

Grants for Regional Arts and Culture Engagement 2024 (Individual Artist)

Your Application Title*: _____

Please use the following format to title your application: **Name of Individual Artist or Agency - Title of Project**

Examples:

Jane Doe - Jane's Arts Education Project at Public School #1

John Smith - Community Mural at Avenue A & Street B

CNY Arts - The Six-County Arts & Culture Project 2022

CNY Arts Grants for Regional Arts and Culture Engagement Program 2024

Welcome to the application form for the **Grants for Regional Arts and Culture Engagement** Program for Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego counties!

The CNY Arts GRACE program is designed to support

(1) nonprofit organizations and

(2) individual artists, collectives, and groups to develop high-quality arts projects and programming.

By providing project-specific funds, CNY Arts aims to contribute to the cultural development of the Central New York and Mohawk Valley regions.

Instructions Before You Begin

Please remember to **regularly save** your progress by clicking the "Save Draft" button at the bottom of the page. **Do not** click the "Submit" button until you have completely finalized your application.

Though the Submittable application portal has an auto-save feature, we recommend that you manually save your progress by clicking the "Save Draft" button at the bottom of the

page. Keeping this application window open and inactive for **longer than 30 minutes** will log you out of Submittable and **all unsaved work will be lost!**

We strongly recommend that first-time applicants answer the application questions on a separate Word document, saved locally on your personal computer.

This application is broken up into 5 short sections:

1. Applicant Information
2. Project Information
3. Project Narratives
4. Uploaded Documents
5. State Reporting Data

To complete Section 5, you will need the following documents:

1. Grant Budget Form
2. Bios and Resumés of key artists
3. Artistic Samples & Additional Support Materials
4. Letters of Support (optional)

Section One: Applicant Information

Check this box if you have read the CNY Arts Grants for Regional Arts and Culture Engagement Program Guidelines.*

If you have not yet read the Guidelines, you can download it following **this link**.

This Guidelines document answers many frequently asked questions, so please take some time to review it!

Check this box if you (or a representative) have attended a CNY Arts Application Seminar or Webinar.*

All applicants are required to attend an Application Seminar or Webinar.

You can RSVP for a Seminar or Webinar following **this link**.

If there are no future dates, please **immediately** contact the CNY Arts Re-grants Program Officer Ben Verdi at bverdi@cnyarts.org!

Application Seminar or Webinar*: _____

Please enter:

- Your name or the name of the attendee
- Location
- Month and Year

How did you hear about GRACE 2024?*

Select...

Funding History with CNY Arts*

- Returning Grantee
 - Returning Applicant who has never been funded
 - New Applicant
-

Applying as an Individual Artist...

Individual Artists (including arts educators, artist collectives, and any other unincorporated entities) may apply for an Individual Artist Grant.

Individual Artists are eligible to apply for **ONE (1)** of the following:

- One (1) Micro Grant of less than \$1,000, OR;
 - Up to two (2) Artist Commissions or Community Arts Project for a total of \$2,500, OR;
 - One (1) Artist Commissions or Community Arts Project of up to \$5,000 with a Fiscal Sponsor
 - One (1) Arts Education Project of up to \$5,000 with a School or Partnering Organization, OR;
-

Individual Applicant's Legal Name*

First Name: _____

Last Name: _____

Please provide your full legal name.

DBA or Name Used Publicly: _____

If you use a different name to promote yourself as an artist, group, or collective, please provide that name here.

Otherwise, please leave this field blank.

Individual Artist's Legal Address*

- Country
- Address
- State, Province, or Region
- County
- Zip or Postal Code

Individual Applicant's Phone Number*: _____

CNY Arts will use the email address registered to this Submittable account to contact you.

Social Security Number (SSN)*: _____

Please enter you nine-digit SSN as it appears on your IRS Form W-9 **without dashes**. This information will only be used for payment purposes and will be hidden from panelists.

Artist Statement & Inclusion, Diversity, Equity, & Accessibility (IDEA) Statement*: _____

If you are applying as a member of an artist collective or group, you can provide the group's Mission Statement.

How would you describe your racial & ethnic background?: _____

This information will only be used for reporting purposes and will not be shared with Panelists, CNY Arts Board Members, or other CNY Arts Staff.

How would you describe your gender identity?: _____

This information will only be used for reporting purposes and will not be shared with Panelists, CNY Arts Board Members, or other CNY Arts Staff.

Primary Artistic Discipline*

Section Two: Basic Project Information

The following section will ask for some basic information regarding your project. This information will be used to promote you and your project if your application is awarded, so please double-check your spelling and use proper capitalization.

Project Title*: _____

Please re-enter the title of your project **exactly** as you would like to see it listed in printed or published materials.

Brief Project Summary*: _____

Limit: 75 words

Please provide a very brief summary of your project **exactly** as you would like to see it listed in printed or published materials.

Is the Project Described an Arts Education Project? *

- Yes

Lesson Plan*

Please upload a lesson plan with proposed learning goals, intended outcomes, means for evaluation and at least three (3) contact sessions

Letter of Commitment*

Please upload a signed and completed Letter of Commitment with the school or community organization you are partnering with. Please use letterhead from the school or community organization you are partnering with.

- No

Are You Applying with a Fiscal Sponsor? *

- Yes

Warning!

A Fiscal Sponsor is **not** required for completing the application. However, if you have an organization that would be fiscally responsible for the funds of the project, we recommend having them as a Fiscal Sponsor.

If you are performing a project in a **different county than where you reside**, then you are **required** to have a Fiscal Sponsor.

Please reach out to the CNY Arts Re-grants Program Staff with any questions!

What is a Fiscal Sponsor?

Remember!

A Fiscal Sponsor is a nonprofit organization that will serve as a fiscal conduit should an individual be awarded a CNY Arts grant through the 2024 GRACE program.

The Fiscal Sponsor will receive grant funds from CNY Arts and disburse those funds to the applicant artist.

Fiscal Sponsors are not required to administer required grant activities, such as completing the Final Report and ensuring project compliance with the funding agreement.

Sponsors may take an administrative fee of up to 15% of awarded grant funds.

Please refer to the guidelines for further details.

A Fiscal Sponsorship Agreement template created by CNY Arts may be downloaded using **[this link](#)**.

Fiscal Sponsor Name*: _____

Fiscal Sponsor Address*

- Country
- Address

- City
- State, Province, or Region
- Zip or Postal Code

Fiscal Sponsor Contact*

First Name: _____

Last Name: _____

Fiscal Sponsor Contact's Phone Number*: _____

Fiscal Contact's Email Address*: _____

Fiscal Sponsorship Agreement*

Please upload a Fiscal Sponsorship Agreement.

A Fiscal Sponsorship Agreement template created by CNY Arts may be downloaded using **this link**.

Fiscal Sponsor's Proof of 501(c)(3) Status *

Please upload documentation providing proof of the organization's nonprofit status.

The following documentation will be accepted:

- Letter of Determination from the IRS, indicating tax exempt status under Section 501(c)(3)
- Documentation of Charter by the NY State Board of Regents under Section 216 of the NY State Education Law
- Documentation of Incorporation under Section 402 of the NY State Not-for-Profit Corporation Law
- Current NY State Bureau of Charities (Office of the Attorney General) filing receipt
- Official authorization as an arm of local government (i.e., a formal letter on official letterhead signed by the appropriate county, city, town, or village executive)

No other document will be accepted.

Board Member Affiliation List*

Please upload a list of the organization's Board of Directors.

Please include details such as titles and affiliations.

Organization Financial Statement for the most recent fiscal year*

Please upload documentation of the organization's most recent fiscal year as approved By the organization's board.

The following documentation will be accepted:

- Audits
- IRS Form 990
- Detailed Profit & Loss Balance Sheet for a 12-month period.

The following documents will not be accepted:

- IRS Form 990-EZ
- IRS Form 990-N

- No

Please note!

Special Case Scenario for Fiscal Sponsorship: If you are applying for any project **outside** of your county of residence, you will need a nonprofit organization from **that county** to sign on as your Fiscal Sponsor!

Project State Date*: _____

Project State Date

Please provide the start date for your project's public activities, NOT including any period of time used for project planning or execution.

Please provide the start date for your project's public activities, NOT including any period of time used for project planning or execution.

Project End Date*: _____

Project End Date

Please provide the end date for your project's public activities, NOT including any period of time used for project planning or execution. If your project is a one-day event, the start and end dates should be the same.

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If your project is a one-day event, the start and end dates should be the same.

Primary Venue / Location*

Please provide the primary venue or location of your project's public activities.

Remember!

All public activities related to your project must be located in the same county as the applicant's legal address.

Is the legal applicant's address located in the same county as all the public components of this project?*

- Yes
- No

Remember!

All public activities related to your project must be located in at least one of the following counties:

- Cortland
 - Herkimer
 - Madison
 - Oneida
 - Onondaga
 - Oswego
-

Number of Public Activities*: _____

Please enter the total number of your project's public activities.

Examples:

- Enter the number of performances or screenings related to your project
- Enter the number of days that an exhibition is open to the public
- Enter the number of days that there are public performances or other related activities in a festival.

Total Expected Audience*: _____

Expected In-Person Audience*: _____

Please provide an estimated total of in-person audience members for all project activities.

Expected Virtual Audience*: _____

Please provide an estimated total of virtual audience members for all project activities.

Total Project Budget*: _____

This number must match the dollar amount in your Project Budget Form.

Grant Request Amount*: _____

Please note that request amounts for each program are the following:

- **Micro Grant Fund:** Up to but no more than \$1,000

- **Artist Commissions or Community Arts Project:** Only \$2,500
 - **Artist Commissions or Community Arts Project with a Fiscal Sponsor:** Up to but no more than \$5,000
 - **Arts Education Project:** Up to but no more than \$5,000
-

Section Three: Project Narratives

All grant applicants will be evaluated and scored using three criteria:

1. Creativity
2. Service to the Public
3. Feasibility

Which Application are you Applying For?*

Please note that request amounts for each program are the following:

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- **Arts Education Project:** Up to but no more than \$5,000

Micro Grant Fund

Detailed Project Description & Creativity*

Limit: 250 words

Please provide a detailed description of your project, answering the following questions:

- **How will grant funds be used to support this project?**
- What are the public components of this project? When will they occur?
- What are the creative and artistic merits of this project?
- How does this project advance diversity, equity, inclusion, and accessibility for historically excluded communities?
- Is there community support for this project?
- How will the project be evaluated? What are the measures of success?

Project Expenses & Use of Grant Funds*

Limit: 150 words

Please provide a brief explanation for the project expenses you listed in your Project Budget Form.

Please explain how you arrived at these numbers.

If Grant Funds are Not Awarded How Will You Proceed?*

Limit: 150 words

Please provide a detailed explanation for how your project will adapt if this application is denied or if the project is awarded only partial funding.

Artist Commissions or Community Arts Project

Detailed Project Description & Creativity*

Limit: 250 words

Please provide a detailed description of your project, answering the following questions:

- How will grant funds be used to support this project?
- What are the public components of this project? When will they occur?
- What are the creative and artistic merits of this project?
- How does this project advance diversity, equity, inclusion, and accessibility for historically excluded communities?
- Is there community support for this project?
- How will the project be evaluated? What are the measures of success?

Service to the Public*

Limit: 250 words

Please provide details as to how this project serves the public, answering the following question:

- How does this project advance equity, diversity, and inclusion?
- How does this project benefit the core audience and its community?
- Is there community support for this project?
- In what ways is the community engaged or involved with the creation of this project?

Project Timeline*

Limit: 150 words

Please provide a detailed timeline of your project, answering the following questions:

- When is the project planning stage?
- When and where will the project's public activities take place?
- What are the steps to accomplishing the project's goals?
- When and how will the project be evaluated?

Marketing & Engagement Strategy*

Limit: 150 words

Please provide a detailed marketing and engagement strategy for your project, answering the following questions:

- Where and how will your project be marketed?
- How will you use print mail, online newsletters, and/or social media to reach core audience members?
- Who do you hope to engage aside from your core audience?

Project Expenses & Use of Grant Funds*

Limit: 150 words

Please provide a brief explanation for the project expenses you listed in your Project Budget Form.

Please explain how you arrived at these numbers.

If Grant Funds are Not Awarded How Will You Proceed?*

Limit: 150 words

Please provide a detailed explanation for how your project will adapt if this application is denied or if the project is awarded only partial funding.

Arts Education Project

Detailed Project Description & Creativity*

Limit: 250 words

Please provide a detailed description of your project, answering the following questions:

- How will grant funds be used to support this project?
- What are the public components of this project? When will they occur?
- What are the creative and artistic merits of this project?
- How does this project advance diversity, equity, inclusion, and accessibility for historically excluded communities?
- Is there community support for this project?
- How will the project be evaluated? What are the measures of success?

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Please provide a detailed explanation for how your project will adapt if this application is denied or if the project is awarded only partial funding.

Section 4: Uploaded Documents

Bios & Resumes of Artists & Personnel*

Please upload a single document including the Resumes, Curricula Vitae (CVs), and other biographical summaries of the artists and key personnel involved with the project.

To merge multiple PDFs, we recommend you use **this free tool** provided by Adobe Acrobat.

Project Budget Form*

Please upload a completed Project Budget Form.

A copy of this form may be downloaded using **this link**.

Remember!

No other uploaded documents will be accepted

Letters of Support

Please upload all additional Letters of Support here.

To merge multiple PDFs, we recommend you use **this free tool** provided by Adobe Acrobat.

Artistic Samples & Additional Support Materials

Please upload all required artistic samples and additional support materials here.

To merge multiple PDFs, we recommend you use **this free tool** provided by Adobe Acrobat.

Artistic Samples & Additional Support Materials (Web)*

If you would like to submit artistic samples and additional materials that can only be accessed online, please provide the permanent URLs to those samples here.

Please do not submit bit.ly or other shortened links.

Section 5: State Reporting Data

Legal Applicant Name*

Address1*

Address2*

City*

County*

ZIP Code*

NYS Senate District*

Find your State Senate District using **this link**. If your organization has multiple locations, please use your administrative address.

NYS Assembly District*

Find your State Assembly District using **this link**. If your organization has multiple locations, please use your administrative address.

Artistic Discipline of Organization*

Type of Organization*

Nonprofit Status of Organization*

Composition of Organization*

Project Title*

Artistic Discipline of Project*

Type of Project*

Composition of Audience*

Art Education*
Regrant Project Descriptors
Number of Artists Participating*
Number of Youths Benefitting*
Number of Individuals Benefitting*
Grant Request Amount*

AUTHORIZED SIGNATURE:

The electronic signature on this document of the person authorized to make legal contracts for Grantee will represent Grantee's acceptance of this award and agreement to comply with the stated terms and conditions of this grant. Please signify your agreement to the foregoing terms and conditions by typing in your Name in the field below. You must be an authorized officer of the Grantee duly empowered to make legal contracts for Grantee.

Name of Authorized Signer*

First Name: _____

Last Name: _____

Please provide a digital signature by typing your name into this form field. You must be an authorized officer of the Grantee duly empowered to make legal contracts for the Grantee.

The electronic signature on this document certifies that, to the best of the applicant's knowledge, the provided information is true and accurate. Please signify your certification by typing in your Name in the field above. You must be an authorized officer of the applicant duly empowered to make legal contracts for Grantee.

Title of Authorized Signer

Date of Signature

Date of Signature

Navigate forward to interact with the calendar and select a date. Press the question mark key to get the keyboard shortcuts for changing dates.