

**Program B
(DCA)**

BAC-2005 Community Arts Regrant Application

Administered by: Brooklyn Arts Council, Inc. (BAC)

tel: (718) 625-0080 ♦ email: regrant@brooklynartscouncil.org ♦ website: www.brooklynartscouncil.org

PLEASE DO NOT RECREATE FORM - Please TYPE and complete ALL sections

Applicant's or Organization's Legal Name (as it appears on 501(C)3 letter from IRS or Charities Registration)					Districts	
AKA (also known as)					Comm Bd#	
Mailing Address			City Brooklyn	State New York	Zip	
Contact Person/Title			Board Chairperson			NYC Council#
Contact Day Phone	Evening Phone	Type of Organization (see guidelines)	EIN or Charities Registration#	#of yrs Active		NYS Assembly#
Email Address		Website Address		Year Incorporated		US Congress#
					NYS Senate#	

If the above applicant is not a not-for-profit organization, a Brooklyn-based conduit organization must be sought to complete the section below.

Conduit Organization's Legal Name (as it appears on 501(C)3 letter from IRS or Charities Registration)					NYC Council#	
Mailing Address					NYS Assembly#	
Mailing Address			City Brooklyn	State New York	Zip	
Contact Person/Title			Board Chairperson			US Congress#
Contact Day Phone	Evening Phone	Type of Organization (see guidelines)	EIN or Charities Registration#	#of yrs Active		NYS Senate#

About Your Project

A. Basic Project Information:		C. Funding History - Please check one:	
Project Title	Project Director/Coordinator	1. Received funds from NYC DCA of \$3,000 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Short Project Description (one-sentence description)		2. New applicant to BAC Regrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		a. If no, what year(s):	
		b. and which program? <input type="checkbox"/> NYSCA <input type="checkbox"/> TIER <input type="checkbox"/> DCA <input type="checkbox"/> JPMC	
		c. If you received funds last year, did you file a final report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		d. If no, please inform BAC of the reason.	
B. Community / Audience Served:			
#of Audience/Participants	Age Range (Indicate the proposed # of people served)		
	Children <input type="checkbox"/>	Adults <input type="checkbox"/>	Seniors <input type="checkbox"/>
Ethnic Groups Served (Indicate the percentage of people served)			
African Amer. <input type="checkbox"/>	White <input type="checkbox"/>	Asian <input type="checkbox"/>	Latino <input type="checkbox"/>
Am. Indian <input type="checkbox"/>	Other/Specify <input type="checkbox"/>		
Neighborhood(s) in which your project will be located or take place			
D. Project Timeline in 2005:			
Start Date (m/d)	End Date (m/d)	Project Duration	
/	/		
E. Project Budget Summary:			
Total Project Expenses:	Total Project Income:		
\$	\$		
Total Project Request: \$			
#of Requests	Total Amount Requested from BAC		
	\$		
Check ONLY one Art Discipline Code below: (see guidelines for description)			
VA <input type="checkbox"/>	FV <input type="checkbox"/>	PH <input type="checkbox"/>	CR <input type="checkbox"/>
FA <input type="checkbox"/>	MD <input type="checkbox"/>	LI <input type="checkbox"/>	DA <input type="checkbox"/>
MU <input type="checkbox"/>	OT <input type="checkbox"/>	DT <input type="checkbox"/>	

Applicant's/Organization's Name: _____

Project Description

Project Title	Project Director/Coordinator
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Start Date (m/d) /	End Date (m/d) /	Neighborhood(s) in which your project will be located or take place	#of Staff/Artists Involved /
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Where will your project take place? Be specific. (Please supply a letter of confirmation for each location indicated.)

Describe the project for which funds are being requested. (Make sure your description relates directly to the project's budget.)

Describe who will be involved in your project, i.e. artists, consultants and/or staff. (Please include resumes for all personnel identified in this section.)

Applicant's/Organization's Name: _____

Clearly indicate your target audience(s). Describe your reason for interest in the community(ies) in which the project will take place.

Explain how your project will enhance, involve, serve, and/or impact the community(ies) described above.

Please specify how you plan to publicize and tell the community about your project. What media format(s) (print, radio or tv, post-cards, mailings, flyers and posters) will be utilized?

Is your project accessible to persons with disabilities? If yes, please explain.

If you receive less than the amount requested from BAC, will the project still occur? YES NO

If yes, describe your contingency plan.

Applicant's/Organization's Name: _____

Background Information

Clearly state your mission or artistic statement. (Organizations, please refer to the mission statement as written in your bylaws.)

What previous experience do you have in carrying out similar projects?

Briefly discuss your history and current activities. (If applying as an individual artist, describe your past achievements, including any experiences that relate to this project.)

Applicant's/Organization's Name: _____

Organization's Information: (if you are not an organization, do not fill out this section.)

Last Actual FY Income	Last Actual FY Expenses	Current FY Income	Current FY Expenses
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A. Project Expenses: (Please complete the applicable fields.)

	Description	Total
1) Administrative Staff <small>(Salaries/wages + fringe benefits)</small>		
2) Artistic Fees		
3) Technical Services <small>(Consultants, Outside Companies)</small>		
4) Project Supplies		
5) Space Rental		
6) Travel		
7) Advertising/Promotion		
8) Equipment Rental		
9) Remaining Expenses		

Total Project Expenses: (add lines 1 thru 9)

B. Project Income: (Please complete the applicable fields.)

Earned Income	Description	Total
10) Tuition/Workshop Fees		
11) Box Office/Tickets		
12) Sales <small>(e.g. publications/artwork)</small>		

Unearned Income <small>(Do not include this request)</small>	Description	Total
13) Corporate/Foundation		
14) Individual Contributions		
15) Business Contributions		
16) Government Funds		
17) Other		

Total Project Income: (add lines 10 thru 17)

Total Project Expenses: **(minus)** **Total Project Income:** **= Project Request** Not to exceed \$5000

*****LIST PROJECT RELATED IN-KIND CONTRIBUTIONS ON SEPERATE SHEET.*****

Certification and Release: The undersigned certifies that he/she (1) is the individual or officer of the organization authorized to obligate it; (2) has knowledge of information presented herein; (3) has read and accepted the BAC Regrant Guidelines; (4) has obtained a Conduit's, name & signature of Conduit's officer (if applicable); (5) releases The Brooklyn Arts Council, Inc. (BAC), and its employees & agents from any liability.

Applicant's Name/Title: _____ **Signature:** _____
(Please Type)

Conduit Name/Title: _____ **Signature:** _____
(Please Type)