

Application Form: Two Year Operating Grant ORGANIZATIONAL SUPPORT PROGRAM

Please check off the grant period related to this application and fill in the amount requested for only one year of the two-year grant period. Applicants are reminded that all grant funding is dependent upon federal and state government appropriations and therefore subject to change.

Two-Year Operating Grant

Amount Requested PER YEAR:

[] FY 2010-2011 (July 1, 2009-June 30, 2011)

\$ _____

1. APPLICANT DATA (TYPE OR PRINT CLEARLY)

Official IRS Name of Applicant:

Authorized Official's Name & Title:

Mailing Address

City/Town

State

ZIP

Daytime Phone

Fax

Authorized Official's Email

URL

Organizational Email

Enter NISP codes: http://www.nh.gov/nharts/grants/nisp.htm

Arts Discipline (for primary area of applicant organization's work): _____

Race/Ethnicity of Organization (Grantee Race): _____

2. CONTACT PERSON (IF DIFFERENT FROM THE AUTHORIZED OFFICIAL)

Name & Title:

Address (if different from above)

City/Town

State

ZIP

Daytime Phone

Fax

Email

For Office Use Only: FY

Activity Type

AIE%

App. #

APPLICANT NAME:

3. GRANT REQUEST DATA

Project Summary: (one phrase or sentence)

Project Director (if different from Contact Person)

Enter NISP codes from: <http://www.nh.gov/nharts/grants/nisp.htm>

Arts Discipline (describing this project's activities) _____
Project Race _____
International Activity of Project Yes _____ No: _____

Estimate the total number of individuals to benefit from this project: _____

(See definition at: <http://www.nh.gov/nharts/grants/basics/glossary.htm>)

Number of Towns/Communities to benefit _____ **Number of students/youth to benefit** _____

Number of Artists to participate _____ **Number of NH artists** _____

4. ORGANIZATIONAL DATA

Year Founded: _____ **Incorporated in NH:** _____ **Year Granted IRS exemption:** _____

Number of paid staff: Full-time _____ Part-time _____ **Number of volunteers:** _____

FISCAL SUMMARY

Provide actual figures for last completed fiscal year and estimate figures for current and future fiscal years included in grant proposal.

Dates of current fiscal year: ____/____/____ to ____/____/____

	Past Year	Present Year	Future Year
Total Income:	\$ _____	\$ _____	\$ _____
Total Expense:	\$ _____	\$ _____	\$ _____

APPLICANT NAME:

5. FACILITY DATA & ACCESSIBILITY ASSURANCES

Name of facility(ies) where arts activities funded by this grant will take place.

How long has the facility(ies) been used for arts activities?

Name of your ADA Coordinator:

Answer "Yes" or "No" to each of the following questions.

_____ Is this facility accessible to people with disabilities?

_____ Is accessibility part of the organization's long range plan?

_____ Has an ADA self-evaluation of the organization's facilities and programs been conducted?

_____ Have policies and procedures been established which address nondiscrimination toward persons with disabilities?

_____ Is this information posted?

_____ **Does applicant own the facility?** If no, complete the following:

Name of Owner:

Address:

Length & Expiration of Lease:

6. CERTIFICATION

(Type in authorized official name below)

I, _____, **do hereby certify** that all of the figures, facts and representations made in this application and its attachments are true and correct to the best of my knowledge and belief. Any grant funds received in connection with this application will be expended as described and any changes in the budget or purpose of this application will be **submitted in writing** for approval.

By signing the application, the Applicant hereby agrees to comply with Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972 (where applicable); Title 29 (Part 505) of the Code of Federal Regulations (governing fair labor practices); the Age Discrimination Act of 1975; the U.S.C. Sec. 1913 regulating lobbying with appropriated monies; the Drug-Free Workplace Act of 1988; and the Americans with Disabilities Act of 1990; as well as all regulations of the National Endowment for the Arts pursuant to these statutes & regulations described in OMB circulars A-102 and A-87, Cost Principles.

Signature of Chairman/Board President

Title

Date

Signature of authorized official

Title

Date

Signature of person preparing this application (if different)

Title

Date

NHSCA reserves the right to monitor sub-grantees to ensure that all applicable terms & conditions of grants are being met. Grantees are reminded that failure to submit final reports will adversely affect eligibility for funding for two years.
