CT Cultural Fund Operating Support Grants FY2022

Connecticut Humanities

Grant Eligibility

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

CT Humanities (CTH) is honored to partner with the CT Office of the Arts (COA) to administer the CT Cultural Fund Operating Support Grants program.

CTH will provide up to \$16 million in general operating support grants to help the state's museums, cultural, humanities, and arts organizations maintain and grow their ability to serve their community and the public, connect K-12 teachers and students to strong humanities and arts content, and improve their information technology and digital infrastructure.

CT Cultural Fund Operating Support grants are GENERAL OPERATING SUPPORT grants for museums and 501(c)(3) nonprofit, municipal, Connecticut State, or Connecticut-based tribal nation organizations that provide cultural-, humanities-, and arts-based projects and activities for the general public (i.e., museums, historical societies, arts organizations, cultural centers, and other organizations that offer activities such as exhibitions, performance, arts classes, public programs, or walking tours to the public).

Eligibility will be determined by those organizations whose core mission, vision, focus, and legal purpose, as stated in their Articles of Incorporation and Bylaws, articulate a commitment to conduct museum, cultural, humanities, and/or arts activities AND at least 51 percent of their annual fiscal expenditures is allocated specifically to support cultural, humanities, and arts activities, programming, services or initiatives. All eligible applying organizations will receive funding support.

Grant awards will be calculated based on the applicant organization's annual operating expenses and revenues for the period of 7/1/18 - 6/30/23.

All eligible applicants will receive a grant award. The minimum award is \$5,000 and maximum award is \$500,000. Grants do not require a cash match.

Applications will be accepted through Monday, November 15, 2021, at 11:59pm. Award notifications are expected to be made the week of December 20, 2021.

Visit the CT Humanities website for more information about the CT Cultural Fund Operating Support Grants program.

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

Questions? Need help with completing any aspect of this application? Email lpartridge@cthumanities.org for assistance.

Is your organization culture-, humanities-, or arts-based?*

CT Cultural Fund Operating Support grants are for museums and other 501c3 nonprofit, municipal, or CT-based tribal nation organizations that provide cultural-, humanities-, and artsbased projects and activities for the general public (i.e., museums, historic houses, historical societies, arts organizations, cultural centers, and other types of organizations that offer activities such as exhibitions, performances, arts classes, public programs, or walking tours to the general public).

Choices Yes

No

Are your organization's mission and activities culture-, humanities-, or artsbased?*

Eligibility will be determined by those organizations whose core mission, vision, focus, and legal purpose, as stated in their Articles of Incorporation and Bylaws, articulate a commitment to conduct museum, cultural, humanities, and/or arts activities AND at least 51 percent of their annual fiscal expenditures is allocated specifically to support cultural, humanities, and arts activities, programming, services or initiatives.

Choices

Yes No

Which of the following best describes your organization?*

Choices

Organization with tax exempt status under Section 501(c)(3) of the US Internal Revenue Service Organization owned and operated by a municipality Connecticut-based federally or state recognized tribe CT State-operated museum or CT State College- or University-operated museum Other

Financial Statements*

Does your organization have financial statements for completed fiscal years and a boardauthorized budget for your current fiscal year?

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	no	ites

Yes No

501(c)(3) Organizations

Was your organization incorporated in the State of Connecticut?*

Choices Yes No

Is your organization's primary place of business and operations 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)?

Choices Yes No

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

Acknowledgement*

I recognize that if my 501(c)(3) museum is a part of a college or university with one or more qualifying museums, each museum should fill out a separate CT Cultural Fund Operating Support Grant application. I acknowledge that every college or university museum will receive a maximum award of \$5,000.

Note: all 501c3 applicant organizations, regardless of type, will need to select "Yes" to proceed with the application.

Choices Yes

Municipality

What municipality is your organization owned or operated by?* Character Limit: 50

CT State or CT State College/University Operated Museums

Acknowledgement*

While Connecticut State organizations are not normally eligible to apply directly for CTH funding, CT State-operated Museums and CT State College- or University-operated museums are eligible to apply for CT Cultural Fund Operating Support Grant funding.

If my organization is a CT State-operated Museum or a CT State College- or University-operated museum, I acknowledge that my organization will receive a maximum award of \$5,000.

If my institution has more than one qualifying museum, each museum should fill out a separate CT Cultural Fund Operating Support Grant application.

Choices Yes

Other Organizations

Other Organizations*

Please briefly describe your organization's classification. Additionally, please reach out to Lian Partridge at lpartridge@cthumanities.org to discuss your organization's eligibility for the CT Cultural Fund Operating Support Grant.

Character Limit: 500

Organizational Information

For questions with the Guidestar icon (^M), click the icon to pull this information automatically from your organization's profile.

Primary Organization Name* Character Limit: 250

AKA *Character Limit: 250*

DBA *Character Limit: 250*

EIN* *Character Limit: 250*

Government Issued Ruling Year*

Character Limit: 250

Organization Type*

What type of organization are you? Please check all that apply.

Choices

Art Museum Arts Center Arts Council/Agency Arts Service Organization (e.g. arts education, alliances; does not include presenters/producers) Children's Museum Cinema **Cultural Series Organization Designated Regional Service Organization** Fair/Festival Gallery/Exhibit Space **Historic Site Historical Society History Museum** Nature Center **Performance Facility** Performing Group School of the Arts Science Museum **Theater Company Transportation Museum** Tribal Nation, Museum, or Cultural Center University- or College-based Museum Zoo/Aquarium Other (Please explain in next section)

Other

If you entered "Other" above, please tell us what type of organization you are.

Character Limit: 150

Organizational Purpose*

What is the legal purpose of your organization as stated on its Articles of Incorporation and Bylaws?

Character Limit: 1000

What is your organization's mission statement?*

How do your exhibitions, programs, and activities support your organization's mission statement?*

Character Limit: 500

Organizational Goals and Priorities*

What are your organization's **three** most important goals and priorities for next year with receipt of a CT Cultural Fund Operating Support Grant? Select your **top three choices** from the list of options below.

Choices

Bring Back Staff That Was Released Due to the Pandemic Hire Additional Staff **Diversify Staff Hire Contractors** Make Collections More Accessible Present More Virtual/ Programs Online Improve IT/ Online Presence Increase Visitation/Audience **Diversify Audience** Make Visitation Free/Lower Cost Increase The Number of Student Visitors (Either On-Site or Virtual) **Increase Marketing** Grow Revenue Improve Fundraising and Membership **Diversify Board** Inclusivity, Diversity, Equity, and Access Training Keep Doors Open--We're In Survival Mode Other

Organizational Goals and Priorities Explained*

Please provide more detail about the three organizational goals and priorities you selected above. If you selected other, please explain.

Character Limit: 2500

Organizational Transformation*

How could access to this unprecedented funding be transformational for your organization and your ability to better serve your audiences?

Character Limit: 1500

Additional Needs*

What would your organization need, beyond operating support, to help you realize transformational change?

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

Organization Profiles Updated?*

"I have reviewed and updated my Organization's profile information."

(To review and update your Organization profile, click on the black pencil icon in the Contact Info tab on the far right above.)

Note: New data fields have been added for FY22 and require your attention--including mailing address and congressional districts!

Choices Yes

Operational Budget

In this section, we are interested in your financial data for the period covering July 1, 2018 to June 30, 2023. Operating Support award amounts will be determined based upon the organization's operating expenses, revenues, and deficits for the three most recently completed fiscal years during this period, as well as the expected data for your current fiscal year and next fiscal year.

Acceptable uploads for financial data from previous fiscal years could include audited financial statements, profit/loss statements, budgets with actuals, or any other document that shows your organization's actual expenses and sources of revenue.

Fiscal Year Start Date*

Please enter the date that your fiscal year starts, i.e., January 1, July 1, or Sept 1, etc. *Character Limit: 12*

Fiscal Year End Date*

Please enter the date that your fiscal year ends, i.e., December 31, June 30, or August 31, etc.

Character Limit: 12

Current Annual Operating Revenue & Expenses*

Please upload a financial document that details your organization's expected Annual Operating Revenues and Expenses for your current fiscal year.

File Size Limit: 1 MB

Total Operating Expenses, Current Fiscal Year*

Character Limit: 20

Total Operating Income, Current Fiscal Year* Character Limit: 20

Amount of FY22 General Operating Support Received from CT State Legislature via Line Item Funding*

Line-item funding refers to organizations that are mentioned by name or within a consortium in the FY22 Connecticut State budget. It does not refer to state grants or any other grants you may have received.

Character Limit: 20

Previous Year's Operating Revenue and Expenses*

Please upload a financial document that details your organization's Annual Operating Revenues and Expenses for your most recently completed fiscal year.

File Size Limit: 1 MB

Total Operating Expenses, Previous Fiscal Year*

Character Limit: 20

Total Operating Income, Previous Fiscal Year*

Character Limit: 20

Operating Revenue & Expenses from Two Years Ago*

Please upload a financial document that details your organization's Annual Operating Revenues and Expenses from two years ago.

File Size Limit: 1 MB

Total Operating Expenses, Two Years Ago*

Total Operating Income, Two Years Ago*

Character Limit: 20

Operating Revenue & Expenses from Three Years Ago*

Please upload a financial document that details your organization's Annual Operating Revenues and Expenses from three years ago.

File Size Limit: 1 MB

Total Operating Expenses, Three Years Ago*

Character Limit: 20

Total Operating Income, Three Years Ago* Character Limit: 20

Total Operating Expenses, Estimated Next Fiscal Year*

Character Limit: 20

Total Operating Income, Estimated Next Fiscal Year*

Character Limit: 20

Additional Information (Optional)

Use this text box to share any additional information/comments regarding your organization's budget/financials.

Character Limit: 1500

Staffing Information

The purpose of this section is to gather data on employment in the cultural sector.

In this section, we are interested in each organization's number of full time staff, part time staff, and contractors. This data will help us to understand and communicate the impact of the pandemic on staffing in the cultural sector.

Please answer the questions below as accurately as you can. Best estimates are acceptable.

Number of Paid Full-Time Staff Today*

How many paid full-time staff members does your organization have today? *Character Limit: 7*

Number of Paid Part-Time Staff Today*

How many paid part-time staff members does your organization have today?

Character Limit: 7

Number of Paid Contractors Today*

How many paid contractors does your organization employ today? *Character Limit: 7*

Number of Volunteer Hours Contributed, Year to Date

How many total volunteer hours have been contributed to your organization since January 1, 2021?

Character Limit: 9

Number of Paid Full-Time Staff in January 2021*

How many paid full-time staff members did your organization have on January 1, 2021? *Character Limit: 7*

Number of Paid Part-Time Staff in January 2021*

How many paid part-time staff members did your organization have on January 1, 2021?

Character Limit: 7

Number of Paid Contractors in January 2021*

How many paid contractors did your organization employ on January 1, 2021?

Character Limit: 7

Number of Paid Full-Time Staff in January 2020*

How many paid full-time staff members did your organization have on January 1, 2020?

Character Limit: 7

Number of Paid Part-Time Staff in January 2020*

How many paid part-time staff members did your organization have on January 1, 2020?

Character Limit: 7

Number of Paid Contractors in January 2020*

How many paid contractors did your organization employ on January 1, 2020?

Character Limit: 7

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Number of Volunteer Hours Contributed, 2020*

How many total volunteer hours were contributed to your organization in 2020? Character Limit: 9

Number of Paid Full-Time Staff in January 2019*

How many paid full-time staff members did your organization have on January 1, 2019?

Character Limit: 7

Number of Paid Part-Time Staff in January 2019*

How many paid part-time staff members did your organization have on January 1, 2019?

Character Limit: 7

Number of Paid Contractors in January 2019*

How many paid contractors did your organization employ on January 1, 2019?

Character Limit: 7

Number of Volunteer Hours Contributed, 2019*

How many total volunteer hours were contributed to your organization in 2019? Character Limit: 9

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 Cultural Fund Operating Support Grant" 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

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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*

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

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.

My organization values and promotes inclusion, diversity, equity, and access in our workplace, on our board, with our partners, and through our activities.

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 is 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*

CT Humanities Grants E-newsletter Opt-in

By checking the box below you (the applicant) are opting in to receive periodic e-news related to our granting program. Other members of your organization may subscribe here.

Your answer to this question will not affect the application review process.

If you choose not to receive our grants e-newsletter, you will still receive communication from us about your grant application and occasional grant-related announcements.

Choices Yes