

# Greene County Initiative Program

## CIP Application for 2017

### About the Greene County Initiative Program

**This regrant program is made possible by the Greene County Legislature through an annual allocation of funds in the county budget.**

#### **Purpose:**

To provide general operating or programmatic support to major Greene County arts and cultural organizations which offer quality professional services and programs of benefit to the residents of Greene County. This funding is intended to promote the development, growth and viability of major organizations in Greene County, thereby ensuring their survival and growth.

#### **Eligibility:**

Organizations receiving funds from state and federal agencies, including the New York State Council on the Arts, should apply to this fund.

#### **CIP funds are intended for major Greene County arts and cultural organizations which:**

- Have been resident in Greene County for at least two years.
- Provide regularly scheduled or full seasonal arts and cultural programs and/or services in Greene County.
- Generally, have annual operating budgets in excess of \$20,000 including in-kind contributed services and goods.

**Funding will not be provided to:** Any previously funded organization that has not submitted a final report.

*Please Note: County funding will be determined by early December 2016. GCCA is hopeful that this fund will increase over the 2016 county appropriation. Funds for the 2016 CIP totaled \$20,960 with GCCA retaining an administrative fee of \$3,460. Eleven applicants received grants of between \$1200 and \$2,100 for an average grant of \$1,591. The amount you may request is only limited by available funds; however, please keep these figures in mind as you develop your proposals.*

**Please make sure you have read the General Information and Application Guidelines before completing this application.**

If you need help, contact Kay Stamer at the Arts Council at (518) 943-3400 or [kay@greenearts.org](mailto:kay@greenearts.org).  
Mail or hand-deliver your application on or before Saturday, December 10, 2016 to GCCA,  
398 Main Street, P.O. Box 463, Catskill, NY 12414.  
GCCA's hours in Catskill are Monday through Friday, 10AM to 5PM, Saturday Noon-5PM.

**APPLICATION DEADLINE: SATURDAY, DECEMBER 10, 2016**

**Organization Information**

Organization Legal Name: \_\_\_\_\_ Date Founded: \_\_\_\_\_

Mailing Address: *(Indicate S=summer, W=winter, YR=year-round)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Mailing Address, Other (if applicable): *(S, W)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Chair/Pres. Board of Directors: \_\_\_\_\_ Title: \_\_\_\_\_

Treas./Fiscal Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Chief Exec. Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Program/Project Manager: \_\_\_\_\_ Title: \_\_\_\_\_

**Briefly describe the purpose and activities of your organization:**

Has your organization applied for and/or received funding from NYSCA in FY 2016-2017? Yes: \_\_\_\_ No: \_\_\_\_

Has your organization received funds this year or in past years from the Greene County Council on the Arts from this program? \_\_\_\_\_. If yes, please provide the following information regarding the most recent of these awards:

Year: \_\_\_\_\_ Amount Granted: \_\_\_\_\_ Program Funded: \_\_\_\_\_

Year: \_\_\_\_\_ Amount Granted: \_\_\_\_\_ Program Funded: \_\_\_\_\_

Year: \_\_\_\_\_ Amount Granted: \_\_\_\_\_ Program Funded: \_\_\_\_\_

### Program Information

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Note: Program must take place between Jan. 1 and Dec. 31, 2017

Facility/Location: \_\_\_\_\_  
(If varied, please indicate and clarify in project description)

Are your program sites accessible to the physically challenged? \_\_\_\_\_

Type of Audience served: \_\_\_\_\_

Estimated Number of People to be served: \_\_\_\_\_

Contact Person for Programs:\* \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_  
(day) (evening)

Email: \_\_\_\_\_

Address (if different from previous page): \_\_\_\_\_

Contact Person for Organization, if other than above: \_\_\_\_\_

Organization Contact Telephone: \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_  
(day) (evening)

Email: \_\_\_\_\_

Address (if different from previous page): \_\_\_\_\_

\* Contact Person must be someone who is fully knowledgeable about the application and also can be available during daytime business hours for in-person staff review and follow-up telephone inquiries.

### Program Description

Please give a complete description of programs for which funds are being requested. While CIP support is GOS in nature, public programs must result. Your request will be evaluated heavily on the basis of this narrative.  
(Use additional sheets if necessary.)

Please address the following questions. *Use a separate piece of paper, if necessary.*

**Who is served by your programs and how will they benefit?**

**If applicable, what other programs/projects do you present exclusive of your request?**

**If Greene County artists are not being used, please provide the rationale for your choice.**

*(If you need assistance finding Greene County Artists for your program(s), please contact the GCCA.)*

**How will you evaluate the success of your program(s)?**

**How will you publicize or promote your program(s)?**

**What sources of funding (both in-kind and cash) will you have for your programs other than GCCA?**

**Please describe how you will develop community outreach and support for the continuation of your programs should funding from GCCA not be available.**

**Will you accept reduced funding?**

**If so, how will your programs differ?**

**Budget Information:**

**ORGANIZATION'S TOTAL BUDGET:**

Enter figures for organization's total projected budget for the fiscal year in which the programs will take place.

Fiscal Year ending: \_\_\_\_/\_\_\_\_/\_\_\_\_ Income: \_\_\_\_\_ Expenses: \_\_\_\_\_

**ORGANIZATION'S BUDGET or PROGRAM BUDGET:**

If funds are requested only for specific programs, use figures for those programs. Itemize/describe all expenses and income on a separate sheet. Do not include in-kind contributions in cash budget. Itemize all in-kind contributions and list total dollar value in the space provided below. (Refer to Budget instructions for help.)

**INCOME:**

**A. Earned**

- 1. Admissions \_\_\_\_\_
- 2. Memberships \_\_\_\_\_
- 3. Contractual Services \_\_\_\_\_
- 4. Tuition/Workshop Fees \_\_\_\_\_
- 5. Fundraising Gross \_\_\_\_\_
- 6. Advertising & Sales \_\_\_\_\_

**Total Earned** \$ \_\_\_\_\_

**B. Contributed**

- 1. Corp/Business Donations \_\_\_\_\_
- 2. Foundations \_\_\_\_\_
- 3. Individual Contributions \_\_\_\_\_
- 4. Federal (specify) \_\_\_\_\_
- 5. State (specify) \_\_\_\_\_
- 6. Local Govt (specify) \_\_\_\_\_
- 7. Other (specify) \_\_\_\_\_

**Total Unearned** \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

**EXPENSES:**

**A. Personnel**

- 1. Administrative \_\_\_\_\_
- 2. Artistic \_\_\_\_\_
- 3. Other \_\_\_\_\_

**B. Outside Professionals**

- 1. Artists \_\_\_\_\_
- 2. Other \_\_\_\_\_

**C. Space Rental** \_\_\_\_\_

**D. Travel** \_\_\_\_\_

**E. Promotion** \_\_\_\_\_

**F. Remaining Operating** \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

– **TOTAL INCOME:** \$ \_\_\_\_\_  
(from left column)

(Expenses minus income) \$ \_\_\_\_\_

**REQUEST TO GCCA CIP PROGRAM** 

Please specify which portion of your expenses you would like GCCA to fund through CIP (ie: artists' fees, promo) -

**IN-KIND CONTRIBUTIONS: (Dollar Value)** \$ \_\_\_\_\_

## Support Material:

The quality and clarity of your application is a major factor in the review panel's determination of awards. Additionally, the quality and completeness of support materials is a determining factor in grant awards. Please make sure to submit the following along with your completed application form.

(*√Check items submitted*)

- \_\_\_\_\_ Proof of not-for-profit status.
- \_\_\_\_\_ List of Board of Directors and current staff (paid or volunteer).
- \_\_\_\_\_ Financial statement for most recently completed fiscal year.
- \_\_\_\_\_ Itemized budget and in-kind contributions.
- \_\_\_\_\_ Resumes of principal administrative and artistic personnel involved in the project.
- \_\_\_\_\_ Program schedule for most recently completed and projected year.
- \_\_\_\_\_ Publicity (newspaper articles, brochures, flyers, reviews) pertaining to programs sponsored by your organization during most recently completed fiscal year.
- \_\_\_\_\_ Any other supplemental materials which may serve to enlighten staff and panel members about the proposed project. Please be selective.
- \_\_\_\_\_ Two (2) copies, plus original signed application

A sample of documentation appropriate to your program is strongly recommended. You may submit slides or photographs, videotapes, CDs, audiotapes, or copies of a manuscript (up to 10 pages). Please remember to include an SASE. Documentation submitted should represent your organization in its best professional light.

## Certification

The undersigned certifies that he/she (1) is a principal officer or agent of the applicant with authority to obligate it; (2) has knowledge of the information presented herein; (3) has read the guidelines of the Greene County Council on the Arts, Inc. herein by reference, and that this application complies with, and is made subject to said guidelines; (4) on behalf of the applicant releases GCCA, its employees and agents with respect to damages to property or material submitted in connection herewith.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_