



# Local Artist Support Grant Application

**Applications must be received by 11:59 p.m. on May 13, 2022**

**Return applications to:** Robert Skinner  
Chief Administrative Officer  
4 Market Street, P.O. Box 168  
Collinsville, CT 06022-0168  
or  
rskinner@townofcantonct.org

**Amount you are requesting: \$**

## SECTION I: ORGANIZATION INFORMATION

**1.**

Name of Organization:	
Contact Name and Title:	
Mailing Address:	
Street Address (if different)	
Phone Number:	
City, State and Zip Code	
Fax Number:	
Email Address:	
Website:	
How long has your organization been in existence?	
How many employees do you have?	
How many volunteers do you have, on average?	

**2. PLEASE ATTACH A LIST OF YOUR ORGANIZATION'S GOVERNANCE BODY: BOARD OF DIRECTORS, CHIEF OFFICERS AND EXECUTIVE DIRECTOR.**

**3. TAX STATUS (CHECK ONE)**

- Tax-exempt charitable organization (501(c)(3))  
 Tax-exempt business organization (501(c)(6))

**4. PLEASE ATTACH A COPY OF YOUR ORGANIZATION'S IRS TAX STATUS DETERMINATION LETTER OR OTHER PROOF OF NONPROFIT STATUS.**

**5.**

Federal Employer Identification Number:

**6. BRIEFLY STATE THE HISTORY AND PURPOSE OF YOUR ORGANIZATION AND DESCRIBE THE SERVICES PROVIDED BY YOUR ORGANIZATION TO CANTON RESIDENTS**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

**7. DESCRIBE HOW YOUR ORGANIZATION TYPICALLY RAISES OR RECEIVES FUNDS**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

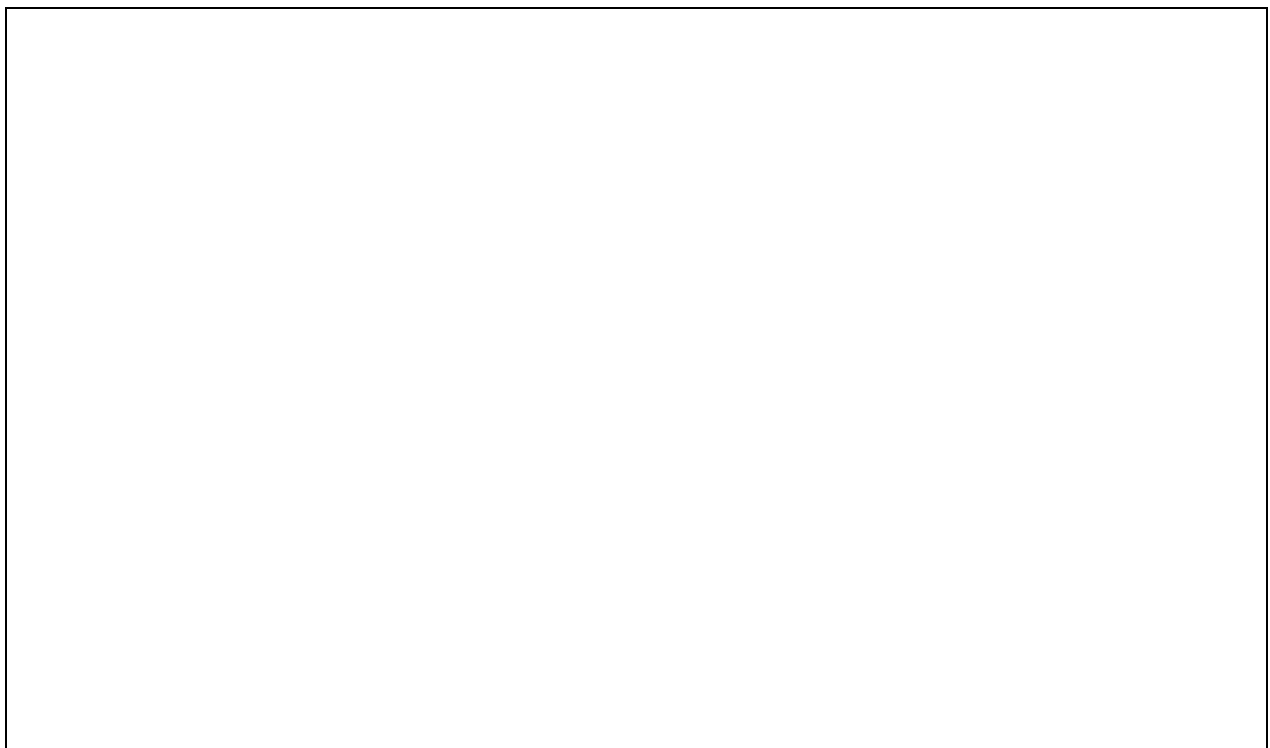
**8. DESCRIBE HOW YOUR ORGANIZATION HAS BEEN NEGATIVELY IMPACTED BY COVID-19**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

A large, empty rectangular box with a thin black border, intended for the user to describe how their organization has been negatively impacted by COVID-19.

**9. DESCRIBE WHAT STEPS YOUR ORGANIZATION HAS TAKEN TO ADDRESS THE NEGATIVE IMPACTS OF COVID-19**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

A large, empty rectangular box with a thin black border, intended for the user to describe what steps their organization has taken to address the negative impacts of COVID-19.

## **SECTION II: FINANCIAL INFORMATION**

### **1. PLEASE ATTACH A COPY OF YOUR ORGANIZATION'S BUDGET, SHOWING ACTUAL REVENUE AND EXPENDITURES BY CATEGORIES FOR THE FOLLOWING TIME PERIODS.**

**January — December 2019**

**January — December 2020**

**January — December 2021**

### **2. PLEASE ATTACH A COPY OF YOUR ORGANIZATION'S CURRENT OPERATING YEAR BUDGET, SHOWING REVENUE AND EXPENDITURE PROJECTIONS.**

## **SECTION III: GRANT REQUEST**

Please attach a copy of your request and include the following details, as applicable:

### **1. PROPOSAL DETAILS:**

- a. Briefly describe the program/project for which you are requesting funds.
- b. Describe the need for your program/project.
- c. Is this a new, existing, or changed program?
- d. Specifically, for what will you use ARPA funds?
- e. Who are the target beneficiaries and how will they benefit?
- f. How will these funds help you respond to, or recover from COVID-19?

### **2. OUTCOMES:**

- a. Describe two anticipated measurable outcomes for your request/project/program.

### **3. DESCRIBE THE ORGANIZATION'S AUDITING AND FISCAL CONTROLS:**

- a. Briefly describe your organization's fiscal oversight/internal controls to minimize opportunities for fraud, waste and mismanagement.
- b. How does your organization plan to segregate ARPA funds from other agency funds for purposes of identification, tracking and reporting?

### **4. CONTINGENCY PLAN**

- a. If your grant request is not fully funded, what adjustments are you prepared to make?

**By signing below, the Applicant(s) certifies:**

- 1. The information submitted in this application is true and correct.**
- 2. The applicant is in compliance with applicable laws, regulations, ordinances and orders applicable to it that could have an adverse material impact on the grant. Adverse material impact includes lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory action by a governmental entity or inadequate capital to complete the grant.**
- 3. The applicant is not in default under the terms and conditions of any grant or loan agreements, leases or financing arrangements with its other creditors that could have an adverse material impact on this grant.**
- 4. The applicant has disclosed, and will continue to disclose, any occurrence or event that could have an adverse material impact on the grant.**

**By signing below, the Applicant understands:**

- 1. This application and other materials submitted may constitute public records subject to disclosure under Connecticut State Law.**
- 2. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance.**

**Signature of Chief Executive Officer, President or Executive Director**

**Date**

**Name and Title (please print)**