



New Hampshire State Council on the Arts  
**Arts Jobs: Putting New Hampshire to Work**  
Application and Budget Form  
FY2010 - 2011



Part of the NH Recovery Effort  
Funded by the National Endowment for the Arts  
through the American Reinvestment & Recovery Act (ARRA)

*Note to applicants: In an effort to compile statistics regionally, this form is consistent with ARRA applications being used by state arts agencies in RI, CT, MA, ME, VT and the NEFA.*

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**1. APPLICANT DATA (TYPE OR PRINT CLEARLY)**

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Official IRS Name of Applicant or Fiscal Agent:

Authorized Official's Name & Title:

Mailing Address                                      City/Town                                      State                                      ZIP

Daytime Phone                                      Fax                                      Authorized Official's E-mail

Website URL                                                                                      Organizational E-mail

**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): \_\_\_\_\_

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**2. PAYMENT (IF PAYMENT IS TO BE MADE TO SOMEONE OTHER THAN THE APPLICANT, PLEASE FILL IN.)**

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Official IRS name:

Mailing Address                                      City/Town                                      State                                      ZIP

Daytime Phone                                      Fax                                      E-mail                                      URL

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**3. GRANT REQUEST DATA**

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**AMOUNT REQUESTED \$** \_\_\_\_\_ (Either \$10,000 OR \$20,000)

Check type of request:

☐ Salaried Staff Support                      ☐ Contract Personnel Support (including artists)

**Project Start Date (no earlier than 4/1/2009):**

**Project End Date (no later than 6/30/2011):**

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**For Office Use Only:**    FY                                      App. #

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**OFFICIAL APPLICANT NAME:**

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

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Name \_\_\_\_\_ Title \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Project Director:** (if different from Contact Person)

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**5. ORGANIZATION & FINANCIAL INFORMATION**

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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			

OFFICIAL APPLICANT NAME:

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

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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:

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**7. FACILITY DATA & ACCESSIBILITY ASSURANCES**

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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:

OFFICIAL APPLICANT NAME:

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**8. CERTIFICATION**

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(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.

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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.**

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# 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"/>	
				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"/>	
<b>Sub Total Request:</b>					\$

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"/>	
<b>Sub Total Request:</b>					\$

<b>Total Request:</b>	\$
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