indicate income and expenses associated ONLY with this project).

A. EXPENSES

- | | | | |
|--|----|------------|--|
| 1. Personnel -- Administrative | \$ | 1. | |
| 2. Personnel -- Artistic | | 2. | |
| 3. Personnel -- Technical/Production | | 3. | |
| 4. Outside Artistic Fees and Services | | 4. | |
| 5. Outside Technical Fees and Services | | 5. | |
| 6. Space Rental | | 6. | |
| 7. Travel | | 7. | |
| 8. Advertising/Promotion | | 8. | |
| 9. Supplies | | 9. | |
| 10. Printing | | 10. | |
| 11. Equipment Rentals | | 11. | |
| 12. Postage | | 12. | |
| 13. Other (please specify) _____ | | 13. | |
| 14. TOTAL EXPENSES | | 14. | |

B. INCOME

- | | | | |
|--|--|------------|--|
| 15. Admissions | | 15. | |
| 16. Contracted Services | | 16. | |
| 17. Tuition/Sales/Membership | | 17. | |
| 18. Corporate and Business Support | | 18. | |
| 19. Foundation Support | | 19. | |
| 20. Private and Individual Contributions | | 20. | |
| 21. Federal | | 21. | |
| 22. State | | 22. | |
| 23. Municipal | | 23. | |
| 24. Other (please specify) _____ | | 24. | |
| 25. TOTAL CASH INCOME | | 25. | |
| 26. TOTAL EXPENSES: (FROM LINE 14) | | 26. | |
| 27. TOTAL INCOME: (FROM LINE 25) | | 27. | |
| 28. TOTAL REQUESTS: (L26 minus L27 must equal L28)* | | 28. | |

***If submitting more than 1 DEC request, the total of combined requests cannot exceed \$5000.**

IN-KIND CONTRIBUTIONS (not to be included in any of the above computations)

- | | | |
|---|----|--|
| Services: (please specify) _____ | \$ | |
| Goods and Materials: (please specify) _____ | \$ | |
| Space: (please specify) _____ | \$ | |

CERTIFICATION AND RELEASE

The undersigned certifies that he or she (A) is a principal officer of the applicant organization, with authority to obligate it; (B) has knowledge of the information presented herein; (C) has read the Guidelines of the Bronx Council on the Arts and that this applicant complies with and is made subject to said Guidelines; (D) on behalf of the applicant, releases the Bronx Council on the Arts, its employees, and agents, from any responsibility with respect to damages to property or materials in connection herewith.

Signature: _____ Date: _____
 Organization: _____