

**FY 2017 Sponsored Organization Information Form**

**- New York State Council on the Arts -**

**Basic Organizational Information**

Organization Name \_\_\_\_\_

AKA \_\_\_\_\_

Federal Employer ID# \_\_\_\_\_

Year Founded \_\_\_\_\_

Web Site(URL) \_\_\_\_\_

Organization's Phone \_\_\_\_\_

Address1 \_\_\_\_\_

Address2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant County \_\_\_\_\_

## Project Contact

Name

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Title

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Phone

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Fax

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Email Address

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### **Organization Mission**

(1000 character limit)

### **Organization Activities**

(1000 character limit)

Activities: Give a brief summary of your organization's activities that provides a general overview of what you do as an organization. Please relate these activities to your mission statement in the previous question.

### **Organization Constituency**

(1000 character limit)

Given your mission to the community you serve, how does your organization address diversity and inclusiveness?

What actions has your organization taken to make your facilities, programs, and/or communications systems accessible and usable by all?

Briefly describe your facilities, if any. Explain any relocations, expansions, renovations, or major improvements undertaken in the recent past or planned for the future.

**Organization Facilities (if applicable)**

Organization's facilities/real estate are:  Owned  Rented  Donated  Shared

If rented, date current lease expires?

Days/Hours/Season of Operation

Please indicate the number of each event your organizations hosts annually. Enter zero if your organization does not host a particular event:

Productions

Exhibitions

Classes

Tours

Films

Lectures

Performances

### Organization Key Staff Members

First Name	Last Name	Title	Year Started	Annual Salary Range

Number of Full-time Staff  
 Number of Part-time Staff  
 Number of Volunteers


Number of Interns  
 Number of Independent Contractors


### Organization Board Members

First Name	Last Name	Title	Profession/Affiliation	Year Elected

**FY2017 Sponsored Organization Budget Form  
- New York State Council on the Arts -**

	Prior completed fiscal year	Last completed fiscal year	Current fiscal year (actual plus projected)
<b>EARNED INCOME</b>			
Admissions			
Contracted Services			
Tuition and Workshop Fees			
Fundraising Events			
Other Earned Revenue			
<b>Total Earned Income</b>			

<b>CONTRIBUTED INCOME</b>			
Corporate Support			
Foundation Support			
Private Support			
NEA Support			
Federal Support			
State Support (non-NYSCA)			
County Support			
Municipal Support			
<b>Total Contributed Income</b>			
Other Revenue			
<b>TOTAL INCOME</b>			

<b>EXPENSES</b>			
Personnel - Administrative			
Personnel - Artistic			
Personnel - Technical/Production			
Fringe Benefits			
Outside Artistic Fees and Services			
Other Outside Fees and Services			
Regrants			
Space			
Travel			
Marketing/Advertising			
Remaining Operating Expenses			
<b>TOTAL EXPENSES</b>			

	Prior completed fiscal year	Last completed fiscal year	Current fiscal year (actual plus projected)
<b>Surplus (Deficit) Before NYSCA</b>			
NYSCA Grants Received/Requested			
<b>Surplus (Deficit) After NYSCA</b>			

<b>IN-KIND CONTRIBUTIONS</b>			
In-Kind Contributions			

<b>ORGANIZATION ASSETS</b>			
Savings / Checking Accounts			
Endowment Funds			
Capital Property / Real Estate			

**FY2017 Sponsored Project Budget Form  
- New York State Council on the Arts -**

	<b>Project Budget</b>
<b>EARNED INCOME</b>	
Admissions	
Contracted Services	
Tuition and Workshop Fees	
Fundraising Events	
Other Earned Revenue	
<b>Total Earned Income</b>	

<b>CONTRIBUTED INCOME</b>	
Corporate Support	
Foundation Support	
Private Support	
NEA Support	
Federal Support	
State Support (non-NYSCA)	
County Support	
Municipal Support	
<b>Total Contributed Income</b>	
Other Revenue	
<b>TOTAL INCOME</b>	

<b>EXPENSES</b>	
Personnel - Administrative	
Personnel - Artistic	
Personnel -Technical/Production	
Fringe Benefits	
Outside Artistic Fees and Services	
Other Outside Fees and Services	
Regrants	
Space	
Travel	
Marketing/Advertising	
Remaining Operating Expenses	
<b>TOTAL EXPENSES</b>	

<b>Surplus (Deficit) Before NYSCA</b>	
NYSCA Grants Received/Requested	
<b>Surplus (Deficit) After NYSCA</b>	

**Budget Notes**  
(2000 character limit)

## Sponsored Request Form

### Dance - Professional Performances

Answer all questions below on this form, including the Organization Profile, Organization Budget, and Project Budget and return to your Fiscal Sponsor along with your support materials. A completed Sponsored Request Form is required from all sponsored organizations and individuals. In the event that an applicant fails to submit the completed Sponsored Request Form, the application will not be eligible for review. Please review the [program guidelines](#) carefully for program prerequisites and eligibility requirements.

(2000 character limit per question)

Artist Name

Project ID

### Professional Performances Questions:

#### Artistic/Programmatic

##### 1. Background

Provide a brief summary of the Artistic Director's background and the history of the company.

**2. Artistic/Cultural Vision**

Articulate the organization's artistic and/or cultural vision.

**3. Program Overview**

Describe the proposed performance season, including theatre venue, timeframe, number of performances, and planned repertory. Indicate if the engagement will be self-produced or presented. Note whether the program builds on previous activity or marks a new direction.

#### **4. Performance Season Update**

For the company's last home season, highlight significant repertory additions (premieres and major revivals), collaborative artists involved, commissioned scores or live musical accompaniment, and anything else of artistic note. Indicate performance dates, number of performances, and venue.

#### **5. Touring Update**

Give an overview of the company's touring activity in the last fiscal year and describe any significant changes or developments in your other artistic programs.

## **Managerial/Fiscal**

### **6. Artistic Salaries**

Detail the number of company dancers, the rehearsal/performance salary structure, and the number of weeks of work in the current year and request year. Give salaries based upon the payment system employed (rehearsal hour, performance week, per performance, etc.).

### **7. Administrative Staffing**

Indicate name of staff members in charge of general management, fundraising, board development, budgeting, and finances. Detail turnover in key staff positions.

**8. Technology**

For technology-based presentations, describe the technical capacity and the staff support required.

**9. Governance**

Describe the size, structure and involvement of your board. What is the role of the board in supporting this project?

## **10. Finances**

Describe plans for meeting project expenses. Report reasons for significant changes in the organization's financial situation, and explain any large accumulated surplus or deficit. Utilize the Budget Notes section of the Project Budget to indicate sources of income and to itemize principal expense items.

## **Service to the Public**

### **11. Audience Development**

In what ways does the organization interpret artists' work for the public (i.e. performance program notes, lecture demonstrations, pre-performance discussions, etc.)?

**12. Marketing**

Describe marketing and outreach efforts (including print and non-print media, ticket pricing, subscription plans, related events and partnerships), and the intended audience.

**13. Online Resources**

Describe the organization's use of the Internet and social media.

## 14. Evaluation

Articulate how the organization evaluates its programs, services, and/or other initiatives, with particular focus on the requested activity.

### **Professional Performances Support Materials:**

**Please send the required support materials below to your Fiscal Sponsors.**

Acceptable file types: Adobe Acrobat PDFs, Microsoft Word DOC or DOCX, Microsoft PowerPoint PPT or PPTX. To submit URLs, please create a Word or PDF file with a list of URLs with any notes or description. URLs cannot be password protected and must remain live until December 31, 2016. NYSCA is not responsible for any broken, inactive or password protected links.

**In the event that an applicant fails to submit one or more of the following required materials, the application will not be eligible for review.** For a more detailed description of how to submit your support materials for this application, please click [here](#) for more information. **Note: The Grants Gateway upload box allows for only one single file to be uploaded. Please bundle ALL pages for each upload box into ONE single multi-page document**

1. *Résumés or biographical statements* of up to 3 key staff, maximum of 1 page each
2. *Organizational Chart*
3. *A performance program for each of the last two home seasons and up to 3 representative marketing materials* (sample flyers, catalogs or brochures) that reflect activity for the past year. Do not include press coverage, reviews or notices
4. *Website, Facebook, Twitter, YouTube, and other social media links.* We also reserve the right to review any/all of these online sources as part of your application.
5. For Sponsored Projects – Download the *Sponsored Organization Budget Form* [here](#), fill in and then upload to the Pre-Submission Upload menu of the Grants Gateway Grant Opportunity Portal application.

6. *Event Schedule Form* – Download [the form here](#), fill in and then upload to the Pre-Submission Upload menu of the Grants Gateway Grant Opportunity Portal application.
7. *Dance Work Samples* –submit one or two cued, unedited work samples totaling no more than twenty (20) minutes, to be provided as (a) URL link(s). (*See acceptable file types above*) Each sample must be labeled with name of artist/company, work title, year of creation and event year.