ARTS COUNCIL FOR THE NORTHERN ADIRONDACKS

Cultural Assistance Program (CAP) Grant Application

Deadline: Friday, March 23, 2012

(Circle One)

⌘Project Funding ⌘ General Operating Support

This page may be typed or printed (legibly). Do not use reduced type.

Name of Organization: _____

Organization's Address: _____ **zip** _____

Organization's Telephone and Email: _____

Contact Person: _____

Contact Person's Address: _____ **zip** _____

Contact Person's Telephone and email: _____

*****For Project Support***

TITLE OF PROJECT: _____

CAP GRANT REQUEST FOR FUNDING: $_____ *(maximum $750.00)*

*****For GOS Support***

*GOS SUPPORT REQUESTED AMOUNT FOR 2011 (maximum $1,000.00) $*_____

PLEASE USE THE CHECK OFF LIST BELOW and the instructions in the guidelines for what to include in your GOS and Project Support Applications

Project Funding applicants must submit:

- ❑ Organization's Financial Report from the most recently completed fiscal year
- ❑ Current Budget
- ❑ List of Board of Directors
- ❑ Original Signed Application
- ❑ 4 Copies of the Application
- ❑ 2012 ACNA Membership Form (if not previously submitted)
- ❑ One or two promotional, marketing, programs or Press examples

GOS (General Operating Support) applicants must submit:

- ❑ Organization's Financial Report from the most recently completed fiscal year
- ❑ Current Budget
- ❑ Board of Directors
- ❑ Original Signed Application, Page #1 ONLY
- ❑ 4 Copies of Application, (4 copies of Page #1ONLY)
- ❑ 2011 ACNA Membership Form (if not previously submitted)
- ❑ Written Letter of Request
- ❑ One or two promotional, marketing, programs or Press examples

---

Name (Please Print): _____ **Title:** _____

Signature: _____ **Date:** _____

6459 Main Street, P.O. Box 187, Westport, NY 12993,
Phone: 518-962-877 Fax: 518-962-8797
Email: grants@artsnorth.org, On the web: www.artsnorth.org

The following sections of this application are for PROJECT FUNDING APPLICANTS and MUST BE TYPED.

Project Title: _____
Funding amount requested: $_____

1. **Give a brief description of the organization's history , purpose and population served:**

6459 Main Street, P.O. Box 187, Westport, NY 12993,
Phone: 518-962-877 Fax: 518-962-8797
Email: grants@artsnorth.org, On the web: www.artsnorth.org

2. Describe the project for which funds are being requested, size and composition of audience, and impact on the community:

3. Describe the promotional plans for the proposed project:

6459 Main Street, P.O. Box 187, Westport, NY 12993,
Phone: 518-962-877 Fax: 518-962-8797
Email: grants@artsnorth.org, On the web: www.artsnorth.org

ARTS COUNCIL FOR THE NORTHERN ADIRONDACKS

Organization Name_____

Project Budget (indicate In-Kind items in the appropriate column)

Personnel Expenses	**In-Kind**	**Cash**	**Earned Income**	**In-Kind**	***Cash
Administrative			Admissions/Tickets		
Technical			Subscriptions		
Artistic (please itemize)			Program Advertising		
			Concessions		
			Tuitions and Fees		
			Other		
Operating Expenses					
Outside Professional Fees					
Space Rental					
Travel/Transportation			**Contributed Income**		
Advertising/Promotion			Corporate		
Postage			Foundation		
Supplies			Individual		
Royalties			Government		
Insurance					
Equipment Rental					
Other					
Sub Total			**Sub Total Income**		
			CAP Grant Request		
Total Expenses			**Total Income**		

Total In-Kind income is the total of all In-Kind expenses. They should be equal amounts
Your Total Income and Total Expense should be the same.
<u>*You MUST include a Community financial and in-kind match totaling 40% of all income. This may include contributions, admissions or other earned income of at least 20%.</u> In light of all recent funding cuts we must emphasize Arts Programming needs local support.**

6459 Main Street, P.O. Box 187, Westport, NY 12993,
Phone: 518-962-877 Fax: 518-962-8797
Email: grants@artsnorth.org, On the web: www.artsnorth.org