



Vermont Arts Council  
#AM-07.0002 - American Masterpieces Due at least 60 days prior  
to activity

Applicant: Demonstration Organization  
Phone: (802) 828-3294 Email: mbailey@vermontartscouncil.org

VAC Contact: Phone: 802-828-5425 Email: Sonia Rae srae@vermontartscouncil.org  
Document Generated: Wednesday, March 28th 2007, 11:35 am

Vermont Arts Council

Program: American Masterpieces Due at least 60 days prior to activity

Application: #AM-07.0002

Demonstration Organization



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## Organization Profile

Organization Name	Demonstration Organization
Tax ID#:	12-3456789
Address	123 Any Street Montpelier, Vermont 05602 County: Windsor
Organization Email:	mbailey@vermontartscouncil.org
Main Contact Phone #:	(802) 828-3294
Website:	
Primary Contact First Name:	Michele
Primary Contact Last Name:	Bailey
Primary Contact Title:	Director
Primary Contact Phone #:	(802) 828-3294
Primary Email:	mbailey@vermontartscouncil.org
Accessibility Contact:	Michele Bailey
Authorizing Official:	Michele Bailey
Date Inc./Founded (or year when activities began if not incorporated):	October 16th, 1960
Fiscal Year Start - End Date:	July 1st - June 30th
State in which organization is incorporated:	Vermont
Vermont Arts Council Identification #:	0



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### Organization Overview

Number of full-time paid staff: 0

Number of part-time paid staff: 0

Months of the year in which your organization conducts activities:

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Public Presentations take place in how many facilities? 0

**Mission Statement:**

To support the arts at the center of community life.

**Budget Overview:**

	Last FY	This FY	Next FY
Expense	0	0	0
Income	0	0	0
Ending Balance	0	0	0

**Budget Notes:**

Please explain any discrepancies between expense and income for any given year.



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### General Information

Grant Amount Requested \$0  
Project Start Date  
Project End date  
Activity:  
Project Discipline:  
Project Description:  
Project/Event Location: Sample Facility  
Name of Authorizing Official:  
Title of Authorizing Official:  
Telephone # of Authorizing Official: () -  
Date of certification



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### Project Impact Estimates

Admission Fee - Low:	\$0.00
Admission Fee - High:	\$0.00
Number of artists participating:	0
Number of teachers participating:	0
Number of youth benefiting:	0
Total individuals participating:	0



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## Narrative

**Describe the activity(ies) for which you would like support, including how the grant monies will be used. Be specific.**

**Describe the location(s) where your activity(ies) will take place.**

**Provide an estimated timeline for your activity(ies).**

**Describe how your activity was or is being planned and the key people involved, including their roles & qualifications for undertaking the activities. (Include artists, personnel, teachers, consultants, partners, planning teams etc. where appropriate.)**

**Describe how and why artists and/or consultants are selected, including their role in planning if applicable. Also indicate if this is the first time you/or your organization has hired this artist or consultant. If you have hired them before, indicate why you are hiring them again.**

**Describe who and how many people your activity(ies) will serve. (Audience/Community)**

**Describe how the community or audience will interact with the artist(s). (for example lectures, audience discussion, workshops)**

**If you are an underserved constituent or your activity will serve an underserved audience please define or describe how you have determined this.**

**Briefly describe any efforts you will undertake to make your program(s) and facility(ies) accessible to people with various disabilities.**

**Describe your outreach methods and materials. How will you inform people with various disabilities about your activity? Be specific.**

**List 3 major goals for this activity followed by your expected outcomes. Indicate how they will be measured (how do you know you have met your goals) and by whom.**

**How will your activities be publicized and to whom. Be specific.**

**If funded, I agree to publicize that the activity(ies) is/are funded in part by the Vermont Arts Council and the National Endowment for the Arts in all communications. I understand that this will help to broaden the awareness of how public funding has benefited me and/or my community.**



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### Organization Budget

Expenses	Cash Expenses	In-kind
<b>A. Personnel Expenses</b>		
Administrative	0	0
Artistic	0	0
Technical/Production	0	0
Other Outside Fees & Services	0	0
<b>Subtotal A. Personnel Expenses</b>	<b>0</b>	<b>0</b>
<b>B. Non-Personnel Expenses</b>		
Space Rental	0	0
Technical / Production	0	0
Marketing / Advertising	0	0
Accessibility (sign language interpreters, large print brochures, etc.)	0	0
Travel / Lodging	0	0
Materials / Supplies	0	0
Other	0	0
<b>Subtotal B. Non-Personnel Expenses</b>	<b>0</b>	<b>0</b>
<b>C. Total Cash Expenses</b>	<b>0</b>	
<b>D. Total In-Kind Contributions</b>		<b>0</b>
<b>Anticipated Income</b>	<b>Cash Expenses</b>	
<b>E. Earned</b>		
Admissions	0	
Contracted Services	0	
Other Earned	0	
<b>Subtotal E. Earned</b>	<b>0</b>	
<b>F. Private Contributions</b>		
Corporate / Business	0	
Foundation	0	
Individual	0	
Other Private	0	
<b>Subtotal F. Private Contributions</b>	<b>0</b>	
<b>G. Government</b>		
Local	0	
Regional / State	0	
Federal	0	
<b>Subtotal G. Government</b>	<b>0</b>	
H. Applicant Cash	0	
<b>I. Subtotal Cash Income (E+F+G+H)</b>	<b>0</b>	
J. Council Grant Request	0	



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**K. Total Cash Income (I+J)**

**0**



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## Budget Narrative



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## Support Materials

**Please describe the artistic support materials you are submitting:**

**Recommended support materials:**

- |   |              |
|---|--------------|
| - Contract or Letter of Agreement with the artist or consultant or collaborators (if applicable)                          | Not included |
| - Evidence of past activities (i.e. programs, brochures, posters, newspaper articles, annual reports etc. no more than 3) | Not included |
| - Letter of support (Relevant reports and/or letters that support your application.) 7 Copies                             | Not included |
| - IRS verification of nonprofit status 1 copy   | Not included |
| - SASE (Optional) 1 copy  | Not included |

**Please list any additional support materials you will be sending below:**



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### Accessibility Fact Sheet: Sample Facility

Address 123 Any Street  
Montpelier, Vermont 05602  
County: Washington

#### Accessibility

Are accessible parking spaces available and near the entrance to the facility?

How many accessible parking spaces are available? 0

Is there proper signage indicating the accessible parking?

How many feet is it from the accessible parking spaces to the entrance? 0

Are there curb cuts leading to the site?

Are there paved walkways leading to the entrance?

What materials are the walkways?

Is there drive up / drop off access to the entrance?

Are there steps to the first floor entrance?

How many steps? 0

Is there a ramp available?

Is the ramp rented, borrowed or built?

How many floors does the facility have? 0

Is there elevator access to any additional floors?

#### Utilization

Does the facility have an emergency warning system with both audio and visual signals?

Is your staff trained for your evacuation procedure plan?

Are there accessible telephones?

Are the telephones stationary or portable?

Are there accessible drinking fountains?

**Does your site include any of the following accessible accommodations for artists with disabilities?**

Stage:

Dressing Rooms

Backstage

Are there accessible bathrooms?

How many bathrooms? 0



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Is your box office and concession service area accessible?

What is the height (in inches) of the counter or box office window? 0"

Does your box office provide TTY access?

Are there seat spaces available for persons using wheelchairs?

What rows?

How many spaces are available? 0

Are there chairs adjacent to these spaces for friends without disabilities?

Is the seating removable/modular?

Are there seats close to any speaker/performer/interpreter available for persons with hearing or visual impairments and their friends?

Do you provide a sign language interpreter for performances?

Is an assisted listening device available?

How many devices are available? 0

Do you provide audio descriptive services for persons with visual impairments?

List performances and dates from past two years that were ASL interpreted or audio described:

Is your exhibit space accessible to people in wheelchairs with a minimum of 36" aisles?

Is your exhibit space accessible to people with visual impairments with labeling in at least 18 point type?

Is your exhibit space accessible to people in wheelchairs with the center of the artwork placed no more than 5 feet from the floor?

### Marketing and Promotion

If you have a web site, does it conform to current standards for access by people with disabilities?

Have you conducted an accessibility test of your website?

Do you include accessibility symbols or information on your marketing and publicity materials?

Are large-print programs or materials provided for people with visual impairments?

### Planning

Do you have a 504/ADA advisor or committee to assist in evaluating your accessibility policies, programs, and activities?

Name of adviser or committee assisting:



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Advisor Title (if applicable):

How many people are on the committee?

0

**Explain your access plan and describes your organization's commitment to improving accessibility for people with disabilities. Include explanations for non-compliance, such as ADA waivers for historic sites, or other mitigating circumstances. Be aware that you, as a presenter, are required to provide accessible programs even if you do not own the facility in which you present:**



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## Signature Page

### **Instructions to applicants**

Print this page, sign it (We must have an original ink signature). Please mail it along with the appropriate number of copies of the support materials (indicated on checklist below) and 1 paper copy of your application to:

Grant Program Manager  
Vermont Arts Council  
136 State Street  
Montpelier, VT 05633-6001

**DEADLINE NOTE:** All materials sent must be postmarked or hand delivered to the Council office no later than 4:30 p.m. by the date of the assigned program deadline.

(For example, if the deadline to submit the application is September 25th, the online submission must be received by 4:30 p.m. on the date of the deadline and any support materials must be postmarked and mailed to the Council on September 25th)

After an application is received, no additions or changes may be made to it. Late or incomplete applications will not be accepted. The Council is not responsible for applications lost in transit. Applications received after the deadline will not be reviewed.

The Council reserves the right to reject incomplete applications. Applications missing any of the following items will not be reviewed:

Application Narrative  
Completed Budget  
Artistic Support Materials (where applicable)  
Fiscal Agent (where applicable)  
IRS 501 (c) 3 tax exempt letter (except for public schools and municipalities)  
Signature of individual(s) authorized to commit the parties to the project  
Contract or letter of agreement with artist(s) and/or consultant(s) (where applicable)

Applications missing other components such as required attachments or signatures may fare poorly in the review process. Membership or application fees submitted with incomplete applications will not be returned.

**AGREEMENT:** I release the Vermont Arts Council and its staff from any liability and/or responsibility concerning loss or damage to materials submitted to the Council whether or not such damage or loss is caused by negligence of the Council or its staff. I understand that if I do not collect my artistic support materials (i.e. CD, DVD, VHS video, digital images, etc.) within 1 year from the date of this application, or provide a self addressed stamped (not metered) envelope with my application, that such materials will be discarded by the Council. (Exception: Manuscripts submitted as part of the support materials for Literature or other disciplines will not be returned, all will be recycled.) Additional attachments will not be returned to applicants.

I understand that failure to respond to any of the items requested in this application may seriously hinder its consideration. I understand and agree that any funds granted as a result of this application are to be used for the purposes set herein. Any changes to the project will be submitted in writing. Changes are subject to the approval of the Executive Director of the Vermont Arts Council. I certify that the information contained in this application, including attachments and support materials, is true and complete to the best of my knowledge and that the undersigned is the person authorized to commit the applicant to abide by the legal and other requirements as printed in the Council's grant guidelines.

\_\_\_\_\_  
Authorizing Official or Artist Applicant (Signature)

\_\_\_\_\_  
Name & Title (please print)

\_\_\_\_\_  
Date