

CT Museums-Kids Are Free Summer Grants

Connecticut Humanities

Grant Eligibility

Stop! Before filling out the application, please be sure to review the following:

CT Humanities is honored to partner with the CT Office of the Arts to administer the CT Museums-Kids Are Free Summer Initiative.

The Department of Economic and Community Development, in partnership with the Office of the Governor, Connecticut State Department of Education, Office of Early Childhood and Connecticut Humanities, is delivering these financially accessible summer enrichment opportunities to families and children of all ages using funding provided through ARP ESSER. (American Rescue Plan (ARP) Act, 2021 Emergency and Secondary School Emergency Relief Fund (ESSER)).

<mailto:swands@cthumanities.org>

NOTE TO APPLICANTS: The CT Museums-Kids are Free Summer grant program is pending necessary authorization from the state legislature. All funding associated with this program is contingent upon such approval.

These grants are being made available to CT Museums to facilitate free admission for all CT children aged 18 and under and one adult care giver between July 1, 2021 and September 6, 2021.

Museums with operating budgets between \$25,000 and \$249,999.99 should continue with an application to CT Humanities.

Museums with operating budgets of \$250,000 or greater should complete an application with the CT Office of the Arts.

Please visit <https://cthumanities.org/grants/ct-museums-kids-are-free-summer/> for full eligibility requirements and program details before applying.

Before proceeding, make sure your organization meets all requirements below.

Note: Any museum in Connecticut may participate in the initiative regardless of whether they apply for or are eligible for funding. Organizations choosing to participate in the free admission initiative, but not to apply for funding are invited to join the listing by registering here.

Questions? Email swands@cthumanities.org

Does your organization meet the following definition of a museum?*

A museum is a non-profit, permanent institution in the service of society and its development, open to the public, which acquires, conserves, researches, communicates and exhibits the tangible and intangible heritage of humanity and its environment for the purposes of education, study and enjoyment. (i.e. art museums, science centers and science museums, children's museums, history museums, historic houses/sites, historical societies, living history sites, military museums/battlefields, natural history museums, university museums, special interest museums, arboretums/botanical gardens and zoos).

Choices

Yes

No

Tax Exempt Status*

Does your organization have tax exempt status under Section 501(c)(3) of the US Internal Revenue Service?

EXCEPTION: If your museum is owned and operated by a municipality, you may proceed with application. Select "Yes" and continue.

Choices

Yes

No

Was your organization incorporated in the State of Connecticut?***Choices**

Yes

No

Certificate of Legal Existence/Good Standing*

Is your organization registered with the Connecticut Secretary of State's Office to do business in the State of Connecticut and is it in Good Standing (able to obtain a current Certificate of Legal Existence/Good Standing)?

EXCEPTION: If your museum is owned and operated by a municipality, you may proceed with application. Select "Yes" and continue.

Choices

Yes

No

Is your organization's primary place of business and operations in the State of Connecticut?***Choices**

Yes

No

Documented Financial Statements*

Does your organization have documented financial statements for the period that covers July 1, 2019 - September 2, 2019?

Choices

Yes

No

Does your organization have operating expenses of more than \$25,000?***Choices**

Yes

No

In-person Open Hours*

Does your organization have plans to be open for in-person visitors at least eight (8) hours a week between July 1, 2021 - September 6, 2021?

NOTE: Virtual programs/tours, etc. are not considered "Open" for visitors.

Choices

Yes

No

Was your organization open to visitors in the calendar year of 2018 and/or 2019?*

NOTE: This program requires data from either 2018 or 2019 for participation.

Choices

Yes

No

Organization Operating Budget Size*

Does your museum have an operating budget of \$249,999 or less?

Note: If your museum has an operating budget of \$250,000 or more, please apply via the CT Office of the Arts.

Choices

Yes

No

Organizational Information

Primary Organization Name

Character Limit: 250

AKA*Character Limit: 250***DBA***Character Limit: 250***Is your organization (museum) owned by a municipality?*****Choices**

Yes

No

If yes, indicate the municipality.*Character Limit: 50***What is your organization's mission statement?****Character Limit: 500***How do your exhibitions and programs support your museum's mission statement?****Character Limit: 500***Government Issued Ruling Year***Character Limit: 250***EIN***Character Limit: 250***CT Business ID Number***

Enter your organization's Business ID number issued by the Connecticut Secretary of State's Office.

You can look up your Business ID number by clicking [HERE](#).

*Character Limit: 7***Enter your organization's 9-digit DUNS number***

Note: Your organization must have a DUNS number in order to receive federal grant funds. For information on how to obtain one, click [HERE](#). Once you have a DUNS number, you may proceed with an application.

*Character Limit: 9***Organization's Physical Address Line 1****Character Limit: 50*

Organization's Physical Address Line 2

Character Limit: 50

Town/City*

Character Limit: 50

State*

Character Limit: 50

ZIP Code*

Character Limit: 5

Does your organization have a different mailing address?*

Choices

Yes

No

Organization's Mailing Address Line 1

If mailing address is different than physical address.

Character Limit: 50

Organization's Mailing Address Line 2

If mailing address is different than physical address.

Character Limit: 50

Town/City

If mailing address is different than physical address.

Character Limit: 50

State

If mailing address is different than physical address.

Character Limit: 50

ZIP Code

If mailing address is different than physical address.

Character Limit: 50

Organization's Website*

Character Limit: 2000

Please provide addresses for any social media sites for your organization, if available.

Facebook

Character Limit: 2000

Twitter

Character Limit: 2000

Instagram

Character Limit: 2000

YouTube

Character Limit: 2000

Other

Character Limit: 2000

Legislative Districts

Go to Find Your Legislators to get this information. Use the physical address of the organization for which you are applying.

State Representative Name*

Character Limit: 50

State Representative District Number*

Character Limit: 5

State Senator Name*

Character Limit: 50

State Senator District Number*

Character Limit: 5

US Congressperson Name*

Character Limit: 50

US Congressperson District Number*

Character Limit: 1

Visitation, Admissions, & Reporting

Visitation:

In this section, provide your visitation numbers for the 2019 calendar year.

- Number of visitors from Connecticut
- Number of visitors from out-of-state
- Number of visitors from Connecticut who are over 18 years of age
- Number of visitors from Connecticut who are under the age of 18
- Number of out-of-state visitors who are over 18 years of age
- Number of out-of-state visitors who are under the age of 18

Note: If you were not open in 2019, you may report 2018 figures.

Indicate the year you will be reporting on.*

Character Limit: 4

If you were not open in 2019, please tell us why. (i.e. renovations)

Character Limit: 250

What method or process do you use to track and report the number of visitors?*

Choices

Computer ticket sales

Tally by hand

Guestbook count

Best estimate

Other (please explain below)

If you answered "other" above, please explain.

Character Limit: 250

Total # of Visitors From CT*

Character Limit: 12

Total # of Visitors from CT That Are Over 18 Years of Age*

Character Limit: 12

Total # of Visitors from CT That Are Under 18 Years of Age*

Character Limit: 12

Total # of Out-of-State Visitors*

Character Limit: 12

Total # of Out-of-State Visitors That Are Over 18 Years of Age*

Character Limit: 12

Total # of Out-of-State Visitors That Are Under 18 Years of Age*

Character Limit: 12

Overall Total # of Visitors**Character Limit: 12***Overall Total # of Visitors That Are Over 18 Years of Age****Character Limit: 12***Overall Total # of Visitors That Are Under 18 Years of Age****Character Limit: 12***Report your museum's 2019 admission categories and cost for each.***

Example:

Admission Category-----Age Range/Other-----Admission Cost

Adults-----over 18-----\$10

Children-----under 18-----\$3

Seniors-----65+-----\$5

*Character Limit: 500***Plans for Re-Opening***

Please tell us your plans for re-opening. What days will you be open? For what hours? Please share any information you feel will help us understand your museum's operations.

*Character Limit: 1500***Tourism Partner?***

Is your organization currently a Tourism Partner with a listing the State of Connecticut's official tourism website CTVisit.com?

Choices

Yes

No

Operational Budget Information

In this section, we are interested in your data for the period of July 1 – September 2, 2019. Please provide the data for your fiscal year that covers that specific period of time.

**If your museum was not open in 2019, you may report 2018 data from the time period of July 1 - September 3, 2018.*

Fiscal Year Start Date*

Covering the period of July 1 – September 2, 2019 .

Character Limit: 10

Fiscal Year End Date*

Covering the period of July 1 – September 2, 2019 .

Character Limit: 10

Annual Operating Revenue & Expenses*

Please upload a financial document that details your organization's Annual Operating Revenues and Expenses for the full fiscal year that covers the period of July 1 - September 2, 2019.

File Size Limit: 1 MB

Operating Revenue & Expenses:

Referring to the uploaded financial document above, please provide your museum's data for the following time periods:

1. Full fiscal year that includes the period of July 1 - September 2, 2019.
2. The specific period of time of July 1 - September 2, 2019.

Operating Expenses, Full Fiscal Year*

Character Limit: 12

Operating Expenses, July 1 - September 2, 2019*

Character Limit: 12

Operating Income, Full Fiscal Year*

Character Limit: 12

Operating Income, July 1 - September 2, 2019*

Character Limit: 12

Revenue from Admissions

Please provide data for the following:

1. Full fiscal year that includes the period of July 1 - September 2, 2019
2. The specific period of July 1 - September 2, 2019.

Total Revenue from CT Visitors Over Age 18, Full Fiscal Year*

Character Limit: 20

Total Revenue from CT Visitors Over Age 18, July 1 - September 2, 2019*

Character Limit: 20

Total Revenue from CT Visitors Under Age 18, Full Fiscal Year**Character Limit: 20***Total Revenue from CT Visitors Under Age 18, July 1 - September 2, 2019****Character Limit: 20***Total Revenue from Out-of-State Visitors Over Age 18, Full Fiscal Year****Character Limit: 20***Total Revenue from Out-of-State Visitors Over Age 18, July 1 - September 2, 2019****Character Limit: 20***Total Revenue from Out-of-State Visitors Under Age 18, Full Fiscal Year****Character Limit: 20***Total Revenue from Out-of-State Visitors Under Age 18, July 1 - September 2, 2019****Character Limit: 20***Overall Total Revenue from Admissions, Full Fiscal Year****Character Limit: 20***Overall Total Revenue from Admissions, July 1 - September 2, 2019****Character Limit: 20*

In the next section, we are interested in the data for your organization's FY2020 and projections for FY2021.

Operating Revenue:

Report your organization's operating revenue for Fiscal Year 2020 and projected for 2021.

Fiscal Year 2020 Operating Revenue**Character Limit: 20***Projected Fiscal Year 2021 Operating Revenue****Character Limit: 20***Operating Expenses:**

Report your organization's operating expenses for Fiscal Year 2020 and projected for 2021.

Fiscal Year 2020 Operating Expenses**Character Limit: 20***Projected Fiscal Year 2021 Operating Expenses****Character Limit: 20*

Applicant Information

Project Title*

Please assign a title for your funding request for our granting system and process, using the following format:

"XYZ Museum CT Museums Kids Are Free Grant Program Request."

*Character Limit: 150***Authorizing Signatory First Name***

Note: If funded, the **Authorizing Signatory** is the person authorized to sign a grant contract for your organization.

*Character Limit: 100***Authorizing Signatory Last Name****Character Limit: 100***Authorizing Signatory Title****Character Limit: 250***Authorizing Signatory Mailing Address***

Please follow this formatting example:

Connecticut Humanities, 100 Riverview Center, Suite 290, Middletown, CT 06457

*Character Limit: 250***Authorizing Signatory Phone Number***

Please use the following format:

000-000-0000

*Character Limit: 250***Authorizing Signatory Email Address****Character Limit: 250*

Project Director First Name*

Note: The Project Director is the person responsible for managing your project. This individual will become your organization's primary contact person with Connecticut Humanities should the grant be funded. The Project Director and the Fiscal Agent CANNOT be the same person.

Character Limit: 100

Project Director Last Name*

Character Limit: 100

Project Director Title

Character Limit: 100

Project Director Organization*

Character Limit: 150

Project Director Phone Number*

Please use the following format:

000-000-0000

Character Limit: 250

Project Director Email Address*

Character Limit: 250

Fiscal Agent First Name*

Note: The Fiscal Agent is the person responsible for managing your project's grant funds and expenditures. The Project Director and the Fiscal Agent CANNOT be the same person.

Character Limit: 100

Fiscal Agent Last Name*

Character Limit: 100

Fiscal Agent Title

Character Limit: 100

Fiscal Agent Organization*

Character Limit: 150

Fiscal Agent Phone Number*

Please use the following format:

000-000-0000

Character Limit: 250

Fiscal Agent Email Address*

Character Limit: 250

W-9 Form*

To help expedite the contracting and payment process, please complete a W-9 form to upload. A blank W-9 form can be found [HERE](#).

File Size Limit: 2 MB

Application Certification*

"I declare that I have examined the information contained in the application and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete.

I have read and understand the program details on CT Humanities' website relating to this application (<https://cthumanities.org/grants/ct-museums-kids-are-free-summer/>).

I am aware that the submission of any false information/statement or omission of any pertinent information resulting in the false representation of a material fact in this application and related materials are punishable as a Class A Misdemeanor under Connecticut General Statutes 53a-157b."

Choices

By checking this box, I certify that I have read and understood the above statement

Certified By*

Name and Title

Character Limit: 250