



## 2019-2020 General Operating Grant Application

*\*For activities occurring between July 1, 2019 and June 30, 2020*

**Application Deadline: Friday, June 28, 2019, by 5:00PM**

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? \_\_\_\_\_

Is your Organization a Current Member of the Allegany Arts Council? \_\_\_\_\_

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 statement? (100 word limit)

2. Please provide a brief statement of the primary goals of your organization for the upcoming grant period and how this funding will assist your organization in meeting these goals. Please do not include programming details. (100 word limit)

3. Please provide a brief statement regarding additional fundraising programs you will engage in or funding sources you intend to access for the upcoming grant period. (100 word limit)

4. Who is your target audience and how do you intend to reach them? (100 word limit)

5. Please list the **top officers** of your organization.

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 and non-presenting capacity.		
	Full-Time	Part-Time
<b>PAID STAFF (Please include ONLY staff whose salary costs are reflected on the budget sheet.)</b>		
Paid Administrative Staff		
Paid Artistic Staff		
Paid Technical Staff		
Other Paid Staff		
<b>OTHER (Include all other organizational staff/support who are not reflected on the budget sheet.)</b>		
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 from 2018-2019

Even if you did not receive any funding from the Allegany Arts Council during this timeframe please provide a brief summary of your organization's **recent program activity (July 1, 2018-June 30, 2019)**. Give the number of performances, days of exhibition, workshops, etc. List all locations/facilities used, and provide estimated attendance figures for each event presented, as well as the number of artists and/or presenters involved. In the table below, include details for performances, exhibitions, workshops, or events that are produced by your organization. **This is a list only. DO NOT include descriptions.**

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

**D. Planned Program Information for 2019-2020:**

In the first table below, please provide a brief description of your organization’s **planned program activity for (July 1, 2019-June 30, 2020) 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 OR DURATION LENGTH	LOCATION OR VENUE	# ATTENDING	# ARTISTS PARTICIPATING
<b>TOTALS</b>					

In the table below, include a summary of any other programming that is supported by your organization and impacts your overall operations but are not being included in this funding request (i.e. venue rental, performances, programming outside of Allegany County, other organizational programming). *You may attach additional 8½ x 11 pages, if needed.*

DATE	EVENT TITLE	EXPLANATION OF COLLABORATION (INCLUDE PARTNER ORGANIZATION)

**E. Budget:**

In the table below, provide an overview of your planned program budget and General Operating Grant funding request for **July 1, 2019-June 30, 2020**. If your organizational operations are predominantly based in Allegany County, include your total operational budget. If your organizational operations are NOT predominantly based in Allegany County, include only budget numbers which reflect your **Allegany County** programming. *Please note these numbers should correlate directly to your answers in Sections B & D, and should only reflect program activities held in Allegany County.*

<b>BUDGET INFORMATION</b>	<b>PAST YEAR (FY18) ACTUAL</b>	<b>CURRENT YEAR (FY19) ACTUAL</b>	<b>FUNDING YEAR (FY20) PROPOSED</b>
<b>EXPENSES—PERSONNEL</b>			
Salaries—Administrative			
Salaries—Artistic			
Salaries—Technical			
Employee Benefits & Taxes			
<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 7.

<b>BUDGET INFORMATION</b>	<b>PAST YEAR (FY'18) ACTUAL</b>	<b>CURRENT YEAR (FY'19) ACTUAL</b>	<b>FUNDING YEAR (FY'20) 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 6.**

What, if any, non-cash (in-kind) donations have been made available to you for FY'18 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. These goals are listed below. This is an opportunity to provide additional information or clarification as to how funding this application will assist the Allegany Arts Council with accomplishing these goals in the upcoming year.

- **Increase awareness of and access to the arts**
- **Provide a supportive environment for local artists and arts organizations to thrive**
- **Foster economic vitality through the arts**
- **Establish our area as an arts destination through Creative Placemaking**

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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.

- 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 \_\_\_\_\_
- 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 \_\_\_\_\_
- 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.
- 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

- 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.
- 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.
- 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

**Organization Name**  
**Balance Sheet**  
**Date**

**ASSETS****Current Assets****Checking/Savings**

1001 · Checking - 1st United	9,000
1010 · Petty Cash	100
1050 · Unrestricted Investment	900
1051 · Board Restricted Investment	10,000

<b>Total Checking/Savings</b>	20,000
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**Other Current Assets**

1101 · Bulk Mail Prepaid	200
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<b>Total Other Current Assets</b>	200
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<b>Total Current Assets</b>	20,200
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**Fixed Assets**

1300 · Property, Plant, & Equipment	5,000
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<b>Total Fixed Assets</b>	5,000
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<b>TOTAL ASSETS</b>	25,200
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**LIABILITIES & EQUITY**

<b>Liabilities</b>	5,300
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<b>Equity</b>	19,900
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<b>TOTAL LIABILITIES &amp; EQUITY</b>	25,200
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