



## 2022-2023 General Operating Grant Application

*\*For activities occurring between July 1, 2022 and June 30, 2023*

### **Application Deadline: Thursday, June 30, 2022**

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. Do you receive grants from other organizations? How do you sustain your operating budget outside of this grant opportunity?
4. Does your organization have paid staff? If so, please list key positions and titles.
5. The IRS requires all 501(c)3 organizations to maintain a Board of Directors. Please provide a list of your current Board members.
6. Please attach your organization's balance sheet (see example at the end of this application) or most recent IRS Form 990.

**C. Recent Program Information**

Please provide a list of programming for your organization from July 1, 2021 through March 31, 2022. 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, and is used to support our funding from the Maryland State Arts Council.

DATE	EVENT TITLE	# ACTIVITIES OR DURATION LENGTH	LOCATION OR VENUE	# ATTENDING	# ARTISTS PARTICIPATING
<b>TOTALS</b>					

#### **D. Planned Program Information for 2022-2023:**

Provide a brief overview of your organization's planned programming for the year beginning July 1, 2022 and concluding June 30, 2023.

**E. Budget:**

In the table below, provide an overview of your planned program budget and General Operating Grant funding request for **July 1, 2022-June 30, 2023**.

<b>BUDGET INFORMATION</b>	<b>PAST YEAR (FY21) TO DATE</b>	<b>FUNDING YEAR (FY22) PROPOSED</b>	
<b>EXPENSES—PERSONNEL</b>			
Salaries—Administrative			
<b>TOTAL PERSONNEL EXPENSES</b>			
<b>EXPENSES—ADMINISTRATION</b>			
Rent			
Utilities			
Supplies & Materials			
Insurance/Financial/Legal Services			
Dues or Fees			
Postage & Shipping			
Promotion/Marketing/Publicity			
Other (identify)			
<b>TOTAL ADMINISTRATIVE EXPENSES</b>			
<b>EXPENSES—PROGRAMMING</b>			
Artist Fee Contracts			
Presentation/Exhibition Fees			
Equipment Rental			
Contractual Services			
Program Materials & Supplies			
Program Venue/Facility Fees			
Program Promotion & Publicity			
Other (identify)			
<b>TOTAL PROGRAMMING EXPENSES</b>			
<b>EXPENSES—PROGRAMMING</b>			
Item			
Item			
Item			
<b>TOTAL CAPITAL EXPENSES</b>			
<b>TOTAL CASH EXPENSES*</b>			

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

<b>BUDGET INFORMATION</b>	<b>PAST YEAR (FY21) TO DATE</b>	<b>FUNDING YEAR (FY22) PROPOSED</b>	
<b>INCOME—EARNED</b>			
Admissions & Ticket Sales			
Membership Dues & Fees			
Class/Workshop/Tuition Fees			
Interest & Dividends			
Advertising Sales			
Retail Merchandise			
Rental Income			
Other (identify)			
<b>TOTAL EARNED INCOME</b>			
<b>INCOME—SUPPORT</b>			
Individual Contributions			
Business Contributions			
Foundation Contributions			
Fundraising Revenue			
Grants (other than AAC)			
Other (identify)			
Other (identify)			
<b>ALLEGANY ARTS COUNCIL REQUEST</b> <i>Amount cannot exceed \$3,500 or 1/2 of Total Cash Expenses</i>			
<b>TOTAL INCOME FROM SUPPORT</b>			
Organization's Own Funds			
<b>TOTAL CASH INCOME*</b>			

**\*Note: Total Cash Expenses *must* equal Total Cash Income on page 5.**

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.

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Signature of Authorized Organization Representative

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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 \_\_\_\_\_
2. 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 \_\_\_\_\_
3. 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.
4. 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