

NYSCA Registration Tutorial

Registering your request is the first step to apply for NYSCA FY2017 Funding. These instructions can also be followed to renew your Multi-Year request. To register, organizations must complete three forms: Organization Info, Organization Budget and Registration. Organizations will not be granted access to the Registration Form until the Organization Info and Organization Budget forms have been completed. Login to the NYSCA system at www.arts.ny.gov/grant_app/login.cfm

Login

Please enter your username and password

Username

Password

Login

New User to NYSCA?
Click [here](#) for instructions on creating a NYSCA account for your organization.

Need Your Password?
Fill in your [User Name](#) and click the button below. Your current password will be emailed to you.

Send Password

To begin the registration process, select Organization Info on the left navigation bar.

NEW YORK STATE OF OPPORTUNITY. Council on the Arts

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Organization Info
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Grant History

Welcome, NYSCA Arts Organization

Complete the Organization Info questions. Use the "Save" and "Next" buttons to move through the required questions. If you are unsure how to answer a question, click on the underlined questions for help. A complete list of questions is available below.

Organization Information >> Demographic Information

Organization's Legal Name: NYSCA Arts Organization
Federal Employer ID# (FEI): 66-7777777 **501(c)(3):** Yes
NP Type: NP Dept of State **Year Incorporated:** 1982
Charities Registration Number: **Fiscal Year Ends:** 1231

AKA
Web Site(URL) **Click on any underlined questions for help.**
*** Address1**
Address2
*** City**
*** State** New York
*** Zip Code**
*** Organization's Phone** (Enter in XXX-XXX-XXXX format)
*** Applicant County** New York ▼

*** Required field**

SAVE your data before changing pages with one of the buttons below.

Demograph Contact Chairman Profile Mission Activities Staff

↑
You are here

Upon completing the Organization Information, click Submit. You may review all your answers on one screen using the Review/Print button.

Organization Information

If all your information is complete and accurate and you are ready to submit your form, select the Submit button.

If you would like to obtain a print of your information, select the Review/Print button. Your form will display in a new browser window. Select 'File', 'Print' on your browser menu to print the form.

SAVE your data before changing pages with one of the buttons below.

◀◀ ◀ Staff Board Const1 Const2 Const3 Facilities Submit

Next, Select Organization Budget on the left navigation bar. Click 'Edit Org Budget' to begin.

Portfolio Home

Organization Info

Project Contacts

Organization Budget

Grant History

Application History

Change Password

Org Budget >> Intro Page

The Organizational Budget Form provides fiscal details about your organization's operating budgets for three years. For your convenience, the information entered here is saved and carried forward each year. Capital income and expenses and depreciation are not reported on this form.

This form is always available for you to update with your latest figures or projections. Please note that these figures will be used in evaluating your grant requests. Your organization is responsible for maintaining this information in an accurate and timely manner. Enter all figures as whole dollars, with no commas or decimals.

To continue, click 'Edit Org Budget' to enter or update budget figures. Click 'View Org Budget' to review or print your current figures. Click 'View Blank Form' to review or print a blank budget form.

Edit Org Budget
View Org Budget
View Blank Form

Complete the Organization Budget questions. Use the “Save” and “Next” buttons to move through the required questions. If you are unsure of what a question is asking, click on the underlined questions for help. A complete list of questions is available below.

Org Budget >> Earned Income

Modified on: 02/04/2016
Budget Status: In Progress
[View budget summary](#)

EARNED INCOME	Prior completed fiscal year	Last completed fiscal year	Current fiscal year(actual plus projected)
<u>Admissions</u>	\$5,500	* <input type="text"/>	* <input type="text"/>
<u>Contracted Services</u>	\$500	* <input type="text"/>	* <input type="text"/>
<u>Tuition and Workshop Fees</u>	\$0	* <input type="text"/>	* <input type="text"/>
<u>Fundraising Events</u>	\$10,500	* <input type="text"/>	* <input type="text"/>
<u>Sales/Concessions</u>	\$3,000	* <input type="text"/>	* <input type="text"/>
<u>Rental Income</u>	\$0	* <input type="text"/>	* <input type="text"/>
<u>Advertising/Sponsorships</u>	\$250	* <input type="text"/>	* <input type="text"/>
<u>Investment/Dividends/Transfer</u>	\$15,500	* <input type="text"/>	* <input type="text"/>
<u>Other Earned Revenue</u>	\$1,500	* <input type="text"/>	* <input type="text"/>

* Required field

Save
<<Previous
Next>>

SAVE your data before changing pages with one of the buttons below.

● Earned
● Contributed
● Personnel
● Oth Expenses
● In Kind/Assets
● Done

↑
You are here

Upon completing the Organization Budget, click Submit. You may review all your answers on one screen using the Review/Print button.

Org Budget >> Submit and Review Form

Click the 'Submit' button below to save your organizational budget information. During registration, you must click this button to enable final certification of your new NYSCA requests.

To print your organizational budget form, click the "Review/Print" button. Your form will display in a new browser window. Select 'File', 'Print' on your browser menu to print the form.

[Earned](#) [Contributed](#) [Personnel](#) [Oth Expenses](#) [In Kind/Assets](#) [Done](#)

 You are here

To begin the Registration Form, click Edit Your Registration Form

Org Budget >> Congratulations

Your organization's budget form has been completed. You may return at any time to update your figures as needed by clicking on the "Organization Budget" link on the left navigation bar.

During the registration period, you are now able to register your NYSCA requests for this year.

To begin the Registration Form, click 'Begin New Project'

FY17 Registration >> Projects Page

No projects to be displayed.

Complete the Registration questions. Use the “Save” and “Next” buttons to move through the required questions. If you are unsure of what a question is asking, click on the underlined questions for help. A complete list of questions is available below.

FY17 Registration >> Program/Category/Application

Please wait for the screen to refresh after selection of Program and Category.

* **Program Name**

* **Program Category**

Based on your program/category selection, your application deadline is March 31.

* Required field

SAVE your data before changing pages with one of the buttons below.

↑
You are here

Upon completing the Organization Budget, click Submit. You may review all your answers on one screen using the Review/Print button.

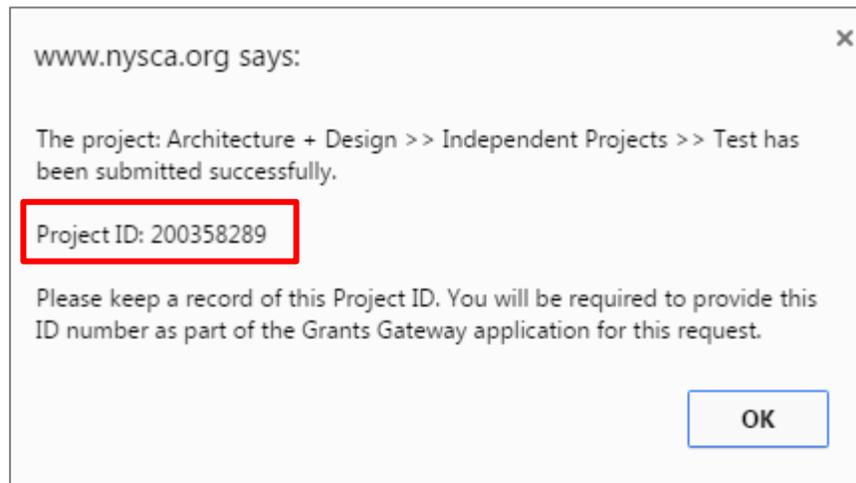
Registration

You have completed entering the information for your request for **\$ 50** for the project **Test** in the **Architecture + Design** Program.

At this point you can review the information you have entered about this request, and print it for your records.

Please press **SUBMIT** to check for errors and submit this request.

Upon submitting your registration form a pop-up will appear confirming submission and providing your Project ID. This Project ID will be required in the Grants Gateway application.



The website will then redirect to your Projects Page where you can review all registered projects and begin a new registration if necessary. Your Project ID is displayed on this page. Sponsored Requests can be located the applicable Sponsored Request Form by clicking on the Program Name.

FY17 Registration >> Projects Page

New Requests

Project ID: Please keep a record of this Project ID. You will be required to provide this ID number as part of the Grants Gateway application for this request.

Sponsored Request: Please click the program name link to download the Sponsored Request Form. Fiscal Sponsors must provide this program specific form to the sponsored organization or individual to complete and return. The completed form will be uploaded into Grants Gateway along with support materials.

Program	Category	Project ID	Request Amt	Actions
Architecture + Design	Independent Projects	200358289	\$50	Edit Delete Registered

Project Title: [Test](#)
Sponsored Artist: Joe Smith

[Begin New Project](#) [View Blank Registration Form](#) [View Registration](#)

Click here to register another request

Sample Organization Information

See below for the full list of questions required in the Organization Information.

Demographic Information

AKA

Web Site(URL)

Address1

Address2

City

State

Zip Code

Organization's Phone

Applicant County

Contact Person Information

Primary Contact

First Name

Last Name

Title

Phone

Fax

Email Address

Secondary Contact

First Name

Last Name

Title

Phone

Fax

Email Address

Board Chairman/President

First Name

Last Name

Phone

Fax

Email Address

Street Address1

Street Address2

City

State

Zip Code

Applicant Non-Profit Status

Applicant Organization is a NYS nonprofit corporation through the Department of State.

Charities Registration Number

Any other tax-exempt status

Organization Profile

Applicant Discipline

Applicant Institution

Applicant Status

Organization's DUNS Number

Organization's Latitude

Organization's longitude

Constituents/Participants Breakdown

Organization Mission

Mission

Organization Activities

Activities

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 Staff Members

First Name	Last Name	Title	Year Started	Annual Salary Range	Full time?

- Number of Full-time Staff
- Number of Part-time Staff
- Number of Volunteers
- Number of Interns
- Number of Independent Contractors

Organization Board Officers

Officers First Name Last Name Profession/Affiliation Year Elected

Officers First Name	Last Name	Profession/Affiliation	Year Elected

Total Number of Board Members

Organization Constituency 1

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

Organization Constituency 2

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

Organization Constituency 3

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

Organization Facilities

Organization’s facilities/real estate are: Donated or Shared

If rented, date current lease expires?

Days/Hours/Season of Operation

Number of Paid Visitors/Users/Audience

Number of Free Visitors/Users/Audience

Total Number of Visitors/Users/Audience

Number of Paid Virtual Audience

Number of Free Virtual Audience

Total Number of Virtual Audience

Paid Attendance - Children

Free Attendance - Children

Total Attendance - Children

Project Contacts

First Name	Last Name	Phone	Email Address

Questions Subject to Change

Sample Organization Budget

See below for the full list of questions required in the Organization Budget.

	Prior completed fiscal year	Last completed fiscal year	Current fiscal year (actual plus projected)
EARNED INCOME			
Admissions			
Contracted Services			
Tuition and Workshop Fees			
Fundraising Events			
Sales/Concessions			
Rental Income			
Advertising/Sponsorships			
Investment/Dividends/Transfer			
Other Earned Revenue			
Total Earned Income			
CONTRIBUTED INCOME			
Corporate Support			
Foundation Support			
Private Support			
NEA Support			
Federal Support			
State Support (non-NYSCA)			
County Support			
Municipal Support			
Total Contributed Income			
Other Revenue			
TOTAL INCOME			
<hr/>			
EXPENSES			
Personnel - Administrative			
Personnel - Artistic			
Personnel - Technical/Production			
Fringe Benefits			
Outside Artistic Fees and Services			
Other Outside Fees and Services			
Grants			
Space			
Travel			
Marketing/Advertising			
Remaining Operating Expenses			
TOTAL EXPENSES			



**Surplus (Deficit) Before
NYSCA**

NYSCA Grants
Received/Requested

**Surplus (Deficit) After
NYSCA**

IN-KIND CONTRIBUTIONS

In-Kind Contributions

ORGANIZATION ASSETS

Savings / Checking Accounts

Endowment Funds

Capital Property / Real Estate

Questions Subject to Change

Sample Registration Form

See below for the full list of questions required in the Registration Form.

Program >> Category >> Project Title

General Information

Project Description

Project Total Cash Expenses

NYSCA Grant Request

Project Contact

Contact First Name

Contact Last Name

Contact Phone

Contact Email

Project Activity / Audience Information

Arts Discipline

Activity Type

NEA Primary Strategic Outcome

Project Activity Location

Number of days on which activities occurred

Arts Education

Adults engaged

Children/Youth engaged (0-18 years)

Artists Directly Involved

Population Benefited by Race / Ethnicity

Population Benefited by Age

Population Benefited by Distinct Groups

Sponsored Project (if applicable)

Sponsored Artist Name

Sponsored Artist Address

Sponsored Artist Email

Sponsored Artist Fax

Sponsored Artist Email

Subcategory

Questions Subject to Change