

II. APPLICATION FORM

FY2009 Indiana Regional Partnership Initiative Grant Program Application Form

For assistance in completing application questions, refer to instructions on page 12.

Section A. Grant Request Information

1. Grant Program (apply for one only)

- Arts Organization Support:
 - ___ Level I
 - ___ Level II
- Arts Project Support

2. Amount Requested \$ _____

3. Beginning Date: ___ / ___ / ___ (not before 7/1/08) Ending Date: ___ / ___ / ___ (not after 6/30/09)

4. Name of South Shore Arts staff person consulted about this application: _____

Section B. Applicant Information

1. Legal Name _____ D&B Number _____

2. Address (Street, City, State, Zip+4) _____
County _____

3. Telephone _____ FAX _____ E-mail _____

4. Contact Person _____
Telephone _____ FAX _____ E-mail _____

5. Authorizing Official who Signs Application
Name _____
Title _____ Telephone _____

6. Federal Employer Identification Number _____

7. State House District # _____

8. State Senate District # _____

9. U.S. Congress District # _____

10. Is the Applicant serving as a Fiscal Sponsor: Yes No (APS only)

If Yes, for whom? Name _____
Address _____ County _____
Telephone _____ FAX _____

Section C. Compliance Statement

The undersigned certifies that s/he (1) is a principal officer of the Applicant with authority to obligate it, and (2) has read the guidelines incorporated herein by reference, and (3) will comply with all guidelines, including federal and state statutes prohibiting discrimination against any person the basis of race, color, national origin, gender, age, religion, or physical or mental disability.

Signature, Authorizing Official, Title _____ Date Signed _____

Section D. Demographic Information

The Indiana Arts Commission requires the following data about your project. **Estimates are acceptable.** You will report actual figures on the final grant report. **If the applicant is a fiscal sponsor, provide information about the sponsored organization only.**

1. NUMBER AND CHARACTERISTICS OF PEOPLE TO BE SERVED BY THIS GRANT

Characteristics	Persons Served	Governing Body	Staff/Volunteers
Race/Ethnicity			
a. American Indian/Alaskan Native	_____	_____	_____
b. Asian/Pacific Islander	_____	_____	_____
c. Black/African American	_____	_____	_____
d. Hispanic/Hispanic-American	_____	_____	_____
e. White/Caucasian	_____	_____	_____
f. Multi-racial (more than one of above)	_____	_____	_____
g. TOTAL (Add a-f)	_____	_____	_____
Age			
h. Total Children (under 18)	_____	_____	_____
i. Total Seniors (65 and above)	_____	_____	_____
Disability			
j. Total Persons with Mental or Emotional Disabilities	_____	_____	_____
k. Total Persons w/Sensory Impairments	_____	_____	_____
l. Total Persons w/Physical Disabilities	_____	_____	_____

2. WHAT COUNTY OR COUNTIES WILL THIS PROPOSAL SERVE? _____

3. IF YOUR PROPOSAL INVOLVES ARTS EDUCATION, DESIGNATE THE SIZE AND TYPE OF AUDIENCE YOUR PROJECT'S ACTIVITIES ARE DIRECTED TO:

	50% or more	less than 50%
Pre-K	_____	_____
K-12	_____	_____
Higher Education	_____	_____
Adult learners	_____	_____

For Office Use Only			
Is funding sought primarily for one of these programs?		Applicant Institution Code	_____
a) Presenting/Sponsoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant Status	_____
b) Touring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Activity Code	_____
c) Arts Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Discipline Code	_____

Section E. Proposal Information (both AOS and APS)

1. PROPOSAL SUMMARY

In the space provided, summarize your proposal and how you plan to use the Regional Arts Partnership funds requested in this application.

2. WHICH ARTS RELATED OUTCOME(S) DOES THIS PROPOSAL ADDRESS?

- a. Contributed to the local economy.
- b. Improved quality of life in the community.
- c. Broadened the general public's knowledge of skills in the arts.
- d. Provided arts activities to an under-served community or group.
- e. Increased individual artistic or administrative skills.
- f. Increased organization capacity.
- g. Increased understanding among different cultures.
- h. Increased understanding about different art forms.
- i. Advanced a specific art form.
- j. Strengthened the arts education curriculum in local schools.
- k. Other (specify): _____

Section F. Narrative

The Narrative includes your responses to the following 9 points about your organization and the proposed project. See instructions. **Answer all items.**

ABOUT THE ORGANIZATION

In items 1–3, if the applicant is a fiscal sponsor, respond about the sponsored organization only. Fiscal sponsor must be sure to complete fiscal sponsor Section K.

- 1. Mission/purpose of Organization
- 2. Governance and Management
- 3. Financial Status

ABOUT THE PROJECT or PROGRAM

- 4. Proposal Goals and Activities
- 5. Personnel
- 6. Educational Efforts
- 7. Public Outreach/Audience
- 8. Promotion and Marketing
- 9. Outcomes and Evaluation

Section G. Proposed Budget

APS: Provide **project budget** only.

AOS: Provide FY2008 **annual operating budget**.

	Column A Cash	Column B In-Kind	Column C TOTAL
Estimated Expenses			
1.	Employee Compensation, Benefits, Taxes	\$ _____	\$ _____
2.	Professional Fees, Contracted Labor	_____	_____
3.	Space Rental	_____	_____
4.	Travel/Transportation	_____	_____
5.	Marketing/Publicity/Promotion	_____	_____
6.	Staff Development, Training	_____	_____
7.	Supplies	_____	_____
8.	Capital Expenditures	_____	_____
9.	Miscellaneous	_____	_____
10.	TOTAL Cash Expenses*(add lines 1-9)	\$ _____	
11.	TOTAL In-kind**		\$ _____
12.	TOTAL Project/Operation Expenses*** (add lines 10 and 11)		\$ _____
Estimated Income			
13.	Admissions	\$ _____	
14.	Corporate Contributions, Sponsorships	_____	
15.	Foundation Support	_____	
16.	Federal Government Support	_____	
17.	State/Regional Government Support	_____	
18.	Local Support	_____	
19.	Individual Contributions	_____	
20.	Other Applicant Cash	_____	
21.	Total Non-RAP Cash Income (add lines 13 through 20)	_____	
22.	Request to South Shore Arts	_____	
23.	TOTAL Cash Income (add lines 21 and 22)*	\$ _____	
24.	TOTAL In-kind (from line 11)**		\$ _____
25.	TOTAL Project/Operation Income*** (add lines 23 and 24)		\$ _____

*Line 23 (Cash Income) **must equal** Line 12 (Cash Expenses)

Line 24 (Total In-kind) **must equal Line 11 (Total In-kind)

***Line 25 (Total Income) **must equal** Line 12 (Total Expenses)

Section H. Proposed Budget Explanation

On a separate sheet of paper, please list your primary funding sources identified in line items 14-18. Also, if you would like to clarify any line item expense or income items, you may use this additional sheet for that purpose. The funding sources explanation is **required**, but the additional line item explanation is your choice. We have cut out the budget detail portion of this application in an effort to decrease the work load for our grantees.

Section I. Accessibility Statement

All applicants must complete this form.

The Applicant, _____ :
(insert name of applicant organization or fiscal sponsor here)

- **Assures** that all arts programs, services, and activities made possible with Regional Partnership Initiative funding and all facilities in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant) will be accessible to people with special needs, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 OR will provide readily achievable reasonable accommodation as warranted.
- **Assures** that this warranty is based on: (check all applicable)

Independent accessibility assessment, completed by:

Name, Title, Date

Applicant self-assessment, completed by:

Name, Title, Date

Recommendations from a citizen advisory committee, composed of persons with disabilities.

Other (specify): _____

- **Assures** that materials supporting this statement are maintained on file and are available for review.

Signature, Authorizing Official

Date Signed

Title of Authorizing Official

Telephone Number

