



Vermont Arts Council
#CFG-07.0001 - Cultural Facilities

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

VAC Contact: Phone: 802-828-5425 Email: Sonia Rae srae@vermontartscouncil.org
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Vermont Arts Council
Program: Cultural Facilities

Application: #CFG-07.0001
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 \$5,000

Project Start Date

Project End date

Activity:

Project Discipline:

Project Description:

Project/Event Location: Sample Facility

This proposal is for:

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 your organization, including it's programs and services.

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

Describe your facility (general condition, architectural style, etc.)

How will the proposed activities enhance the programming?

Describe the overall plan for rehabilitation, renovation, or preservation of your facility.

Have you conducted an accessibility survey and assessment?

How does this project fit with your overall plans for making your facility accessible to individuals with various disabilities?

If your project includes building a ramp, have you considered an earthen solution? Please explain why you have selected the option for which you are applying.

Please provide specific information about the materials, dimensions, and color of any new construction for access, and how the new construction will connect to the existing building.

Describe why your organization is dependent upon a grant to accomplish the requested improvements/renovations. Include comments about private fundraising efforts, available funding sources and general organizational capacity with regard to staffing, programming, fundraising.

If you have a reserve fund and/or endowment indicate how much.

If you have received funding from the State Capital Appropriations Budget within the last 3 years indicate how much and for what purpose.

If you have received a Cultural Facilities grant in the past, please indicate the dates, amounts and purpose.

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



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Cultural Facilities Budget

Expenses	Cash Expenses	In-kind
A. Personnel		
Contractor	0	0
Builder	0	0
Electrician	0	0
Other Services	0	0
Subtotal A. Personnel	0	0
B. Materials		
Capital Purchases	0	0
Technical Equipment	0	0
Installation	0	0
Materials / Supplies	0	0
Other	0	0
Subtotal B. Materials	0	0
C. Total (A + B)	0	0
Anticipated Income	Cash Expenses	
D. Earned		
Admissions	0	
Other Earned	0	
Subtotal D. Earned	0	
E. Private Contributions		
Corporate / Business	0	
Foundation	0	
Individual	0	
Other Private	0	
Subtotal E. Private Contributions	0	
F. Government		
Local / Regional	0	
Other State	0	
Federal	0	
Subtotal F. Government	0	
G. Applicant Cash	0	
H. Subtotal Cash Income (D+E+F+G)	0	
I. Council Grant Request	5,000	
J. Total Cash Income (H+I)	5,000	



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Budget Narrative



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Support Materials

Please describe the artistic support materials you are submitting:

Recommended support materials:

- | | |
|---|--------------|
| - Written Estimates for work from at least one contractor if grant request is \$10,000 or less, two estimates are required if grant request is \$10,001 or more. 7 Copies | Not included |
| - Evidence of use of facility or cultural activities (copies of flyers, programs, reviews, contracts, letters of intent from potential users, etc.) 7 Copies | Not included |
| - Letter of support (Relevant reports and/or letters that support your application.) 7 Copies | Not included |
| - Letter or report recommending priorities for renovation - if applicable. Seven copies | Not included |
| - Three to five digital images submitted in JPEG format on a CD. Images should be no more than 3MB. Images should include one overall view of the property outside and at least two that illustrate the work area | Not included |
| - List of Images clearly labeled that describes the content of each image on the CD. Be sure to include the name and address of the facility. 1 Copy | Not included |
| - IRS verification of nonprofit status 1 copy | Not included |
| - For ADA Accessibility Grants: Submit architect's drawing OR a sketch, to scale with dimensions, on graph paper. 1 copy | Not included |
| - SASE (Optional) 1 copy | Not included |
| - Most recent financial statements. 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 it's 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