



MCA MATCHING FUNDS ARTS & CULTURE GRANT APPLICATION: General Operating Support Grant (GOS)

GENERAL OPERATING SUPPORT (GOS): funding support greater than \$8,000 toward the general operations of non-profit arts organizations, or of an organization’s major project. An organization may apply for a GOS and Project Grant within the same 12 month period. **Applications deadline: January 15 (For GOS beginning July 1 or Projects on/after April 1)** Please download this fillable PDF document to your computer and save the data you enter. Refer to the MCA General Guidelines while completing the application. Questions? Call the Arts Office at 860-638-4510 or email arts@middletownct.gov

APPLICANT INFORMATION:

FIRST TIME APPLICANT WITH MCA? YES NO (If no, please supply last five awarded amounts.)

Award Date: Amount Awarded: \$

Award Date: Amount Awarded: \$

Award Date: Amount Awarded: \$

Award Date: Amount Awarded: \$

Award Date: Amount Awarded: \$

Org’s Current Fiscal Yr.

Is your organization a 501(c)(3): yes no

Applicant Name:

Applicant Title:

Mailing Address: City/State/Zip:

Applicant Phone #:

Applicant Email(s):

REQUESTED AMOUNT:

1:1 Grant Request: \$

Total GOS/Project Budget: \$

QUESTION #1. MATCHING FUNDS STATEMENT OF INTENT:

Please state firm and/or tentative commitment(s) with source(s) of matching funds for the amount requested above. Sources should be listed on all financial statements supplied with this application.



QUESTION #2. NARRATIVE AND MISSION STATEMENT:

GOS APPLICANTS: Provide a detailed overview of the organization. Describe the quality of the artistic programming including its viability and success. Provide this as an attached document on organization's letterhead!

QUESTION #3. GOS NARRATIVE:

GOS APPLICANTS: How would an MCA grant increase the impact of the organization and its mission? What specific items/topics will be financially addressed in your fiscal year with the support of an MCA grant?

A large, empty rectangular box with a light gray background, intended for applicants to provide their narrative and mission statement responses.



QUESTION #3. PROJECT & ARTIST NARRATIVE:
If there is a specific project included in this GOS request, please answer this question. Describe the LEAD ARTIST AND PROJECT'S focus of artistic and cultural nature. What is the vision for this project? How would MCA grant funds be used for the project? Please be specific!

Title of Project: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Firm or <input type="checkbox"/> Tentative
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Dates of Project: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Firm or <input type="checkbox"/> Tentative
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Location of Project: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Firm or <input type="checkbox"/> Tentative
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Participant Involvement: <i>(List titles of participants involved in the project: artistic staff, cast members & volunteers)</i> <input style="width: 95%;" type="text"/>	Total # <input style="width: 80%;" type="text"/>
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Audience Expectations: <i>(Estimated # of audience members)</i>	Per Presentation # <input style="width: 80%;" type="text"/>	Total Audience # <input style="width: 80%;" type="text"/>
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Audience Demographic Expectations: <i>(Please list the demographics of your intended audience)</i>	<input style="width: 95%;" type="text"/>
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Selling Tickets? <input type="checkbox"/> NO <input type="checkbox"/> YES, Ticket Price: \$ <input style="width: 80%;" type="text"/>	Selling Program Ads? <input type="checkbox"/> NO <input type="checkbox"/> YES, Program Ad Price: \$ <input style="width: 80%;" type="text"/>
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Will the project take place without MCA funding? <input type="checkbox"/> YES OR <input type="checkbox"/> NO If no, briefly explain:	<input style="width: 95%;" type="text"/>
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QUESTION #4. PUBLICITY STRATEGY:

List all planned methods, marketing tools, website and social media addresses that will be used for advertising your organization and its programming and/or project. Please note: Grant recipients must credit the City of Middletown and the MCA with its official logo on all press releases, posters, print advertising and programs. Grant recipients must also credit the City of Middletown and the MCA on all verbal announcements and broadcasting, according to the grant agreement.

[Empty response area for Question #4]

QUESTION #5. COMMUNITY IMPACT:

Explain how your organization and its programming will have an impact, provide a unique service, and fulfill an unmet need in the Middletown community.

[Empty response area for Question #5]



MCA GRANT PROGRAM APPLICATION: Budget Form

Please enter all financial information that pertains to the specific Project or GOS. **In-kind services are not acceptable for matching funds.**

APPLICANT/ORGANIZATION NAME:

INCOME SOURCE FOR PROJECT:

Please provide a complete account of the anticipated amounts and sources of funds budgeted for the project or GOS. Examples: Grants, donations, ticket sales, concessions, fundraisers, and misc.

	MCA Grant Request Amount →	\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Income for Project		\$

EXPENSE PROJECTIONS FOR PROJECT:

Please provide a complete account of the anticipated amounts to expend on the project or GOS and how you intend to use the MCA funds. Examples: Admin Salaries, Artist fees, technical staff, rental, marketing/PR, printing, equipment, travel, and misc.

	\$	
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Total Expense for Project		\$

IN-KIND CONTRIBUTIONS FOR PROJECT:

Please provide a list of in-kind services for your project. Examples: Professional services, printing, advertising, space & equipment rental, technical, volunteered labor, and misc. **Please note: In-kind services are not acceptable for matching funds.**

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total In-Kind Projections		\$



Applicant Name/Title:

Applicant Signature:

Date:

PLEASE KEEP A COPY FOR YOUR RECORDS.

SUBMIT:

Applications must be received by the MCA Office Staff by 4 p.m. on the day of the deadline.
Staff will confirm receipt of application by email.

Applications submitted after the deadline will not be considered.

Postal mailed or hand delivered to:

ATTN: City of Middletown Arts & Culture Office/MCA
Room B-11, Municipal Bldg., 245 DeKoven Drive
Middletown, CT 06457

Electronically mailed to:

ATTN: City of Middletown Arts & Culture Office/MCA
arts@middletownct.gov

Office use: