

# Sponsored Organization Information

---

**NOTE TO MAC USERS:** Please complete this form in Adobe Reader or Acrobat. Completing this form in Mac Preview may cause compatability issues.

## Basic Organizational Information

Organization Name

AKA

Federal Employer ID#

Year Founded

Website (URL)

Organization's Phone \_\_\_\_\_

Address1 \_\_\_\_\_

Address2

City

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Applicant County

## Project Contact

Name

Title

Phone

Fax

Email Address

## Organization Mission

(1000 character limit)

Enter your organization's mission statement.

## Organization Activities

(1000 character limit)

Provide a brief summary of your organization's activities and how it relates to your mission statement.

## Organization Constituency

(1000 character limit)

Given your mission to the community you serve, how does your organization address diversity and inclusiveness? In your response, discuss in terms of staff, board, and audience composition, as well as the programs and services your organization provides.

## Accessibility

(1000 character limit)

A universal and inclusive environment for the arts allows everyone, including people with and without disabilities, and people of all ages, to access the facilities and programs of an organization. What actions has your organization taken to make your facilities, programs, and communications systems accessible and usable by all?

## Facilities

(1000 character limit)

Briefly describe your facilities, if any. Explain any relocations, expansions, renovations, or major improvements undertaken in the recent past or planned for the future.

### Organization Facilities (if applicable)

Organization's facilities/real estate are:  Owned  Rented  Donated  Shared

If rented, date current lease expires?

Days/Hours/Season of Operation

Please indicate the number of each event your organizations hosts annually. Enter zero if your organization does not host a particular event:

- Productions
- Exhibitions
- Classes
- Tours
- Films
- Lectures
- Performances

### Organization Key Staff Members

| First Name | Last Name | Title | Year Started | Annual Salary Range |
|------------|-----------|-------|--------------|---------------------|
|            |           |       |              |                     |
|            |           |       |              |                     |
|            |           |       |              |                     |
|            |           |       |              |                     |
|            |           |       |              |                     |
|            |           |       |              |                     |
|            |           |       |              |                     |
|            |           |       |              |                     |
|            |           |       |              |                     |
|            |           |       |              |                     |

Number of Full-time Staff

Number of Part-time Staff

Number of Volunteers

Number of Interns

Number of Independent Contractors

### Organization Board Members

| First Name | Last Name | Title | Profession/Affiliation | Year Elected |
|------------|-----------|-------|------------------------|--------------|
|            |           |       |                        |              |
|            |           |       |                        |              |
|            |           |       |                        |              |
|            |           |       |                        |              |
|            |           |       |                        |              |
|            |           |       |                        |              |
|            |           |       |                        |              |
|            |           |       |                        |              |
|            |           |       |                        |              |
|            |           |       |                        |              |

# Sponsored Organization Budget Form

|  | Prior completed fiscal year | Last completed fiscal year | Current fiscal year | Notes (Recommended) |
|--|-----------------------------|----------------------------|---------------------|---------------------|
| <b>REVENUE</b>   |                             |                            |                     |                     |
| Please select which form you are using to input the figures: |                             |                            |                     |                     |
| Please input the organization's fiscal year end date:        |                             |                            |                     |                     |
| Contributions and grants                                     |                             |                            |                     |                     |
| Program service revenue                                      |                             |                            |                     |                     |
| Net Income (or Loss) from Fundraising                        |                             |                            |                     |                     |
| Investment income  |                             |                            |                     |                     |
| Other Revenue  |                             |                            |                     |                     |
| NYS CA Grant Received  |                             |                            |                     |                     |
| <b>Total Revenue</b>   |                             |                            |                     |                     |

| <b>EXPENSES</b>                                 |  |  |  |  |
|---|--|--|--|--|
| Salaries, other compensation, employee benefits |  |  |  |  |
| Occupancy, rent, utilities, and maintenance     |  |  |  |  |
| Other Expenses                                  |  |  |  |  |
| <b>Total Expenses</b>                           |  |  |  |  |

| <b>SURPLUS (DEFICIT)</b>   |  |  |  |  |
|----------------------------|--|--|--|--|
| Total Revenue              |  |  |  |  |
| Total Expenses             |  |  |  |  |
| <b>Net Revenue/Deficit</b> |  |  |  |  |

|                                   | Prior completed fiscal year | Last completed fiscal year | Current fiscal year | Notes (Recommended) |
|-----------------------------------|-----------------------------|----------------------------|---------------------|---------------------|
| <b>ASSETS/LIABILITIES</b>         |                             |                            |                     |                     |
| Total Assets                      |                             |                            | N/A                 |                     |
| Total Liabilities                 |                             |                            | N/A                 |                     |
| <b>Net Assets or Fund Balance</b> |                             |                            | N/A                 |                     |
| Cash Reserve                      |                             |                            | N/A                 |                     |

# Sponsored Project Budget Form

|                                 | Budget for<br>Proposed Project | Budget Notes (Recommended) |
|---------------------------------|--------------------------------|----------------------------|
| <b>CONTRIBUTED INCOME</b>       |                                |                            |
| Corporate Support               |                                |                            |
| Foundation Support              |                                |                            |
| Private Support                 |                                |                            |
| NEA Support                     |                                |                            |
| Federal Support                 |                                |                            |
| State Support (non-NYSCA)       |                                |                            |
| County Support                  |                                |                            |
| Municipal Support               |                                |                            |
| <b>Total Contributed Income</b> |                                |                            |

| <b>EARNED INCOME</b>       |  |  |
|----------------------------|--|--|
| Admissions                 |  |  |
| Contracted Services        |  |  |
| Tuition and Workshop Fees  |  |  |
| Fundraising Events         |  |  |
| Other Earned Income        |  |  |
| <b>Total Earned Income</b> |  |  |

|                                    | Budget for<br>Proposed Project | % of NYSCA Grant<br>to Allocate to<br>Expense Line | Budget Notes (Recommended) |
|------------------------------------|--------------------------------|--|----------------------------|
| <b>EXPENSES</b>                    |                                |  |                            |
| Administrative Personnel           |                                |  |                            |
| Artistic Personnel                 |                                |  |                            |
| Technical/Production Personnel     |                                |  |                            |
| Fringe Benefits                    |                                |  |                            |
| Outside Artistic Fees and Services |                                |  |                            |
| Other Outside Fees and Services    |                                |  |                            |
| Regrants                           |                                |  |                            |
| Space                              |                                |  |                            |
| Equipment                          |                                |  |                            |
| Travel                             |                                |  |                            |
| Marketing/Advertising              |                                |  |                            |
| Remaining Operating Expenses       |                                |  |                            |
| <b>Total Expenses</b>              |                                |  |                            |

|                          | Budget for Proposed Project | Budget Notes (Recommended) |
|--------------------------|-----------------------------|----------------------------|
| <b>SUMMARY</b>           |                             |                            |
| Total Contributed Income |                             |                            |
| Total Earned Income      |                             |                            |
| Total Expenses           |                             |                            |
| NYSCA Request Amount     |                             |                            |
| <b>TOTAL</b>             |                             |                            |

Budget Notes  
(2000 character limit)



# Sponsored Request: Dance - Professional Performances

---

Answer all questions below on this form, including the Organization Profile, Organization Budget, and Project Budget and return to your Fiscal Sponsor along with your support materials. A completed Sponsored Request Form is required from all sponsored organizations and individuals. In the event that an applicant fails to submit the completed Sponsored Request Form, the application will not be eligible for review. Please review the [program guidelines](#) carefully for program prerequisites and eligibility requirements.

(2000 character limit per question)

Artist/Org

Project Title

CFA Application #

Professional Performances Questions:

## Artistic/Programmatic

### 1. Background

What is the history of your organization? Provide an overview of your organization/company's program(s) and a summary of the Artistic Director's background.

## **2. Project Overview**

Describe the proposed performance season, including venue, timeframe, number of performances, and planned repertory. Indicate if the engagement will be self-produced or presented. Note whether the program builds on previous activity or marks a new direction.

## **3. Performance Season Update**

For the company's last completed home season as well as the current season, highlight significant repertory additions (premieres and major revivals), collaborative artists involved, commissioned score or live musical accompaniment, and anything else of artistic note. Indicate performance dates, number of performances, and venue.

#### **4. Touring Update**

Give an overview of the company's touring activity in the last fiscal year and describe any significant changes or developments in your other artistic programs.

#### **5. Evaluation**

Describe how your organization/company will measure the success of your program(s), services and/or initiative. Describe the methods used for assessment and evaluation of intended outcomes.

# Managerial/Fiscal

## **6. Artistic Salaries**

Detail the number of company dancers, the rehearsal/performance salary structure, and the number of weeks of work in the current year and request year. Give salaries based upon the payment system employed (rehearsal hour, performance week, per performance, etc.).

## **7. Administrative Staffing**

Indicate name of staff members in charge of general management, fundraising, board development, budgeting, and finances. Detail turnover in artistic and/or executive staff positions.

## **8. Technology**

For technology-based presentations, describe the technical capacity and the staff support required.

## **9. Governance**

Describe the size and structure of your board or governing body. Include committee structure, meeting schedule, diversity, and approach to planning and succession. Describe the role of the board in supporting your organization or project.

## **10. Finances**

Describe plans for meeting project expenses. Complete the Budget Notes section of the Project and Organization Budgets to annotate income and expense lines.

## **Service to the Public**

### **11. Marketing and Audience Development**

Describe the intended audience and the marketing and outreach strategies employed. Include online resources and social media, print and non-print media, ticket pricing, subscription plans, related events and partnerships. Detail the ways in which the organization interprets artists' work for the public (i.e. performance program notes, online resources, lecture demonstrations, pre-performance discussions, etc.).

**12. Support Materials**

Please list all of the support materials and/or work samples being submitted. These materials are critical to the application's assessment.

## Professional Performances Support Materials:

Please send the required support materials below to your Fiscal Sponsors.

Your application requires you to submit supporting documents. These files must be in PDF, JPG or ZIP format (unless specifically noted otherwise below) and cannot be larger than 10 MB in size. You may combine multiple PDF files into a single .ZIP file if necessary. Avoid using special characters like \*,%#,;, in your document name as this will cause errors in the upload. If an attachment question requires more than one document, you must create a single PDF or JPG file that contains all the required documents or a ZIP file that contains the required documents. URLs cannot be password protected and must remain live until December 31, 2020. NYSCA is not responsible for any broken, inactive or password protected links.

**In the event that an applicant fails to submit one or more of the following required materials, the application will not be eligible for review.**

1. Résumés or biographical statements of up to 3 key staff, maximum of 1 page each
2. A performance program for each of the last two home seasons. Do not include press coverage, reviews or notices
3. The applicant individual(s) must be a current New York State resident(s). Proof of New York State residency is required in the form of two different, current documents from the list below. All documentation must contain the individual's name and address. Documentation must be dated no earlier than 2017.
  - Telephone or home utility bill.
  - Credit card and/or bank statement (name and address page only; financial and account information should be blocked).
  - NYS or Federal Tax form (first page only; social security and financial information should be blocked). Current lease or mortgage agreement listing the artist's name and showing a NYS address.
  - NY State Driver's license or NY State ID card. License number may be blocked.
  - Voter's Registration Card
4. Event Schedule Form – Download the form [here](#), fill in and then upload to the Documents Tab of the NYSCA-CFA application.
5. Dance Work Samples—submit one or two cued, unedited worksamples totaling no more than twenty (20) minutes, to be provided as(a) live URL link(s). (See acceptable file types above) Each sample must be labeled with name of artist/company, worktitle, year of creation and event year. URL's cannot be password protected and must remain live until December 31, 2020. NYSCA is not responsible for any broken, inactive or password protected links. *Tip: New work samples of recent performance material are recommended.*
6. Website, Facebook, Twitter, YouTube, and other social media links. We also reserve the right to review any/all of these online sources as part of your application.
7. Up to 3 representative marketing materials (sample flyers, catalogs or brochures) that reflect activity for the past year. DO NOT include press coverage, reviews or notices.