

ORGANIZATION NAME: _____

Describe the audience your project will reach

Estimate number of people served:

How will you provide accessibility to people with disabilities?

Describe your marketing plan.

Partial funding is a possibility. What expenses are critical to the success of this project? How will you modify your project if you receive less than your request?

Can this project be completed without the participatio of the project organizer? Explain:



Delaware County
Community Arts
Funding Program
2011



PO Box 93
Roxbury, NY 12474
607-326-7908
aepner@roxburyartsgroup.org

PROGRAM APPLICATION 2011

Deadline: Wednesday, October 13, 2010 (postmarked)

PLEASE TYPE OR PRINT CLEARLY

Applicant Organization's Legal Name:

Mailing Address: (PO Box or Street, City, Zip)

Contact Person's Name & Title

Phone (day) (eve) Fax email

Organization's year of incorporation/formed Fiscal year Ends

___ Check here if application is on behalf of an individual artist and provide information below:

Name of Artist Complete address

Phone (day) (eve) Fax email

CHECKLIST

1. ___ Proof of Not For Profit Status (with a Delaware County, NY address): Include a copy of ONE of the following:
 - ___ Determination letter from the Internal Revenue Service as a 501 © 3 organization **or**
 - ___ Letter from the NYS Board of Regents Charter, Section 216 of the Education Law **or**
 - ___ Letter of acceptance of incorporation under section 402 of the Not for Profit Law **or**
 - ___ NY State Bureau of Charities filing receipt **or**
 - ___ Official authorizations an arm of local government (i.e., a formal letter on official stationary signed by the appropriate county, city, town or village official)
2. ___ Financial statement from organization's last completed fiscal year (one copy)
3. ___ List of organization's current trustees or board of directors with complete addresses (one copy)
4. ___ Signature of the principal officer of the organization (ie., president, chair, director) below
5. ___ Four (4) supporting documents-may include artists' resumes, contracts, press clippings, playbills, slides, video or audio tapes. (two sets)
6. ___ Original application with all supplemental material and ten (10) copies of the application only.

CERTIFICATION AND RELEASE

The undersigned certifies that he/she is the principal officer of the applicant organization with authority to obligate it; (2) has knowledge of the information provided herein; (3) has read the guidelines of The Roxbury Arts Group Community Arts Funding Program and herein reference, and that this application complies with and is made subject to said guidelines; (4) on behalf of the applicant release the New York State Council on the Arts and The Roxbury Arts Group, their employees and agents with respect to damages of property or materials submitted in connection herewith.

Signature of principal officer _____ Print name _____ Date _____

Please review your application carefully before it is submitted. If you have questions or need assistance, do not hesitate to call Ann Epner, Community Arts Funding Coordinator (607) 326 7908

Application Deadline is Wednesday, October 13, 2010

This is a postmark deadline

You may also deliver the application to The Roxbury arts Group by 5pm on the deadline day
You may not submit applications by fax or email

OFFICE USE ONLY: NUM ___ APP ___ ORG ___ CAT ___ TCE ___ REQ\$ _____ GRANT _____

