

# 2019 Arts & Cultural Council for Greater Rochester Capacity Building Grant Application

**Deadline:** Postmarked/delivered by November 1, 2018. (See 2019 CBG Guidelines for further instructions.)  
**Send to:** Arts & Cultural Council, 31 Prince Street, Rochester, NY 14607.  
**Handwritten applications are not accepted. Answer all information.**

## A. BACKGROUND:

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

Executive Director/Authorized Signatory: \_\_\_\_\_

Project Manager: \_\_\_\_\_

*Remember to include résumés of all project managers/contract personnel with your application*

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Day phone: \_\_\_\_\_ Eve. phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Incorporation date or date formed: \_\_\_\_\_ Fiscal year begins: \_\_\_\_\_ Fiscal year ends: \_\_\_\_\_

For last completed fiscal year: Revenues: \$ \_\_\_\_\_ Expenses: \$ \_\_\_\_\_

Have you applied for a Capacity Building Grant within the past 4 years?      **Y**      **N**

If **Yes**, did you receive funding?      **Y**      **N**

## B. PROJECT INFORMATION:

Project Title: \_\_\_\_\_

**Required:** Please summarize your project in **50 words or less**. Note: This will be the description used by the Arts & Cultural Council to identify and publicize your project. **Do not skip this step!**

Project starting date: \_\_\_\_\_ Project ending date: \_\_\_\_\_

Total project expense: \$ \_\_\_\_\_ 2019 Capacity Building Grant amount requested: \$ \_\_\_\_\_

**C. CERTIFICATION:** The undersigned certifies that he/she (1) is the principal officer of the applicant with authority to obligate it; (2) has knowledge of the information presented herein; (3) has read and understood the guidelines of Arts & Cultural Council for Greater Rochester Capacity Building Grant Program and complies with, and is made subject to said guidelines; (4) releases Arts & Cultural Council, its employees and agents with respect to damages to property or materials submitted with this application.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**AUTHORIZED SIGNATURE (This might be different from the project manager.)**

**Download and review the “ACGR - CAPACITY BUILDING BUDGET\_2019” Excel file, and the “ACGR - Instructions for Completing the 2019 CBG Budget” document from our website ([ArtsRochester.org](http://ArtsRochester.org)) before continuing.**

**D. PROJECT DESCRIPTION:** Must be typed or computer generated on no more than two 8.5” x 11” sheets. Do not use a font smaller than 12 point. Be sure to collate all materials and binder-clip them together. Do not place them in three-ring binders. Do not include a cover letter.

1. Organization background: Provide a brief description of your organization’s mission, objectives, and major programs.
2. Describe your project, the goals and objectives and how they will be met. How will it constitute capacity building for your organization?
3. How do you plan to evaluate your proposal to determine whether or not it meets goals and objectives? (Include in your support materials any surveys or other feedback mechanisms you plan to use.)
4. What is your project timeline? (May be attached. If attached, does not count toward 2-page limit).
5. How will your project improve your organization’s operating efficiencies?
6. How will you revise your program if you do not receive full funding? Having a back-up plan demonstrates organizational commitment to the project.

**E. Application checklist (Be sure to include the following with your application packet):**

- 1 original signed application form and project budget, including all attachments;
- 9 photocopies** of application form and project budget, with all attachments (collated);
- Proof of Organization’s 501c3 Non-Profit status;
- ~~ABC~~ Current list of Board of Directors, including affiliation, addresses, phone numbers, and e-mail addresses;
- ~~ABC~~ Previous Year Budget Summary (Audited or reviewed financial statements and recommendations from certified public accountant for most recently completed fiscal year. In lieu of this, a signed Treasurer’s Report, containing the same information, may be permissible.);
- Current Organization Budget (current fiscal year);
- Résumés of Key Project Personnel;
- Support Documentation (copies of letters of commitment, contracts, or price quotes necessary for the project).

**F. PROJECT BUDGET (Jan 1-Dec. 31, 2019)**

PLEASE DOWNLOAD THE "ACGR - CAPACITY BUILDING BUDGET\_2019.xls" FILE, AND COMPLETE THE “Proposal - 2019 CBG Budget” SHEET.

**G. Project IN-KIND Contributions (Jan 1-Dec. 31, 2019)**

Do not include volunteer time as in-kind contribution, unless it is for professional services.

In-Kind contributions are *non-cash* contributions in the form of services, materials, goods, or space.

COMPLETE THE “Proposal - In-Kind Gifts” SHEET in the "ACGR - CAPACITY BUILDING BUDGET\_2019.xls" FILE.