

# Long Island Decentralization Grants for the Arts Application

Administered by: Huntington Arts Council, Inc. (HAC)  
tel:(631) 271-8423x16 email:grants4arts@huntingtonarts.org website:huntingtonarts.org

**PLEASE DO NOT RECREATE FORM - Please TYPE (10 pt. or larger) and complete ALL sections**

Applicant's or Organization's Legal Name (as it appears on 501(c)3 letter from IRS or Charities Registration)					Districts		
AKA (also known as)			Grant Workshop Date			County	
Mailing Address			City	State NY	Zip		NYS Assembly #
Contact Person/Title			Board Chairperson				US Congress #
Contact Day Phone	Evening Phone	Type of Organization (see guide-lines)	EIN# or Charities Reg#	#of yrs Active		NYS Senate #	
Email Address		Website Address			Year Incorporated		

If the above applicant is not a not-for-profit organization, a Nassau/Suffolk County based conduit organization must be sought to complete the section below.

Conduit Organization's Legal Name (as it appears on 501(c)3 letter from IRS or Charities Registration)					County		
Mailing Address			City	State NY	Zip		NYS Assembly #
Contact Person/Title			Board Chairperson				US Congress #
Contact Day Phone	Evening Phone	Type of Organization (see guidelines)	EIN# or Charities Reg#:		NYS Senate #		

## About Your Project

**A. Basic Project Information:**

Project Title	Project Director/Coordinator
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Complete this one sentence with a general description of your funding request. *Funds are requested for:*

**C. Funding History - Please check one:**

1. Applied directly to NYS Council on the Arts?  
Yes  No  If yes, STOP & Call HAC

2. New applicant to DEC Regrant through HAC?  
Yes  No

a. If no, specify year(s) and amount of funding:  
Decentralization: check one: Nassau  Suffolk

Suffolk Co. Office of Cultural Affairs:

Nassau County Government:

NYS CA GOS:

Other:

**B. Community / Audience Served:**

Total Audience	# of Artists	Age Range (Indicate the proposed # in audience)		
		Children <input type="checkbox"/>	Adults <input type="checkbox"/>	Seniors <input type="checkbox"/>

Indicate the percentage of people served

% of Minorities  % of Disabled  % of Economical Disadvantaged

**Check ONLY one Art Discipline Code below:** (see guidelines for description)

<input type="checkbox"/> Dance	<input type="checkbox"/> Film/Video	<input type="checkbox"/> Literature	<input type="checkbox"/> Photography
<input type="checkbox"/> Crafts	<input type="checkbox"/> Music	<input type="checkbox"/> Dramatic Theatre	<input type="checkbox"/> Visual Arts
<input type="checkbox"/> Folk Arts	<input type="checkbox"/> Multi-Discipline	<input type="checkbox"/> Opera/Music Theatre	

**E. Project Budget Summary:**

Total Project Expenses: \$	Total Project Income: \$
Total Amount Requested from HAC	
# of Requests	Total Project Request: \$

Applicant's/Organization's Name: \_\_\_\_\_

**Project Description**

Project Title	Project Director/Coordinator
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**Organization Mission Statement/Organization Purpose:** (The mission statement is for the sponsoring organization, not the Individual Artists).

**Organization Composition:** (Indicate the organization's ethnic delineation e.g., White/Not Hispanic, Hispanic/Latino, Black/African American, Asian American).

**Briefly describe your arts/cultural project.** Please give a clear, complete, comprehensive description of your project, detailing how your project meets the criteria listed in the application guidelines. Make sure your description relates directly to the projects budget. (Please contain answer to this box.)

**List each event, performance or workshop, and the dates, times and locations of each.** (Additional pages for this section is permitted.)

<u>Event</u>	<u>Date</u>	<u>Time</u>	<u>Location/Address</u>	<u>Ticket/Free</u>

**Collaborations/Artists:** Please identify individuals or organizations with which you will be collaborating on this project and describe the nature of the collaboration. List the potential artistic personnel and summarize their qualifications. **(Please include resumes for all key personnel identified in this section).**

**Applicant's/Organization's Name:** \_\_\_\_\_

**Publicity:** Describe how the public will be informed of/invited to attend the funded project/event. What media format(s) (print, radio or TV, postcards, mailings, flyers and posters) will be utilized?

**Describe the need for this project:**

1. Describe the composition of the audience served by this project (ethnic groups, disabled, etc.) or communities served. (Totals should equal 100% and reflect the # in audience indicated on page 1 of application)

_____ <b>No Single Group</b>	_____ <b>Black/African-American</b>	_____ <b>Disabled</b>
_____ <b>American Indian/Alaska Native</b>	_____ <b>Hawaiian/Pacific Islander</b>	_____ <b>Economically</b>
_____ <b>Asian</b>	_____ <b>Hispanic/Latino</b>	_____ <b>Disadvantaged</b>
	_____ <b>White, not Hispanic</b>	

2. Explain your community's interest and support of the program: (Estimated size should reflect actual number in audience see page 1 of application)

**Accessibility:** How will your project be made accessible to all, e.g. physical space, large print programs, sign language interpreters, etc.?

**Decentralization grants are not intended to be the sole support for any project; describe what other funding sources you might approach.** Explain how you intend to go ahead with the project if you are funded at a lower lever than requested. How would you alter the project?

#### **IV. Certification and Release**

The undersigned certifies that he or she: (1) has knowledge of the information present in this Application herein: (2) has read and accepted the Guidelines of the Huntington Arts Council's Decentralization Community Arts Grants (3) acknowledges that the proposed project is currently not supported by or under consideration for New York State Council on the Arts Funding.

Name (please print or type)

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Signature

Date

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#### **Application Deadline**

The application deadline is Friday, October 7, 2011 at 5:00 pm. Applications must be post-marked by this date. Hand-delivered applications must be received by the Huntington Arts Council by 5:00 pm on the deadline date. Late, faxed or emailed applications will not be accepted. We encourage you to use certified mail or delivery confirmation and to keep a copy of your receipt and completed application. If applications are lost in the mail or not delivered for any reason, the Huntington Arts Council will not accept a replacement without a receipt from the post office/shipper indicating the mail date.

Early submissions are encouraged to ensure a timely staff-review of your proposal.

**Deliver to:**  
**Huntington Arts Council**  
**Attn: Grants for the Arts/Long Island Decentralization**  
**213 Main St.**  
**Huntington, NY 11743**

**Questions?**  
**DEC Coordinator Phone: (631) 271-8423 x16**

Applicant's/Organization's Name: \_\_\_\_\_

**Application Checklist:** Use the following checklist to make sure you have enclosed all necessary materials. Your application is incomplete without the following. Please use only paperclips, binder clips, or rubber bands to fasten your material, do not bind or staple material.

**Completed application checklist.** Include **one** copy of your completed application checklist.

- Completed application checklist

**Document of not-for-profit status.** Include **one** copy of either (choose one)

- U.S. Internal Revenue Service 501(c)3  
 Charter from New York State Board of Regents under 216 of the Education Law  
 Current New York State Bureau of Charities filing receipt.  
 Certificate of Incorporation under S. 402 of NYs Not-for-Profit Law

**Application Form** A completed application consists of a signed application form and the following items. Include **eleven collated** copies in the following order.

- Completed application form (one of which must be the signed original)
- Budget from the Excel Spreadsheet
- Current list of Board of Directors, including names, addresses and phone numbers
- Artists's resumes and/or Artists's bios and statement.
- List of In-Kind Contributions from the Excel Spreadsheet
- Organizations financial statement for most recently completed fiscal year. New organizations **must** present projections for the current fiscal year and Non-arts organizations and libraries must submit Cultural Program Department budget also.
- Required support materials.** Include **2 original** copies & **9 photocopies**. Please limit the amount of supplemental materials to 5 pieces of the most recent and relevant to the projects. Press clippings, program brochure, flyers, invitations, reviews photographs, of the following:
- Required support materials.** Work samples from within the past three years. Choose one of the following:
- Videotapes/DVDs:** Label both video/DVD and case with applicant names, title of work, date completed, name of artist or performing group and your role in production. *If sending VHS, cue tape to a point where the material is likely to engage the panel's interest. Videotapes are generally reviewed between 30 seconds-3 minutes.*
- Audio Tapes/CD:** Label both cassette/CD with applicant name, title of work, date completed, name of artist or group performing and your role (s) in the production. *If it's a tape, please cue it to a point where the material is likely to engage the panel's interest and which best represents your abilities. If a CD, please indicate which track the panel should listen. Selections are generally reviewed between 3-5 minutes.*

NOTE: Supplemental materials will be returned if the applicant supplies return envelope with correct postage or makes arrangements to pick up materials after funding decisions have been finalized.

The Huntington Arts Council (HAC) - 213 Main St., Huntington, NY 11743 - 631-271-8423 x16

# 2012 Long Island Decentralization Grants for the Arts Program

## Application Instructions

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Use the following directions as a guide for each section of the application. This information will help you to define, as well as provide explanations for, each line item. NOTE: *You cannot save a completed copy of this application unless you have Adobe Acrobat Professional and not just the Acrobat Reader. If you would like a copy for your records, please fill it in and print it. You can type your information in MS Word and copy and paste into the application.*

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### Organizations Contact Information (pg. 1)

- **Organization's Legal Name:** Enter the legal name of the organization, as it appears on your 501(c)3 letter from the IRS or Charities Registration Certificate.
  - **AKA:** The organizations commonly know name, if applicable.
  - **Mailing Address:** Your organization's mailing address or the legal address to which information pertaining to this grant application should be sent.
  - **Workshop Date:** The date and location of the NYSCA grant workshop.
  - **Contact Person:** The person who is primarily responsible for this grant application and/or the person who will be able to answer any questions regarding the application.
  - **Board Chairperson:** The name of the chair of your board of directors.
  - **Contact Person's Day/Evening Phone:** The day and evening phone numbers of the contact person.
  - **Type of Organization:** State the main function or type of organization, e.g., performing, presenting, educational, community arts, historical society, library, senior center, etc. – CHECK TO SEE IF IT'S INCLUDED
  - **EIN# or Charities Registration:** Your organization's Employer Identification Number (Taxpayer ID numbers) or Charities Registration number. This is NOT your organizations tax-exempt number. CHECK TO SEE IF INCLUDED
  - **E-mail Address:** The contact person's e-mail address.
  - **Website Address:** Your organization's website address, if applicable.
  - **Year Incorporated:** The year your organization was officially incorporated.
  - **Districts:** Indicate your County, NYS Assembly #, US Congress # and NYS Senate #: The NYS Assembly & State Senate information can be found on the following website: [www.nymap.elections.state.ny.us/nysboe](http://www.nymap.elections.state.ny.us/nysboe). DO NOT LEAVE ANY OF THESE BOXES EMPTY!!
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### Conduit Organization Information (pg.1)

- **Conduit Organization's Legal Name:** If you need a conduit, enter the conduit organization's legal name as it appears on their 501(c)3 letter from the IRS or Charities Registration Certificate.
- **Mailing Address:** Your conduit organization's mailing address or where information pertaining to this grant application should be sent.
- **Contact Person:** The person from your conduit organization who is primarily responsible for this grant application.
- **Board Chairperson:** The name of the chair of the board of directors of your conduit organization.

- **Contact Person's Day/Evening Phone:** The day and evening phone numbers of the contact person for your conduit organization.
- **Type of Organization:** State the main function or type of organization, e.g. performing, presenting, educational, community arts, religious instruction, senior center, etc.— SEE IF INCLUDED
- **EIN# or Charities Registration:** Your organization's Employer Identification Number (Taxpayer ID numbers) or Charities Registration number.  
This is NOT your organizations tax-exempt number. CHECK TO SEE IF INCLUDED
- **Districts:** Indicate your County, NYS Assembly #, US Congress # and NYS Senate #:  
The NYS Assembly & State Senate information can be found on the following website:  
[www.nymap.elections.state.ny.us/nysboe](http://www.nymap.elections.state.ny.us/nysboe). DO NOT LEAVE ANY OF THESE BOXES BLANK!!

## About Your Project (pg. 1)

### A. Basic Project Information

- **Project Title:** The working or actual title of your proposed project.
- **Project Director/Coordinator:** The person who will coordinate the project.
- **Short Project Description:** A one-sentence summary of your proposed project.

### B. Community/Audience Served

- **# Of Audience/# of Artists:** The number of audience members.  
The number of artists in the program.
- **Age Range:** Estimate the number of people, by age group, Children 0-17, Adults 18-60, Seniors 60+ who will be served by your project.
- **Diverse Groups Served:** Estimate the percentage breakdown of the diverse groups served by your project.
- **Art Discipline Code:** Check the art discipline that best corresponds to your project.  
You may only pick one code! If more than one code is chosen, your application will be disqualified.

### C. Funding History

- **Applied directly to NYS Council on the Arts (NYSCA):** If in March, you applied directly to the New York State Council on the Arts for the Fiscal Year 2010, you **CANNOT** apply for the Decentralization Regrant Program. Call the Huntington Arts Council if you have questions.
- **New Applicant to the HAC Regrant:** Is this your first time applying to the HAC Regrant Program?
  - a. If no, what year (s): Specify years and amount of funding. Please indicate if you received funding from Long Island Arts Council at Freeport for Nassau County Decentralization funding.
  - b. Indicate years and amount of funding from Suffolk County Office of Cultural Affairs, Nassau County Government and NYSCA (if applicable).

### Project Description (pgs. 2-3)

- **Project Title:** The working or actual title of your proposed project.
- **Project Director/Coordinator:** The person who will coordinate the project.
- **Organization Mission Statement:** Organization should clearly state your mission as it appears in your by-laws or one that has been voted on by your board of directors.  
Do not include history or list activities in this section.
- **Organization Composition:** The ethnic breakdown of the applying organization.
- **If the award amount is less than the requested amount, describe your contingency plan:**  
Describe your plans to decrease the size of the project or discuss efforts to seek additional funding in the event that you do not receive the full amount of your request.

- **Describe the project for which funds are being requested:** Describe the overall concept of your project. Link your project description to your budget page by being very specific about how you will use the requested funds. This is very important because it illustrates to the panel your managerial, planning, and fiscal competence.
- **List each event:** List each event, performance or workshop and the date, times and locations of each program.
- **Collaborations:** List all the personnel who will be involved in this project. Describe their function in relation to the project. Include staff members, artists, teaching artists, technical personnel, volunteers, consultants, etc. Supply resumes for all principle personnel identified in this section in your support materials.
- **Please specify how you plan to publicize and tell the community about your project:** What media format(s) will be utilized? Be specific as to how and where you will publicize/advertise your project? What media format(s) will you use: i.e. print, radio, TV postcards, mailings, flyers, posters, e-mail, etc.
- **Describe the need for this project:** Indicate your community's interest and support of the program. Describe the audience served by this project (size, ethnic, income, age, etc.) and the communities served.
- **Is your project accessible to person with disabilities?** If yes, please explain: What measure have you taken to ensure your project is compliant with ADA regulations? Does the proposed facility have an elevator or ramp? Will programs be written in large type? Will you hire an interpreter for the deaf?
- **If the award amount is less than the requested amount, describe your contingency plan:** Describe your plans to decrease the size of the project or discuss efforts to seek additional funding in the event that you do not receive the full amount of your request.