



**New Hampshire State Council on the Arts
Emergency Artists Fees
Application and Budget Form
FY2011**

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.

AMOUNT REQUESTED \$ _____

1. APPLICANT DATA (TYPE OR PRINT CLEARLY)

Official IRS Name of Applicant or Fiscal Agent: _____ Organizational E-mail _____

Mailing Address: _____ Daytime Phone: _____

City/Town: _____ FAX: _____

State/Zip: _____ Website: _____

Authorized Official's Name & Title: _____ Authorized Official's E-mail _____
(School Principal, if applicable)

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

Official IRS Name if different from above _____ E-mail _____

Mailing Address: _____ Daytime Phone: _____

City/Town: _____ FAX: _____

State/Zip: _____ Website: _____

For Office Use Only: FY	Activity Type	AIE%	App. #
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APPLICANT NAME:

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

Name _____ E-mail _____
Mailing Address: (if different from above) _____ Daytime Phone: _____
City/Town: _____ FAX: _____
State/Zip: _____ Website: _____

4. GRANT REQUEST INFORMATION:

Project Start and End Dates:

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 ____/____/____

6. 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:

Is this facility accessible to people with disabilities? Yes No

Is accessibility part of the organization's long range plan? Yes No

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

Yes No

Have policies and procedures been established which address nondiscrimination against persons with disabilities? Yes No

Is this information posted? Yes No

Does applicant own the facility? Yes No If no, complete the following:

Name of Owner:

Address:

Length & Expiration of Lease:



APPLICANT NAME:

7. BUDGET

EMERGENCY ARTISTS FEES BUDGET REQUEST FY2011

Itemize your request below:

Contract Artist Support	Title / Art Form	Contract Amount	% of contract	Total Request
Total Request:				

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

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.

