

OFFICIAL APPLICANT NAME:

4. CONTACT PERSON/SITE COORDINATOR (IF DIFFERENT FROM THE AUTHORIZED OFFICIAL)

Name _____ Title _____

Address (if different from above) City/Town _____ State _____ ZIP _____

Daytime Phone _____ Fax _____ E-mail _____

Project Director: (if different from Contact Person)

5. ORGANIZATION & FINANCIAL INFORMATION

Year Founded:

Year Incorporated in NH:

Year Granted IRS exemption:

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

Please complete this chart with estimated figures reflecting the impact of your programs.

Impact on service to the community	Number of individuals benefiting from your programs	Number of youths benefiting from your programs	Number of artists participating in your programs
FY 2008			
Projected for FY 2009			
Projected for FY 2010			



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6. EFFECT OF FISCAL DOWNTURN ON BUDGET, STAFFING & SERVICE TO COMMUNITY

Total Operating Expenses:

FY 2008 (*before fiscal downturn*):

FY 2009 (*start of fiscal downturn*):

FY 2010 Projected:

Number of paid staff:

FY 2008 (*full time equiv*):

FY 2009 (*full time equiv*):

Number of positions in FY 2009 that have been eliminated or reduced in hours as a result of the fiscal downturn:

Please list positions:

Projected number of paid staff for FY 2010 (*full time equiv*):

Number of positions, if any, for FY 2010 that are in danger of being eliminated or reduced in hours if the fiscal crisis continues:

Please list positions:

7. FACILITY DATA & ACCESSIBILITY ASSURANCES

Name of facility(ies) where your arts programming takes place:
How long has the facility(ies) been used for arts programming?

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 against 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:



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8. CERTIFICATION

(Type in authorized official or artist 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 Board Chairman/President	Title	Date
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Signature of authorized official	Title	Date
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Signature of person preparing this application (if different)	Title	Date
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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.



ARTS JOBS: PUTTING NEW HAMPSHIRE TO WORK BUDGET REQUEST FY2010 – 2011



Itemize your *Arts Jobs* request below:

Salaried Staff	Title/s	Annual Salary	% of Time for 1 Yr	Check 1 YR or 2 YR Request	Total Requested Amount
Full-Time					
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Part-Time					
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Sub Total Request:					\$

Contract Personnel Support (including artists)	Title / Art Form	Contract Amount	% of Time for 1 Yr	Check 1 YR or 2 YR Request	Total Request
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Sub Total Request:					\$

Total Request:		\$
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