



**Council on
the Arts**

NYSCA FY2023 Capital Projects: Completing Your Long-Form Budget

Important Reminders

Key Dates

- Guidelines and application portal posted: September 30, 2022
- Application portal closes: January 12, 2023, at 4PM

Questions? Reach the Capital Staff at capitalprojects@arts.ny.gov

The FY2023 **guidelines** and **application manual** can be found on the FY2023 Opportunities Page on the NYSCA website:
<https://arts.ny.gov/FY2023FundingOpportunities>

The NYSCA Capital Projects Opportunity webinar can be found on the FY2023 Webinars page on the NYSCA website: <https://arts.ny.gov/FY2023Webinars>



Prequalification

- To be eligible for FY2023 funding from NYSCA, **you must be Prequalified in the Grants Gateway by January 12, 2023 at 4PM**– the application deadline.
- For more information, please visit our FAQ for Applicants and/or section 8 of the Application Manual.
- Start this process as soon as possible.

Completing the Budget Form

- All applicants must provide an **Itemized Project Budget** (forms provided in the guidelines on **page 14**) detailing anticipated grant expenditures, use and source of financing for the remainder of the project, and breakdown of soft versus hard costs.
- Short-form v. Long-form – which one do you need to fill out?
 - No-match grants (\$10,000, \$25,000, \$50,000) can use the short-form budget.
 - Matching grants (\$50,001 - \$10,000,000) will use the long-form budget.

Long-form Budget – Instructions Tab

1. Itemized Budget Form in PDF Format

Please note that this form is designed to serve as a budget for the application as well as for the contracting process for awarded grants. It is also intended to serve as a template for grantees to report on the progress of their grants and request payments as their projects progress. As such, you will only be required to complete a portion of the fields in the form for the purposes of submitting this budget with your application.

FOR YOUR APPLICATION - PLEASE ONLY FILL IN ORGANIZATION NAME AND PROJECT TITLE, AND ONLY USE CELLS F23 and F26 ON BUDGET SUMMARY TAB, AND COLUMNS A-F ON ITEMIZED BUDGET TAB (COLUMNS G-O SHOULD REMAIN BLANK).

Applicants that are awarded grants should retain copies of their completed budget forms which they will be asked to update with additional instructions that will be provided after the award is announced for the purpose of contract execution. Instructions for completing the fields required for the application are as follows:

a. **Complete the required fields in both worksheets in second and third tabs in this workbook**





- **Start on Itemized Budget Tab**
 - o Complete the fields for "Applicant/Grantee Name" and "Project Title" in the top left corner. Leave the other fields blank.
 - o Fill in Columns C, D, E, and F with the funding source for the expense, the status of that funding, the itemized total project cost, and the proposed grant allocation, respectively.
 - o For the purposes of the application, leave columns G-M blank. These will be used for contracting and reporting in the event an award is made.
 - o The grey columns are locked for editing, and will automatically calculate as needed.
- **Then move to Budget Summary Tab**
 - o Complete the fields for "APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME", "PROJECT NAME" and "CONTRACT PERIOD " in the top section. Leave "PAYMENT REQUEST NO" blank.
 - o In the lower section, fill in the two cells for Total Project Cost (F23), Program Grant Sum (F26) ONLY.
 - o Cells F23 and F26 on Budget Summary Tab should match the total project cost and NYSICA request amounts entered in the application portal.
 - o Cell F23 on Budget Summary Tab should match Cell E45 on Itemized Budget Tab. If these do not match, please review the document for errors and revise as needed.
 - o Cell F26 on Budget Summary Tab should match Cell F45 on Itemized Budget Tab. If these do not match, please review the document for errors and revise as needed.
 - o You do not need to sign or notarize the form for the purposes of the application.
- **Convert both sheets into a single PDF before uploading to the Application portal.**



Long-form Budget – Itemized Budget

NYSCA Itemized Budget Sheet

APPLICANT GRANTEE CONTRACTOR SFS PAYEE NAME: 
 PAYMENT NO:
 PAYMENT REQUEST DATE:
 CONTRACT PERIOD: 
 PROJECT NAME:

 APPLICATION  APPLICATION  APPLICATION  APPLICATION





A	B	C	D	E	F	G	H	I	J
ITEM NO.	DESCRIPTION OF WORK	FUNDING SOURCE	STATUS (SECURED, IN PROGRESS, ANTICIPATED)	APPLICATION TOTAL PROJECT BUDGET	NYSCA PROPOSED GRANT BUDGET	SCOPE CHANGES	REVISED CONTRACT BUDGET (GRANT ONLY)	REVISED TOTAL PROJECT BUDGET	TOTAL PROJECT ACTUAL
CONSTRUCTION:									
	GENERAL CONSTRUCTION								
	MASONRY								
	LANDSCAPING								
	MECHANICAL / HVAC								
	ELECTRICAL								
	PLUMBING								
	VERTICAL TRANSPORTATION								
OTHER:									
	CAPITALLY ELIGIBLE SYSTEMS (a/v, computer, etc.)								
	FURNITURE, FIXTURES & EQUIPMENT								
	CM/ GENERAL CONDITIONS								
	CONTINGENCY								
	SUBTOTAL								
NON-CONSTRUCTION BASED ELIGIBLE EXPENSES									
	ARCHITECT & ENGINEERING DESIGN SERVICES								
OTHER:									
	SUBTOTAL								
<small>Note: Please item budget breakdown to the space provided above. Further line item detail beyond that for which space is provided is not required.</small>									
	BUDGET TOTAL								

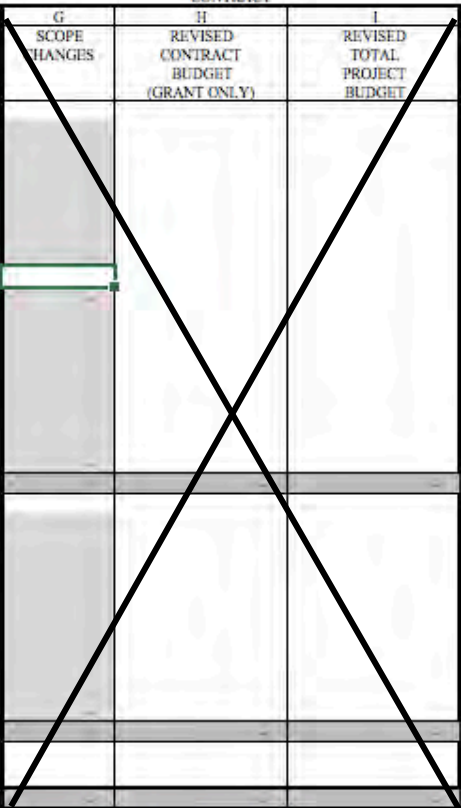


Long-form Budget – Itemized Budget

NYSCA Itemized Budget Sheet

APPLICANT GRANTEE CONTRACTOR SFS PAYEE NAME: 
 PAYMENT NO:
 PAYMENT REQUEST DATE:
 CONTRACT PERIOD: 
 PROJECT NAME:

 APPLICATION  APPLICATION  APPLICATION  APPLICATION

A	B	C	D	E	F	G	H	I	J
ITEM NO.	DESCRIPTION OF WORK	FUNDING SOURCE	STATUS (SECURED, IN PROGRESS, ANTICIPATED)	APPLICATION TOTAL PROJECT BUDGET	NYSCA PROPOSED GRANT BUDGET	SCOPE CHANGES	REVISED CONTRACT BUDGET (GRANT ONLY)	REVISED TOTAL PROJECT BUDGET	TOTAL PROJECT ACTUAL
CONSTRUCTION:									
	GENERAL CONSTRUCTION								
	MASONRY								
	LANDSCAPING								
	MECHANICAL / HVAC								
	ELECTRICAL								
	PLUMBING								
	VERTICAL TRANSPORTATION								
	OTHER:								
	CAPITALLY ELIGIBLE SYSTEMS (a/v, computer, etc.)								
	FURNITURE, FIXTURES & EQUIPMENT								
	CM/ GENERAL CONDITIONS								
	CONTINGENCY								
	SUBTOTAL								
NON-CONSTRUCTION BASED ELIGIBLE EXPENSES									
	ARCHITECT & ENGINEERING DESIGN SERVICES								
	OTHER:								
	SUBTOTAL								
<small>Note: Please item budget breakdown to the space provided above. Further line item detail beyond that for which space is provided is not required.</small>									
	BUDGET TOTAL								



Long-form Budget – Itemized Budget

1	CA Itemized Budget Sheet					
2	APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME: Arts Organization ABC					
3	PAYMENT NO:					
4	PAYMENT REQUEST DATE:					
5	CONTRACT PERIOD:					
6	PROJECT NAME: Theater Lighting System APPLICATION					
7	B	C	D	E	F	G
8	DESCRIPTION OF WORK	FUNDING SOURCE	STATUS (SECURED, IN-PROGRESS, ANTICIPATED)	APPLICATION TOTAL PROJECT BUDGET	NYSCA PROPOSED GRANT BUDGET	SCOP CHANC
9						
10						
11						
12	CONSTRUCTION:					
13	GENERAL CONSTRUCTION					
14	MASONRY					
15	LANDSCAPING					
16	MECHANICAL / HVAC					
17	ELECTRICAL					
18	PLUMBING					
19	VERTICAL TRANSPORTATION					
20	OTHER:					
21						
22						
23						
24						
25						
26	CAPITALLY ELIGIBLE SYSTEMS (a/v, computer, etc.)					
27	FURNITURE, FIXTURES & EQUIPMENT					
28	CM/ GENERAL CONDITIONS					
29	CONTINGENCY					
30	SUBTOTAL			-	-	
31	NON-CONSTRUCTION BASED ELIGIBLE EXPENSES					
32	ARCHITECT & ENGINEERING DESIGN SERVICES					
33						
34						
35						
36						
37	OTHER:					
38						
39						
40						
41						
42	SUBTOTAL			-	-	
43	Note: Please limit budget breakdown to the space provided above. Further line item detail beyond that for which space is provided is not required					
44						
45	BUDGET TOTAL			-	-	



Long-form Budget – Itemized Budget

1 CA Itemized Budget Sheet						
2 APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME: Arts Organization ABC						
3 PAYMENT NO:						
4 PAYMENT REQUEST DATE:						
5 CONTRACT PERIOD:						
6 PROJECT NAME: Theater Lighting System APPLICATION						
7	B	C	D	E	F	S
8	DESCRIPTION OF WORK	FUNDING SOURCE	STATUS (SECURED, IN-PROGRESS, ANTICIPATED)	APPLICATION TOTAL PROJECT BUDGET	NYSCA PROPOSED GRANT BUDGET	CH
12	CONSTRUCTION:					
13	GENERAL CONSTRUCTION					
14	MASONRY					
15	LANDSCAPING					
16	MECHANICAL / HVAC					
17	ELECTRICAL					
18	PLUMBING					
19	VERTICAL TRANSPORTATION					
20	OTHER:					
21						
22						
23						
24						
25						
26	CAPITALLY ELIGIBLE SYSTEMS (a/v, computer, etc.)					
	SUBTOTAL					
	FIXABLE EXPENSES					
	GEN SERVICES					
	SUBTOTAL					
	BUDGET TOTAL					



- Cut ⌘X
- Copy ⌘C
- Paste ⌘V
- Paste Special... ^⌘V
- Insert**
- Delete
- Clear Contents
- Format Cells... ⌘1
- Row Height...
- Hide ^9
- Unhide ^⇧9



Council on the Arts

Long-form Budget – Itemized Budget

1 CA Itemized Budget Sheet					
2 APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME: Arts Organization ABC					
3 PAYMENT NO:					
4 PAYMENT REQUEST DATE:					
5 CONTRACT PERIOD:					
6 PROJECT NAME: Theater Lighting System					
7 APPLICATION					
8 B	C	D	E	F	S
9 DESCRIPTION OF WORK	FUNDING SOURCE	STATUS (SECURED, IN-PROGRESS, ANTICIPATED)	APPLICATION TOTAL PROJECT BUDGET	NYS CA PROPOSED GRANT BUDGET	CH
12 CONSTRUCTION:					
13 GENERAL CONSTRUCTION					
14 MASONRY					
15 LANDSCAPING					
16 MECHANICAL / HVAC					
17 ELECTRICAL					
18 PLUMBING					
19 VERTICAL TRANSPORTATION					
20 OTHER:					
21					
22					
23					
24					
25					
26 CAPITALLY ELIGIBLE SYSTEMS (a/v, computer, etc.)					
27					
28 FURNITURE, FIXTURES & EQUIPMENT					
29 CM/ GENERAL CONDITIONS					
30 CONTINGENCY					
31 SUBTOTAL			-	-	
32 NON-CONSTRUCTION BASED ELIGIBLE EXPENSES					
33 ARCHITECT & ENGINEERING DESIGN SERVICES					
34					
35					
36					
37					
38 OTHER:					
39					
40					
41					
42					
43 SUBTOTAL			-	-	
44 Note: Please limit budget breakdown to the space provided above. Further line item detail beyond that for which space is provided is not required.					
45					
46 BUDGET TOTAL			-	-	



Long-form Budget – Itemized Budget

CA Itemized Budget Sheet					
APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME: Arts Organization ABC					
PAYMENT NO:					
PAYMENT REQUEST DATE:					
CONTRACT PERIOD:					
PROJECT NAME: Theater Lighting System					
B	C	D	E	F	G
DESCRIPTION OF WORK	FUNDING SOURCE	STATUS (SECURED, IN-PROGRESS, ANTICIPATED)	APPLICATION TOTAL PROJECT BUDGET	NYSICA PROPOSED GRANT BUDGET	SCC CHA?
CONSTRUCTION:					
GENERAL CONSTRUCTION					
MASONRY					
LANDSCAPING					
MECHANICAL / HVAC					
ELECTRICAL					
PLUMBING					
VERTICAL TRANSPORTATION					
OTHER:					
CAPITALLY ELIGIBLE SYSTEMS (a/v, computer, etc.)					
Theatrical Lighting System	Foundation, NYSCA	IN-PROGRESS,	200,000.00	100,000.00	
FURNITURE, FIXTURES & EQUIPMENT					
CM/ GENERAL CONDITIONS					
CONTINGENCY					
SUBTOTAL			200,000.00	100,000.00	
NON-CONSTRUCTION BASED ELIGIBLE EXPENSES					
ARCHITECT & ENGINEERING DESIGN SERVICES					
OTHER:					
SUBTOTAL			-	-	
<small>Note: Please limit budget breakdown to the space provided above. Further line item detail beyond that for which space is provided is not required.</small>					
BUDGET TOTAL			200,000.00	100,000.00	



Long-form Budget – Itemized Budget

Home Insert Page Layout Formulas Data Review View

Cut Copy Paste Format

Times New R... 10 A A

B I U

B27 fx Theatrical Lighting System

CA Itemized Budget Sheet

APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME: Arts Organization ABC

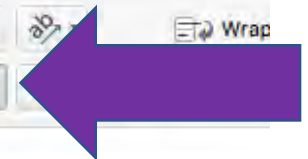
PAYMENT NO:

PAYMENT REQUEST DATE:

CONTRACT PERIOD:

PROJECT NAME: Theater Lighting System

		APPLICATION	
B	C	D	E
DESCRIPTION OF WORK	FUNDING SOURCE	STATUS (SECURED, IN-PROGRESS, ANTICIPATED)	APPLICATION TOTAL PROJECT BUDGET
CONSTRUCTION:			
GENERAL CONSTRUCTION			
MASONRY			
LANDSCAPING			
MECHANICAL / HVAC			
ELECTRICAL			
PLUMBING			
VERTICAL TRANSPORTATION			
OTHER:			
CAPITALLY ELIGIBLE SYSTEMS (a/v, computer, etc.)			
Theatrical Lighting System	Foundation, NYSCA	IN-PROGRESS,	200,000.00
FURNITURE, FIXTURES & EQUIPMENT			
CM/ GENERAL CONDITIONS			
CONTINGENCY			
SUBTOTAL			200,000.00



Long-form Budget – Itemized Budget

CA Itemized Budget Sheet					
APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME: Arts Organization ABC					
PAYMENT NO:					
PAYMENT REQUEST DATE:					
CONTRACT PERIOD:					
PROJECT NAME: Theater Lighting System					
B	C	D	E	F	G
DESCRIPTION OF WORK	FUNDING SOURCE	STATUS (SECURED, IN-PROGRESS, ANTICIPATED)	APPLICATION TOTAL PROJECT BUDGET	NYSICA PROPOSED GRANT BUDGET	SCC CHA?
CONSTRUCTION:					
GENERAL CONSTRUCTION					
MASONRY					
LANDSCAPING					
MECHANICAL / HVAC					
ELECTRICAL					
PLUMBING					
VERTICAL TRANSPORTATION					
OTHER:					
CAPITALLY ELIGIBLE SYSTEMS (a/v, computer, etc.)					
Theatrical Lighting System	Foundation, NYSCA	IN-PROGRESS,	200,000.00	100,000.00	
FURNITURE, FIXTURES & EQUIPMENT					
CM/ GENERAL CONDITIONS					
CONTINGENCY					
SUBTOTAL			200,000.00	100,000.00	
NON-CONSTRUCTION BASED ELIGIBLE EXPENSES					
ARCHITECT & ENGINEERING DESIGN SERVICES					
OTHER:					
SUBTOTAL			-	-	
BUDGET TOTAL			200,000.00	100,000.00	



Long-form Budget – Itemized Budget

CA Itemized Budget Sheet

APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME: Arts Organization ABC

PAYMENT NO:

PAYMENT REQUEST DATE:

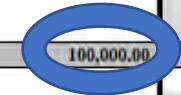
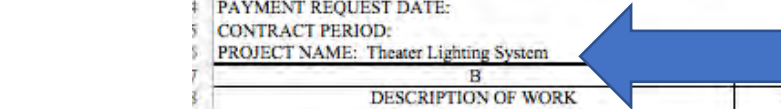
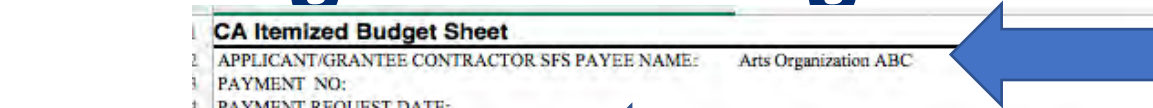
CONTRACT PERIOD:

PROJECT NAME: Theater Lighting System

APPLICATION

B	C	D	E	F	G
DESCRIPTION OF WORK	FUNDING SOURCE	STATUS (SECURED, IN-PROGRESS, ANTICIPATED)	APPLICATION TOTAL PROJECT BUDGET	NYSICA PROPOSED GRANT BUDGET	SCC CHA?
CONSTRUCTION:					
GENERAL CONSTRUCTION					
MASONRY					
LANDSCAPING					
MECHANICAL / HVAC					
ELECTRICAL					
PLUMBING					
VERTICAL TRANSPORTATION					
OTHER:					
CAPITALLY ELIGIBLE SYSTEMS (a/v, computer, etc.)					
Theatrical Lighting System	Foundation, NYSCA	IN-PROGRESS,	200,000.00	100,000.00	
FURNITURE, FIXTURES & EQUIPMENT					
CM/ GENERAL CONDITIONS					
CONTINGENCY					
SUBTOTAL			200,000.00	100,000.00	
NON-CONSTRUCTION BASED ELIGIBLE EXPENSES					
ARCHITECT & ENGINEERING DESIGN SERVICES					
OTHER:					
SUBTOTAL			-	-	
BUDGET TOTAL			200,000.00	100,000.00	

Note: Please limit budget breakdown to the space provided above. Further line item detail beyond that for which space is provided is not required.



Long-form Budget – Budget Summary

NYS CA CAPITAL BUDGET SUMMARY AND CERTIFICATION FOR PAYMENT	
STATE AGENCY: COUNCIL ON THE ARTS 300 Park Ave South New York, NY 10010	PROJECT NAME:
APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME:	PAYMENT REQUEST NO:
	CONTRACT PERIOD:
GRANTEE/CONTRACTOR'S APPLICATION FOR PAYMENT *	
Application is made for payment, as shown below, in connection with the Contract. Capital Based Budget Continuation Sheet is attached.	
TOTAL PROJECT COST <small>(Total Project Cost from application)</small>	<input type="text"/>
PROGRAM GRANT SUM <small>(Grant sum for this award only)</small>	<input type="text"/>
1. REVISED BUDGET TOTAL <small>(Column E on sheet 2)</small>	\$ <input type="text" value="\$0.00"/>
2. TOTAL COMPLETED & STORED TO DATE <small>(Column H on sheet 2)</small>	\$ <input type="text" value="\$0.00"/>
3. PROJECT PERCENTAGE COMPLETION <small>(Column I on sheet 2)</small>	\$ <input type="text"/>
4. PREVIOUS APPLICATION PAYMENTS <small>(Line 4 from prior application)</small>	\$ <input type="text"/>
5. BALANCE TO FINISH <small>(Line 1 less line 4, this application)</small>	\$ <input type="text" value="\$0.00"/>
6. CURRENT PAYMENT DUE <small>(% due per Capital Grant Payment terms and Reporting requirements)</small>	\$ <input type="text"/>
GRANTEE/CONTRACTOR'S CERTIFICATE FOR PAYMENT	
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, this Application for Payment has been filed in accordance with the Contract Documents, and is now due.	
GRANTEE/CONTRACTOR:	
By: _____ <small>(Print name)</small>	_____ <small>(Title: Executive Director or CFO)</small>
_____ <small>(Signature)</small>	Date: _____
Notary:	
State of: _____	County of: _____
Subscribed and sworn to before me this _____ day of _____	
Notary Public: _____	
My Commission expires: _____	



Long-form Budget – Budget Summary

NYS CA CAPITAL BUDGET SUMMARY AND CERTIFICATION FOR PAYMENT

STATE AGENCY: COUNCIL ON THE ARTS
300 Park Ave South
New York, NY 10010

PROJECT NAME:

PAYMENT REQUEST NO:

APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD:

GRANTEE/CONTRACTOR'S APPLICATION FOR PAYMENT *
Application is made for payment, as shown below, in connection with the Contract.
Capital Based Budget Continuation Sheet is attached.

TOTAL PROJECT COST
(Total Project Cost from application)

PROGRAM GRANT SUM
(Grant sum for this award only)

1. REVISED BUDGET TOTAL \$ \$0.00
(Column E on sheet 2)

2. TOTAL COMPLETED & STORED TO DATE \$ \$0.00
(Column H on sheet 2)

3. PROJECT PERCENTAGE COMPLETION \$

4. PREVIOUS APPLICATION PAYMENTS \$

5. BALANCE TO FINISH \$ \$0.00
(Line 1 less line 4, this application)

6. CURRENT PAYMENT DUE \$
(% due per Capital Grant Payment terms and Reporting requirements)

GRANTEE/CONTRACTOR'S CERTIFICATE FOR PAYMENT
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, this Application for Payment has been filed in accordance with the Contract Documents, and is now due.

GRANTEE/CONTRACTOR:

By:
(Print name) (Title: Executive Director or CFO)

(Signature) (Date)

Notary:

State of: County of: day of

Subscribed and sworn to before me this

Notary Public:

My Commission expires:

Instructions - Read First | Itemized Budget | **Budget Summary** | +



Long-form Budget – Budget Summary

NYS CA CAPITAL BUDGET SUMMARY AND CERTIFICATION FOR PAYMENT

STATE AGENCY: PROJECT NAME: Theater Lighting System REQUEST NO:
 COUNCIL ON THE ARTS
 300 Park Ave South
 New York, NY 10010
 APPLICANT/GRANTEE CONTRACTOR SFS PAYEE NAME: Arts Organization ABC MOD: July 1, 2023 - June 30, 2026

GRANTEE/CONTRACTOR'S APPLICATION FOR PAYMENT *

Application is made for payment, as shown below, in connection with the Contract. Capital Based Budget Continuation Sheet is attached.

TOTAL PROJECT COST
 (Total Project Cost from application)
 PROGRAM GRANT SUM
 (Grant sum for this award only)

- 1. REVISED GRANT BUDGET TOTAL
 (Column J on sheet 2)
- 2. TOTAL COMPLETED & STORED TO DATE
 (Column M on sheet 2)
- 3. PROJECT PERCENTAGE COMPLETION %
- 4. PREVIOUS APPLICATION PAYMENTS
 (Column K on sheet 2)
- 5. BALANCE TO FINISH
 (Line 1 less line 4, this sheet)
- 6. CURRENT PAYMENT DUE
 (% due per Capital Grant Payment terms and Reporting requirements)

GRANTEE/CONTRACTOR'S CERTIFICATE FOR PAYMENT

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, this Application for Payment has been filed in accordance with the Contract Documents, and is now due.

GRANTEE/CONTRACTOR:

By: _____ (Title: Executive Director or CFO)
 (Print name)

 (Signature) Date: _____

Notary:

State of: _____ County of: _____ day of _____
 Subscribed and sworn to before me this _____
 Notary Public:
 My Commission expires: _____



THANK YOU!