

**2021-2022 General Operating Grant Application**

*\*For activities occurring between July 1, 2021 and June 30, 2022*

**Application Deadline: Wednesday, June 30, 2021**

To be eligible, applicants must have filed Final Report from previous grant cycles.

Late applications will not be accepted.

**PLEASE TYPE ALL INFORMATION USING THIS FORM**

**A. General Information:**

Organization Name:

Organization Mailing Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code:

Organization Phone Number:

Organization E-Mail:

Organization Website:

Name of Authorized Representative:

Representative’s Title:

Representative's Phone Number:

Representative’s E-Mail Address:

Is your Organization Based in Allegany County?

Does your Organization have (or is currently applying for) IRS Tax-Exempt Status?

Organization’s Federal Identification Number: **B. Organizational Information:**

1. What is your organization’s mission?

2. If you have received funding before, please tell us how that funding supported your current fiscal year? If this is your first time applying, please explain how this funding will be used to support your organization’s goals.

3. What other fundraising mechanisms does your agency utilize to supports its mission and objectives?

4. Who is your target audience and how do you intend to reach them?

5. Please list the **top officers** of your organization. (Note: The IRS requires all 501(c)3 organizations to maintain a Board of Directors. Organizations who do not complete this information may be ineligible for funding).

Name: Phone #:

Name: Phone #:

Name: Phone #:

6. ***Please attach your organization's balance sheet (see example at the end of this application) or most recent IRS Form 990.***

|  |
| --- |
| Please provide the total number of people working with your organization in a non-performing andnon-presenting capacity.  |
|  | Full-Time | Part-Time |
| PAID STAFF (Please include ONLY staff whose salary costs are reflected on the budget sheet.) |
| Paid Administrative Staff |  |  |
| Paid Artistic Staff |  |  |
| Paid Technical Staff |  |  |
| Other Paid Staff |  |  |
| OTHER (Include all other organizational staff/support who are not reflected on the budget sheet.) |
| Board Members |  |  |
| Volunteer Staff |  |  |

*Note: Organizational staff is defined as staff paid under IRS payroll guidelines. Do not include people who are paid under service contracts or people who are hired as performers or presenters. Expenses for people paid under service contracts or people who are hired as performers or presenters should be included in the programming expenses of the budget form.*

**Organization Staff**

Please list significant organizational **staff members** and titles or positions:

Name: Title/Position:

Name: Title/Position:

Name: Title/Position:

**C. Recent Program Information**

Please provide a list of programming for your organization from July 1, 2020 through March 31, 2021. This information is used by the grant review panel to give a sense of your organization’s basic calendar schedule, attendance and frequency of events.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **EVENT TITLE** | **# ACTIVITIES ORDURATION LENGTH** | **LOCATIONOR VENUE** | **#ATTENDING** | **# ARTISTSPARTICIPATING** |
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| **TOTALS** |  |  |  |  |

**D. Planned Program Information for 2021-2022:**

\*Special Note: We understand COVID-19 limitations continues impacting arts organizations. Please do your best in outlining a proposed schedule.

In the first table below, please provide a brief description of your organization’s **planned program activity for (July 1, 2021-June 30, 2022) for which you are applying for funding.** For each program or event, please include the following information: date(s), title of project(s), # of activities or length of event, location(s), estimated size of audience, and number of artists/presenters (including artistic support staff).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **EVENT TITLE** | **# ACTIVITIES ORDURATION LENGTH** | **LOCATIONOR VENUE** | **#ATTENDING** | **# ARTISTSPARTICIPATING** |
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| **TOTALS** |  |  |  |  |

**E. Budget:**

In the table below, provide an overview of your planned program budget and General Operating Grant funding request for **July 1, 2021-June 30, 2022**. *Please note these numbers should correlate directly to your answers in Sections B & D, and should only reflect program activities held in Allegany County.*

THIS COLUMN IS NOT REQUIRED FOR IS YEAR’S APPLICATION

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET INFORMATION** | **PASTYEAR (FY20)****ACTUAL** | **CURRENTYEAR (FY21)****ACTUAL** | **FUNDINGYEAR (FY22)****PROPOSED** |
| **EXPENSES—PERSONNEL** |  |  |  |
|  | **Salaries—Administrative** |  |  |  |
|  | **Salaries—Artistic** |  |  |  |
|  | **Salaries—Technical** |  |  |  |
|  | **Employee Benefits & Taxes** |  |  |  |
| **TOTAL PERSONNEL EXPENSES** |  |  |  |
| **EXPENSES—ADMINISTRATION** |  |  |  |
|  | **Rent** |  |  |  |
|  | **Utilities** |  |  |  |
|  | **Supplies & Materials** |  |  |  |
|  | **Insurance/Financial/Legal Services** |  |  |  |
|  | **Dues or Fees** |  |  |  |
|  | **Postage & Shipping** |  |  |  |
|  | **Promotion/Marketing/Publicity** |  |  |  |
|  | **Other (identify)** |  |  |  |
| **TOTAL ADMINISTRATIVE EXPENSES** |  |  |  |
| **EXPENSES—PROGRAMMING** |  |  |  |
|  | **Artist Fee Contracts** |  |  |  |
|  | **Presentation/Exhibition Fees** |  |  |  |
|  | **Equipment Rental** |  |  |  |
|  | **Contractual Services** |  |  |  |
|  | **Program Materials & Supplies** |  |  |  |
|  | **Program Venue/Facility Fees** |  |  |  |
|  | **Program Promotion & Publicity** |  |  |  |
|  | **Other (identify)** |  |  |  |
|  | **TOTAL PROGRAMMING EXPENSES** |  |  |  |
| **EXPENSES—PROGRAMMING** |  |  |  |
|  | **Item** |  |  |  |
|  | **Item** |  |  |  |
|  | **Item** |  |  |  |
| **TOTAL CAPITAL EXPENSES** |  |  |  |
| **TOTAL CASH EXPENSES\*** |  |  |  |

**\*Note: Total Cash Expenses must equal Total Cash Income on page 7.**

THIS COLUMN IS NOT REQUIRED FOR THIS YEAR’S APPLICATION

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET INFORMATION** | **PASTYEAR (FY’20)****ACTUAL** | **CURRENTYEAR (FY’21)****ACTUAL** | **FUNDINGYEAR (FY’22)****PROPOSED** |
| **INCOME—EARNED** |  |  |  |
|  | **Admissions & Ticket Sales** |  |  |  |
|  | **Membership Dues & Fees** |  |  |  |
|  | **Class/Workshop/Tuition Fees** |  |  |  |
|  | **Interest & Dividends** |  |  |  |
|  | **Advertising Sales** |  |  |  |
|  | **Retail Merchandise** |  |  |  |
|  | **Rental Income** |  |  |  |
|  | **Other (identify)** |  |  |  |
| **TOTAL EARNED INCOME** |  |  |  |
|  |
| **INCOME—SUPPORT** |  |  |  |
|  | **Individual Contributions** |  |  |  |
|  | **Business Contributions** |  |  |  |
|  | **Foundation Contributions** |  |  |  |
|  | **Fundraising Revenue** |  |  |  |
|  | **Grants (other than AAC)**  |  |  |  |
|  | **Other (identify)** |  |  |  |
|  | **Other (identify)** |  |  |  |
|  | **ALLEGANY ARTS COUNCIL REQUEST***Amount cannot exceed $3,500 or1/2 of Total Cash Expenses* |  |  |  |
| **TOTAL INCOME FROM SUPPORT** |  |  |  |
| **Organization’s Own Funds** |  |  |  |
| **TOTAL CASH INCOME\*** |  |  |  |

**\*Note: Total Cash Expenses *must* equal Total Cash Income on page 6.**

What, if any, non-cash (in-kind) donations have been made available to you for FY’20-21 programming?

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ Value:

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ Value:

I certify that the information in this application is accurate and correct, and agree to comply with the Allegany Arts Council’s General Operating Grant eligibility requirements.

Signature of Authorized Organization Representative Date

**STRATEGIC GOALS**

(200-word limit)

Applications which address the Allegany Arts Council Strategic Goals will be given special consideration. The goals outline the work of this organization and its grantees. In the narrative below, please indicate which of the goals your funding will address.

1. Promoting awareness, appreciation, and engagement in the arts.

2. Supporting local artists and arts organizations.

3. Sustaining our operations.

4. Promoting health and well-being through the arts.

5. Contributing to economic development through the arts.

Signature of Authorized Organization Representative Date

**Disability Compliance**

This form must be attached by all organizations requesting funding from the Allegany Arts Council, and attached to the grant proposal. Applicant organizations which do not satisfactorily address handicapped accessibility will be ineligible for consideration by the AAC regardless of artistic merit.

1. Are the facilities you plan to use for this program in compliance with Section 506 of the Rehabilitation Act regarding access for persons with disabilities?

Is there ramp access or elevators for wheelchairs? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Is there a wheelchair area for viewing performances? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Are there restroom facilities with grab bars and door
 widths to accommodate wheelchair users? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

1. Will public performances/facilities that are part of your program provide the following services?

Are there interpreters for persons who are deaf? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Are there telecommunications devices for the deaf
 to reserve tickets or obtain information? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Are hearing amplifications (FM, infrared, etc.) available
 for persons with sensory impairments? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Are verbal program announcements or taped programmed
 notes available for persons with visual impairments? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Are audio descriptions of performances available for
 persons who are blind or have low vision? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

1. If you answered “No” to any of the questions above, please attach a brief statement explaining a proposed plan of action to make reasonable accommodation to address these issues.
2. How will the accessibility of this program be advertised to persons with special needs?

*If you need help in identifying solutions for compliance, please call the office: 301-777-2787.*

**Other Compliances**

1. Organizations must comply with Title VI, Section 601, of the Civil Rights Act of 1964 which states no persons, on the grounds of race, color, or national origin, shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination related to the arts.

2. Organizations must comply with Title IV, Section 1681, of the Education Amendments of 1972, and the Age Discrimination Action, Section 6101, of 1975, which prohibits discrimination on the basis of sex or of age.

3. Organizations must satisfactorily address Section 506 of the Rehabilitative Act of 1973 which states that no otherwise qualified person shall, solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination related to the arts.

Signature of Authorized Organization Representative Date

**SAMPLE BALANCE SHEET**

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