APPLICATION for Stonington ARPA Grant for Arts & Culture

Welcome to the Stonington ARPA Grant for Arts & Culture!

The Cultural Coalition has partnered with the Town of Stonington to manage and administer municipal American Rescue Plan Act (ARPA) funds allocated for arts & culture, including through grant programs and special projects.

The program is funded with \$52,000 of the Town of Stonington American Rescue Plan Act (ARPA) allocation of funds and is intended to support investments that help our local economy continue to address Covid-19 impact and recovery.

A total of \$46,800 will be available with max. grant awards of \$10,000.

If you need assistance completing this form, please let us know. <u>Special</u> <u>accommodations including large print formats, translated forms, and interpreters</u> <u>can be available</u>. Please contact us as soon as possible, so we can work with you on completing the form. Please email Wendy Bury at w.bury@culturesect.org for any questions, concerns, and accommodations.

* 1. Have you read the <u>GRANT GUIDELINES</u> for this grant and are eligible to apply?

O Yes

🔿 No

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APPLICATION for Stonington ARPA Grant for Arts & Culture

* 2. Has the applicant received any citation, notice of failure to adhere to COVID-related rules, laws or business operations/postings from the Dept. of Bus. Regulation or closure of operations from Town/Health Authority?

O Yes

🔿 No



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* 3. Does the applicant have any outstanding judgments, pending or threatened lawsuit claims, pending bankruptcy proceedings, or pending criminal proceedings?

O Yes

🔿 No

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* 4. Location of your organization/business OR if you are an individual artist, location of residence/studio is in the Town or Borough of Stonington?

O Yes

🔿 No

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* 5. Is the applicant an arts or cultural business (nonprofit or for profit), an individual artist, teaching artist, or a non-arts entity with a public art project?

*For profit businesses must be listed in <u>Creative Economy Business</u> List.

O Yes

🔵 No

* 6. Has the applicant received ARPA funding from the Town, Borough or Ocean Community Chamber of Commerce ARPA grant program?

O Yes

O No

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MAIN QUESTIONS

* 7. Legal Name of Organization/Business OR if you are an individual artist, Your Name

8. If applicable, provide DBA



* 9. Primary Contact

Primary Contact	
Business/Organization	
Address	
Address 2	
City/Town	
State/Province	
ZIP/Postal Code	
Primary Contact Email Address	

* 10. Please share how the pandemic adversely affected your organization/ business, or your livelihood as an individual artist Possible responses could include impacts on revenue, activities, etc. (**200 words max**.)



11. Please share how your organization/business/practice has adapted to the pandemic. Possible responses could include the integration of virtual/digital platforms, physical and/or operational changes to place of business, new programs/activities, new ways to engage audiences and participants, etc. (**200 words max**.)



* 12. Purpose of requested funds

Capital Improvement
Program/Event/Project
Equipment/Technology/IT
Utilities/Rent
Staffing/Contractors
Professional Development
Board Governance/Internal Support
Marketing & Promotion
Covid-19 Related Expenses
Other, please explain

* 13. <u>Please describe the use of funds in **2-3 sentences**</u>. NOTE: This summary will be the description of the purpose and use of funds on all public records. Please use a third person description, such as: ABC Organization plans to hold an outdoor summer concert at XYZ Park.

* 14. Please describe the use of funds including location/venue of the project, goals, project time frame, and how it will address the negative impact of Covid-19? (**200 words max. OR an audio or video file, maximum of 2 minutes in length**. Audio or video must be submitted using a YouTube or Vimeo link. If the audio or video is password protected, include the password)

* 15. Is the use of funds for an ADA compliant location?

*Funds used for events/activities/programs must take place in an ADA compliant location.

O Yes

○ No/Not Applicable

Please explain if "Not Applicable" or "No"

16. Regarding the use of funds, please tell us about accessibility:

Physical Space - Please describe accessibility and any limitations to the physical space for		
people of different		
abilities (for example,		
ramps, accessible		
bathrooms, etc.) (100		
words max.)		
Communication -		
Please describe any		
communication		
methods utilized (for		
example, a website		
that is screen reader		
compatible) that are		
accessible to people		
with different abilities,		
cultures, languages?	1	
(100 words max.)		
Deliana In substation		
Policy - In what other		
ways will the use of		
funds ensure access to		
people regardless of		
ability, income, race,		
ethnicity, and		
language? (100		
words max.)		

* 17. How is the use of funds Relevant, Equitable, Accessible, Diverse and Inclusive - **<u>READI</u>**? (**200 words max.**)

* 18. What does success look like? How will you ensure success? (**200 words max. OR an audio or video file, maximum of 2 minutes in length**. Audio or video must be submitted using a YouTube or Vimeo link. If the audio or video is password protected, include the password)



* 19. Describe the community or audience that will benefit from this use of funds, and why this is important to Stonington's economic and/or community recovery? (**200 words max.**)



20. If applicable, why is this use of funds important to you as an artist/organization/business? How will it move your artistic practice/organization/business forward? (**200 words max**.)

* 21. Amount of request? Maximum grant award is \$10,000

* 22. Will the amount you are requesting pay the total costs OR would this amount be partial funding? (Grant request amounts will be fully funded or not funded at all. No partial grant awards. The need for full or partial funding will not impact grant decision.)

○ Amount requested is total cost

Amount requested is partial funding

23. If applicable, please list current and/or previous grants (city, regional, state, federal, private, etc) in the past 3 years (2019, 2020, 2021). List source and amount. Please note that COVID-19 related funding will be asked in the next question.

24. List COVID-19 related loans or grants that you/your business received (provide source and amount), including, but not limited to Payroll Protection Program, EIDL, etc. and SBA Economic Injury Disaster Loan.

25. Where can we learn more about you, your work or business? Please provide website and/or social media-Facebook, Instagram, YouTube links (**max. of 5 links**)

* 26. Collaborations: 2019 - present - Describe recent examples of collaborations with other businesses and/or organizations. (**max. 200 words**)

27. Additional Funding Opportunity:

If awarded a grant, would you, your organization, or business like to receive an additional \$1,000 minimum - \$1,500 maximum to participate in a one-year professional development cohort?

These funds are separate (and in addition to) your ARPA grant request. Minimum attendance (by owners/staff/board members) will be required for cohort participation. (<u>Read more</u>)

O Yes

🔵 No

* 28. Applicant is:

Individual Artist/Teaching Artist

🔿 Non-Profit Organization

() For-Profit Creative Business (must be listed in the <u>Creative Economy Business</u> list)

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ARTIST SECTION

* 29. Are you current on property taxes?

O Yes

🔿 No

Not Applicable (please explain)

* 30. Are you current on Stonington water and sewer bills?

) Yes

🔿 No

Not applicable (please explain)

* 31. Did you report taxable earned income related to your earnings from your work as an individual artist and/or teaching artist in one or more of the past 3 years of tax returns, **2019-2021**?

Yes

🔵 No

* 32. In your **2019 tax return**, what percentage of your total income was earned as an individual/teaching artist? (% calculated as your individual gross earnings before expenses as an individual/teaching artist as a percentage of your total income from all sources. Use your individual income only, not total household income.)

🔿 Did not report taxable earned income as an individual/teaching artist in most recent filed tax return

- \bigcirc 1% to 20%
- 21% to 40%
- 41% to 60%
- 61% to 80%
- 81% to 100%

* 33. In your **2020 tax return**, what percentage of your total income was earned as an individual/teaching artist? (% calculated as your individual gross earnings before expenses as an individual/teaching artist as a percentage of your total income from all sources. Use your individual income only, not total household income.)

🔿 Did not report taxable earned income as an individual/teaching artist in most recent filed tax return

1% to 20%

21% to 40%

- 41% to 60%
- 61% to 80%
- 81% to 100%
 81% to 100%
 100%

* 34. In your **2021 tax return**, what percentage of your total income was earned as an individual/teaching artist? (% calculated as your individual gross earnings before expenses as an individual/teaching artist as a percentage of your total income from all sources. Use your individual income only, not total household income.)

🔿 Did not report taxable earned income as an individual/teaching artist in most recent filed tax return

- 1% to 20%
- 21% to 40%
- 41% to 60%
- 61% to 80%
- 81% to 100%

* 35. Please complete and upload W9<u>(https://www.irs.gov/pub/irs-pdf/fw9.pdf)</u> Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File Choose File No file chosen

* 36. Please Upload Use of Funds Budget

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File Choose File No file chosen

* 37. Please provide Budget Narrative - explain how the budget supports the goals and intended use of funds (**max. 100 words**)



38. If applicable, please upload documentation of collaborator/s for this use of funds, such as an agreement, letter of support, etc.

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.



39. Please include anything else you would like us to know about the use of funds and/or work. Limit to 3-5 support materials. Examples of support materials can include: artist resumes/CVs; work samples, images/video/audio of work by applicant and/or participating artists; letters of support from community members, past participants, project partners; marketing collateral for past projects.

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.



Choose File

40. Extra Upload if needed

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File

No file chosen

- * 41. Are you Black, Indigenous, or a Person of Color (BIPOC)?
 - O Yes
 - 🔿 No

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Nonprofit Section

* 42. Is the property where the organization operates leased or owned?

C Leased

- Owned
- * 43. If applicable, is the organization current on any property taxes owed?
 - O Yes
 - 🔿 No
 - Not applicable (please explain)
- * 44. If applicable, is the organization current on its payroll taxes?
 - O Yes
 - 🔿 No
 - Not applicable (please explain)
- * 45. Is applicant current on Stonington water and sewer bills?
 -) Yes
 - 🔿 No
 - Not applicable (please explain)

* 46. Organization EIN number?

* 47. What is your organizational mission? (50 words max.)

* 48. Summarize what programming or services your organization offers to the public or you can provide a website link. (**100 words max.**)

* 49. How many **full-time** staff are currently employed at your organization? (use a whole number)

* 50. How many **part-time** staff are currently employed at your organization? (use a whole number)

51. If applicable, has COVID-19 changed your full-time or part-time staffing levels during the past 2 years and, if so, how? (**100 words max.**)

* 52. Please Upload copy of IRS 501 c3 determination

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File Choose File No file chosen

* 53. Please Upload Most Recent IRS Form 990

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.



* 54. Please Upload Organization Budget of Current Fiscal Year

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.



55. Please Upload copy of a certificate that the business/organization is in good standing with the Connecticut Secretary of the State's Office. <u>https://business.ct.gov/certificates-of-legal-existence?language=en_US</u>

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File Choose File No file chosen

* 56. Please Upload Use of Funds Budget

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Choose File Choose File No file chosen

* 57. Please provide Budget Narrative - explain how the budget supports the goals and intended use of funds (**max. 100 words**)

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Choose File Choose File No file chosen

59. Please include anything else you would like us to know about your use of funds and/or work. Limit to 3-5 support materials. Examples of support materials can include: artist resumes/CVs; work samples, images/video/audio of work by applicant and/or participating artists; letters of support from community members, past participants, project partners; marketing collateral for past projects.

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File Choose File No file chosen

60. Extra Upload if needed

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* 61. Is there a majority (51%+) representation of Black, Indigenous, or Persons of Color (BIPOC) in the Board of Directors of your organization?

-) Yes
- 🔿 No

* 62. Is there a majority (51%+) representation of Black, Indigenous, or Persons of Color (BIPOC) in your staff of your organization?

O Yes

🔵 No

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For-Profit Creative Business Section

* 63. Does the business have a valid business license in the Town of Stonington?

O Yes

🔿 No

* 65. Business/Organization Type	
Sole Proprietorship	S Corporation
O Partnership	C Limited Liability Company (LLC)
C Corporation	
* 66. Is the property where the business	operates leased or owned?
Owned	
* 67. Is the business current on its prop	erty taxes?
Yes	
🔘 No	
○ Not applicable (please explain)	
* 68. Is the business current on its payro	oll taxes?
◯ Yes	

- 🔿 No
- Not applicable (please explain)
- * 69. Is applicant current on Stonington water and sewer bills?
 - O Yes
 - 🔿 No

Not applicable (please explain)

* 70. Summarize what services your business offers to the public. (100 words max.)

* 71. How many **full-time** staff, including yourself if applicable, are currently employed at your business? (use a whole number)

* 72. How many **part-time** staff, including yourself if applicable, are currently employed at your business? (use a whole number)

73. If applicable, has COVID-19 changed your full-time or part-time staffing levels during the past 2 years and, if so, how? (**100 words max.**)

* 74. Please Upload Proof of Business Ownership

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File Choose File No file chosen

* 75. Please Upload **Most Recent** Financial Profit & Loss Statement Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File Choose File No file chosen

76. Please Upload copy of a certificate that the business/organization is in good standing with the Connecticut Secretary of the State's Office. <u>https://business.ct.gov/certificates-of-legal-existence?language=en_US</u>

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File Choose File No file chosen

* 77. Please Upload Use of Funds Budget

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Choose File Choose File No file chosen

* 78. Please provide Budget Narrative - explain how the budget supports the goals and intended use of funds. (**max. 100 words**)



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Choose File Choose File No file chosen

80. Please include anything else you would like us to know about your use of funds and/or work. Limit to 3-5 support materials. Examples of support materials can include: artist resumes/CVs; work samples, images/video/audio of work by applicant and/or participating artists; letters of support from community members, past participants, project partners; marketing collateral for past projects.

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Choose File Choose File No file chosen

81. Extra Upload if needed

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File Choose File No file chosen

* 82. Is there a majority (51%+) representation of Black, Indigenous, or Persons of Color (BIPOC) in the ownership of your business?

O Yes

🔵 No

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Statement of Acceptance

* 83. The Cultural Coalition reserves the right to request further information regarding the application.

I understand that the Stonington ARPA Grants for Arts & Culture will be recommended based on the application meeting the eligibility criteria, funding availability, and the number of applications received.

If the application is approved, funding will be disbursed following any necessary municipal approval and signed grant agreement.

By checking the box below and typing my full name and date, I attest to the accuracy of all information provided and I certify that I am authorized to submit this application on behalf of the business or organization.

Yes

Please provide First and Last Name and Date