



Organization Information:

- Organization Profile
- Mission & Outreach
- Facilities & Venues
- Attendance/Education
- Previous Activities

Staff/ Board In fo:

- Staff Information
- Board Information

Budget Information:

- Operating Budget
- Budget Notes
- Budget Information

Proposed Services:

- Project Summary

Final Steps:

- Supplemental Materials
- Final Review & Submit

Applicant's Name:	
AKA:	
Organization ID (EIN):	
Application ID:	
Application Status:	

Organization Profile

Please print and carefully review the [Instructions](#) document, which provides detailed instructions for completing each section. Every item of information requested is essential; all fields must be completed in order to submit the CDF Renewal. If a field does not apply to your organization, type "0" or "N/A."

Portions of the online Renewal will be pre-populated for organizations that submitted a CDF Application or Renewal in Fiscal 2017. These pre-populated fields are editable and must be updated to reflect current information.

Attention:



Before you fill out any other part of this Renewal, enter your organization's FY15 Operating Income. The figure entered below must be accurate and should match information from your FY15 IRS 990; this figure should not include in-kind support. If you plan to designate Social and/or Multi-Service, Religious, or Educational Institution as your Organizational Code below, the FY15 Operating Income should reflect the organization's cultural budget only. If you submitted an online CDF Application or Renewal in Fiscal 2017, this field will be pre-populated with your FY14 Operating Income. You MUST update this to reflect your FY15 Operating Income.

FY15 Operating Income:	<input type="text"/>
FY15 Total Expenses:	<input type="text"/>

Executive Director Information:

Salutation:	<input type="text" value="- Select -"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Title:	<input type="text"/>
Phone Number	<input type="text"/> <input type="text"/> <input type="text"/> Ext. <input type="text"/>
Email Address:	<input type="text"/>

Organization Address:

Street Address:	<input type="text"/>
	<input type="text"/>
City:	<input type="text"/>
Borough:	<input type="text" value="- Select -"/>
 Council District:	<input type="text" value="-Select-"/>
 Community Board:	<input type="text" value="-Select-"/>
Neighborhood:	<input type="text" value="-Select-"/>
State:	<input type="text" value="NY"/>
ZIP Code:	<input type="text"/>





Mailing Address:

Same as Organization Address?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address:	<input type="text"/>
	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="NY"/>
ZIP Code:	<input type="text"/>

Organization Contact Information:

Phone Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alternate Telephone Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website:	<input type="text"/>		

General Information:

 Organizational Code:	<input type="text" value="- Select -"/>
Other:	<input type="text"/>
 FY15 Organization Income:	<input type="text"/>
Incorporation Year:	<input type="text"/> (YYY)
 Using Conduit?	<input type="radio"/> Yes <input checked="" type="radio"/> No
 Conduit's Legal Name:	<input type="text"/>

PRINT PREVIEW

SAVE

CANCEL





Organization Information:

- Organization Profile
- **Mission & Outreach**
- Facilities & Venues
- Attendance/Education
- Previous Activities

Staff/Board Info:

- Staff Information
- Board Information

Budget Information:

- Operating Budget
- Budget Notes
- Budget Information

Proposed Services:

- Project Summary

Final Steps:

- Supplemental Materials
- Final Review & Submit

Mission & Outreach

Please provide responses in the space provided. If you completed an online CDF Application or Renewal for Fiscal 2017, the mission statement will be pre-populated with the previous year's information. Review all the information in this section carefully and update as appropriate.

Mission, History, and Principal Activities:

Describe the **mission, history, and principal activities** of your organization (2000 character limit):

Outreach/Marketing Statement:

Briefly describe your organization's audience and quantify outreach, marketing, and/or audience development efforts **for the proposed services** as applicable (2000 character limit): [?](#)

PRINT PREVIEW

SAVE

CANCEL





Organization Information:

- [Organization Profile](#)
- [Mission & Outreach](#)
- [Facilities & Venues](#)
- [Attendance/Education](#)
- [Previous Activities](#)

Staff/Board Info:

- [Staff Information](#)
- [Board Information](#)

Budget Information:

- [Operating Budget](#)
- [Budget Notes](#)
- [Budget Information](#)

Proposed Services:

- [Project Summary](#)

Final Steps:

- [Supplemental Materials](#)
- [Final Review & Submit](#)

Facilities & Venues

Please provide the following information regarding specific locations relevant to your organization, so we may better serve the field and advocate on its behalf. **Note: critical information about the venues for your projects must be included in your project descriptions.**

Facility Information:

Hours open to the public (600 character limit): (e.g., M-F, 9am-5pm)	
Primary Physical Facility:	<input type="text" value="- Select -"/>
If shared, with whom:	<input type="text"/>
% of annual budget spent on space:	<input type="text"/>

Primary Locations/Venues:

Please identify the primary locations/venues where your organization's principal activities take place. Please note capacity of each location/venue (500 character limit):	
--	--

Relocations/Expansions/Renovations:

Please explain any relocations, expansions, renovations or major improvements recently completed or planned for the coming year(s) (500 character limit):	
---	--

PRINT PREVIEW

SAVE CANCEL



Organization Information:

- ◆ Organization Profile
- ◆ Mission & Outreach
- ◆ Facilities & Venues
- ◆ Attendance/Education
- ◆ Previous Activities

Staff/ Board Info:

- ◆ Staff Information
- ◆ Board Information

Budget Information:

- ◆ Operating Budget
- ◆ Budget Notes
- ◆ Budget Information

Proposed Services:

- ◆ Project Summary

Final Steps:

- ◆ Supplemental Materials
- ◆ Final Review & Submit

Attendance/Education

In the applicable categories below, provide actual attendance figures for activities that took place within the five boroughs in your organization's Fiscal 2016. Include all cultural activities, not only those for which you requested Department of Cultural Affairs support. Note: Web-based programming refers to activities that use the internet to deliver services, not merely visits to your organization's website.

FY16 Attendance:

Public Attendance:	<input type="text"/>
Education Programs:	<input type="text"/>
Web-based Programming:	<input type="text"/>
Other:	<input type="text"/>
Total:	0

Ethnicity:

This section is optional; the following information is being asked for research purposes only and will not be considered in the grant-making process. Please provide a percentage breakdown of the ethnicities represented within the total attendance figure provided above. Your percentage breakdown must total 100%. Any blank fields will be automatically filled with "0." Percentages may be estimates.

Native American/Alaskan (%):	0
Asian (%):	0
African American/Black (%):	0
Hispanic/Latino (%):	0
Native Hawaii/Pacific Islander (%):	0
White (%):	0
Other (%):	0
Total (%):	0

Individuals with Disabilities:

How does your organization inform the public about its access for individuals with disabilities (e.g., wheelchair access or services for the visually or learning impaired)?

FY16 Educational Programs:

This section refers to educational services benefiting children in grades Pre-K through 12.

Does your organization provide educational services?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does your organization provide direct service to public school students?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does your organization provide arts in education professional development?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Total cost to provide educational programs:	<input type="text"/>

Indicate what percentage of the cost of providing these educational services comes from the following sources in FY16. Sources must total 100%.

DoE (%)	<input type="text"/>
DYCD (%)	<input type="text"/>
DCA (%)	<input type="text"/>
State Education (%)	<input type="text"/>
NYSOA (%)	<input type="text"/>
FED (%)	<input type="text"/>
Corporation (%)	<input type="text"/>
Foundation (%)	<input type="text"/>
Recipient (%)	<input type="text"/>
Other (%)	<input type="text"/>
Total (%)	<input type="text" value="0"/>

Do your teaching artists model their lessons/curriculum using the NYC DoE's Blueprint for teaching and learning?	<input type="radio"/> Yes <input checked="" type="radio"/> No
--	---



Organization Information:

- ◆ Organization Profile
- ◆ Mission & Outreach
- ◆ Facilities & Venues
- ◆ Attendance/Education
- ◆ Previous Activities

Staff/ Board Info:

- ◆ Staff Information
- ◆ Board Information

Budget Information:

- ◆ Operating Budget
- ◆ Budget Notes
- ◆ Budget Information

Proposed Services:

- ◆ Project Summary

Final Steps:

- ◆ Supplemental Materials
- ◆ Final Review & Submit

Previous Activities

Enter your organization's activities that have taken place between July 1, 2015 and now. You may include up to eight (8) activities, so group events that are related or which occur within the same season and/or fiscal year (e.g., 2016 Mainstage Season). Please consider the projects for which you are requesting support in the current Fiscal Year as you complete this section. At least one activity is required to complete this section.

Click the BLUE Save Activity button located at the bottom of the page to add an activity to the list below.

Previous Activities:

[Set Priority](#)

Click the Select Priority link to select an activity and use arrows to indicate its priority. The activity at the top of the list will be considered your organization's highest priority.

Activity Description	Date(s)	Location	# of People
No Activities Found			

Activity Description (250 character limit):

Date(s):
(e.g., 3/1/2016-3/15/2016, 10/5/2016)

Location:

Number of Direct Recipients:

[Save Activity](#) [Clear Fields](#)

[PRINT PREVIEW](#) [SAVE](#) [CANCEL](#) [←](#) [→](#)



Organization Information:

- Organization Profile
- Mission & Outreach
- Facilities & Venues
- Attendance/Education
- Previous Activities

Staff/Board Info:

- Staff Information
- Board Information

Budget Information:

- Operating Budget
- Budget Notes
- Budget Information

Proposed Services:

- Project Summary

Final Steps:

- Supplemental Materials
- Final Review & Submit

Staff Information

Enter the total number of staff working for your organization below. Please note employees are considered full-time if they are permanent staff members working 35 hours a week or more, whether paid or unpaid. NOTE: If arts and culture are only one component of a larger mission, provide only information about members of your staff involved in arts and culture programming.

General Staffing Information:

Volunteer Program:

If you have a volunteer program, please describe it here. This may include internship programs but should not include occasional volunteers or board members. (800 character limit):

Principal Administrative/Artistic Staff:

Enter up to ten (10) individuals you consider principal administrative and artistic staff members. Use the drop down menus to indicate full- or part-time status and salary range. At least one staff member must be entered for this section to be complete.

Click the BLUE Save Staff Member button located at the bottom of the page to add a staff member to the list below.

Name of Staff Member	Title	FT/PT	Code
There are currently no staff members specified for this application.			

First Name:

Last Name:

Title of Staff Member:

Full Time or Part Time?

Salary Code:



Organization Information:

- [Organization Profile](#)
- [Mission & Outreach](#)
- [Facilities & Venues](#)
- [Attendance/Education](#)
- [Previous Activities](#)

Staff/Board Info:

- [Staff Information](#)
- [Board Information](#)

Budget Information:

- [Operating Budget](#)
- [Budget Notes](#)
- [Budget Information](#)

Proposed Services:

- [Project Summary](#)

Final Steps:

- [Supplemental Materials](#)
- [Final Review & Submit](#)

Board Information

Under General Board Members Information, tell us about the activities of your full governing board. Then enter up to six (6) Board Members indicating his/her name, officer title if applicable, profession/affiliation, and the year s/he joined the board. If your board has more than six members, enter just the officers here (your full Board list will be submitted as part of the required supplemental materials). At least three Board Members must be entered for this section to be complete.

Click the BLUE Save Board Member button located at the bottom of the page to add a Board Member to the below list.

General Board Information:

of members on full board:

Do members have term limits? Yes No

How often does the board meet?

Other:

Does your board have an active committee structure? Yes No

Does your board have an audit/finance committee? Yes No

Board gifts as a % of current Operating Income:

Expected level of "give or get" (\$):

Board Members/Trustees:

Name of Board Member	Title	Prof/Aff	Year
There are currently no board members specified for this application.			

First Name:

Last Name:

Board Member Title:

Profession/Affiliation:

Appointment Year: (YYY)



Organization Information:

- [Organization Profile](#)
- [Mission & Outreach](#)
- [Facilities & Venues](#)
- [Attendance/Education](#)
- [Previous Activities](#)

Staff/Board Info:

- [Staff Information](#)
- [Board Information](#)

Budget Information:

- [Operating Budget](#)
- [Budget Notes](#)
- [Budget Information](#)

Proposed Services:

- [Project Summary](#)

Final Steps:

- [Supplemental Materials](#)
- [Final Review & Submit](#)

Operating Budget

BUDGET OVERVIEW

In this section, please enter your organization's annual operating budgets for the most recently completed Fiscal Year, projections for the current Fiscal Year, and projected Fiscal Year. Begin by telling us when your Fiscal Year starts for each period. Then enter budget figures according to your organization's Fiscal Year for each category requested. **Do not include in-kind or capital support in any of the figures provided.** Make sure that you refer to the corresponding help section for definitions of each income and expense category.

If you submitted an online CDF Application or Renewal for Fiscal 2017, the fields in this section will be pre-populated with the previous proposal's information. For most organizations, these figures were projected at the time of submission and must be updated. Please make sure to review all of the information in this section carefully and **update as appropriate.**

Use the Budget Overview feature at the top of the "Final Review & Submit" page to review both organizational and project budgets together.

Fiscal Years:

FY16 Start Date:	<input type="text"/>	<input type="text"/>	(MM/YYYY)
FY17 Start Date:	<input type="text"/>	<input type="text"/>	(MM/YYYY)
FY18 Start Date:	<input type="text"/>	<input type="text"/>	(MM/YYYY)

Earned Income:

	FY16 (Completed)	FY17 (Current)	FY18 (Projected)
? Admissions/Box Office:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Contracted Services:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Tuition, Class/Workshop Fees:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Publications:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Fundraising (Gross):	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Other Earned Income:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Earned Income:	\$0	\$0	\$0

Unearned/Non-government Income:

	FY16 (Completed)	FY17 (Current)	FY18 (Projected)
? Corporate Contributions:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Foundation Grants:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Individual Contributions:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Other Unearned:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal:	\$0	\$0	\$0

Unearned/Government Income:

	FY 16 (Completed)	FY17 (Current)	FY18 (Projected)
? NEA:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? NYSCA:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Other Federal/State:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? DCA/Program Services:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? DCA/Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Other City:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Local Arts Councils:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal:	\$0	\$0	\$0
Total Unearned Income:	\$0	\$0	\$0
Total Income:	\$0	\$0	\$0

Expenses:

	FY 16 (Completed)	FY17 (Current)	FY18 (Projected)
? Personnel - Administrative:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Personnel - Artistic:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Personnel - Technical/Production:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Outside Professional Services:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Space Rentals/Utilities:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Equipment Rental/Supplies:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Travel/Transportation:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Advertising/Promotion /Marketing:	<input type="text"/>	<input type="text"/>	<input type="text"/>
? Other Expenses:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Expenses:	\$0	\$0	\$0
Surplus/Deficit:	\$0	\$0	\$0

PRINT PREVIEW

SAVE CANCEL  



Organization Information:

- Organization Profile
- Mission & Outreach
- Facilities & Venues
- Attendance/Education
- Previous Activities

Staff/Board Info:

- Staff Information
- Board Information

Budget Information:

- Operating Budget
- Budget Notes
- Budget Information

Proposed Services:

- Project Summary

Final Steps:

- Supplemental Materials
- Final Review & Submit

Budget Notes

Please answer each of the following budget questions related to the figures entered in the Operating Budget section. Provide as much detail as you can in the space provided, and do not leave any section blank.

Fiscal Year Variation:

For figures entered for the three Operating Budgets, please explain every item that varies by 20% between any of the three fiscal years (1000 character limit):

Other Sources of Income and Expenses:


For FY18 figures, please detail other sources of income and expenses for the following fields: Contracted Services, Other Earned Income, Other Unearned Income, Other Federal and State Income, DCA/Other Income, Other City Income, Local Arts Councils, Outside Professional Services, and Other Expenses.

Surplus/Deficit:

Please provide an explanation of each surplus and/or deficit listed in any of the three fiscal years in the Operating Budget. Explain the origin of the surplus or deficit, and give details about the impact of the surplus and/or plans to address the deficit moving forward. (1000 character limit):

In-kind Support:

In-kind Support for FY17:

 Specify the sources for the amount shown as In-kind Support (800 character limit):

Further Explanation:

Account for any other anomalies or items in the figures entered for the Operating Budgets that may require further explanation (1000 character limit):

PRINT PREVIEW

SAVE

CANCEL





Organization Information:

- Organization Profile
- Mission & Outreach
- Facilities & Venues
- Attendance/Education
- Previous Activities

Staff/Board Info:

- Staff Information
- Board Information

Budget Information:

- Operating Budget
- Budget Notes
- Budget Information

Proposed Services:

- Project Summary

Final Steps:

- Supplemental Materials
- Final Review & Submit

Budget Information

If your organization has any Special Funds, such as endowments or cash reserves, select 'Yes.' If Special Funds are not applicable to your organization, select 'No.'

Select the Fund Type and Restrictions from the drop-down menus. Click the BLUE Save Fund button located at the bottom of the page to save your entry and add it to your list of funds. Enter up to four Special Funds. If you need to delete a fund as you are entering the information, click the BLUE Clear Fields button.

Major Operating Budget Increase/Decrease:

If you anticipate any major (more than 10%) increases or decreases in your operating budget in FY19 and/or FY20, please explain (800 character limit):

Special Funds:

Does your organization have any special funds? Yes No

Type of Fund	Res./UnRes.	Amt.16	Amt.17	Purpose
No Special Funds Found				

Fund Type:

Restricted/Unrestricted:

Amount as of 07/01/16 (\$):

Projected Amt for 07/01/17 (\$):

Purpose (if restricted):

PRINT PREVIEW

SAVE

CANCEL





Organization Information:

- Organization Profile
- Mission & Outreach
- Facilities & Venues
- Attendance/Education
- Previous Activities

Staff/Board Info:

- Staff Information
- Board Information

Budget Information:

- Operating Budget
- Budget Notes
- Budget Information

Proposed Services:

- Project Summary

Final Steps:

- Supplemental Materials
- Final Review & Submit

Project Summary

Click NEW PROJECT to begin entering information about the project for which you are requesting support. If you have begun drafting project information and want to edit or change information, click on the title of the project below. You may request support for up to five (5) projects.

Projects appear in priority order; the project at the top of the list will be considered your organization's highest priority.

Once projects are entered, you may change the priority of each project using the "Set Priority" link.

Projects:

[Set Priority](#)

Project Title	Status
EXAMPLE	Incomplete Delete

New Project

Amount Totals:

Total cost and request amounts will be tallied automatically based on the information provided in the budget of each project for which you are requesting support. Be sure to consider how these figures correspond to your organizational budget.

The total request amount should equal the threshold **one greater** than the award amount in your FY17 Grant Notification, including any anticipated City Council discretionary (a.k.a. Member Item) support to be administered by DCA.

Total Project Cost (\$): 0

Total Request Amount (\$): 0

Designation:

Select **one** borough and **one** discipline to describe your overall Renewal, based on the information entered about the proposed projects. Consider your project priorities when making this designation.

Discipline:

Borough:

Renewal Certification:

Has anything changed in regard to any of your projects? Yes No

If yes, what changed and why?

PRINT PREVIEW

SAVE

CANCEL





Organization Information:

- [Organization Profile](#)
- [Mission & Outreach](#)
- [Facilities & Venues](#)
- [Attendance/Education](#)
- [Previous Activities](#)

Staff/Board Info:

- [Staff Information](#)
- [Board Information](#)

Budget Information:

- [Operating Budget](#)
- [Budget Notes](#)
- [Budget Information](#)

Proposed Services:

- [Project Summary](#)

Final Steps:

- [Supplemental Materials](#)
- [Final Review & Submit](#)

Projects

EXAMPLE

- Overview
- Details
- Budget

We encourage you to apply only for projects that you can realistically complete in the upcoming Fiscal Year. Remember that Department of Cultural Affairs funding cannot support more than 50% of the total project costs and that all projects, if funded, must be completed as proposed. Remember to type "0" or "N/A" for fields that are not applicable. Please enter your Project Title first.

General Information:

Multiple values can be selected for some questions. (PC users may select more than one item by holding the CONTROL key while clicking on the selections. Mac users should click the Command key (the ⌘ key) while clicking on multiple selections.) The "Project Cost Amount" automatically populates based on the "Total Expenses" field on the Project Budget page. The "Project Request Amount" automatically populates based on the "Project Request Amount" entered on the Project Budget page. The requested amount cannot exceed 50% of the project expenses.

Project Title:	<input type="text" value="EXAMPLE"/>
Project Cost (\$):	<input type="text" value="0"/>
Request Amount (\$):	<input type="text" value="0"/>
Discipline Code:	<input type="text" value="- Select -"/>
Borough(s):	<input type="text" value="Bronx"/> <input type="text" value="Brooklyn"/> <input type="text" value="Manhattan"/> <input type="text" value="Queens"/> <input type="text" value="Staten Island"/>
Council District(s):	<input type="text"/>

Synopsis:

Please summarize the project, based on the full project description provided in the Details section (480 character limit):

Proposed Services Beyond FY18:

If the project for which you are requesting funding is a multi-year project, please detail how it will evolve/change in FY19 and FY20 (800 character limit): [?](#)

^

v

If the project for which you are requesting funding is not a multi-year project, please provide information regarding projects that will occur in FY19 and FY20 (800 character limit): [?](#)

^

v

PRINT PREVIEW

SAVE

CANCEL PROJECT





Organization Information:

- [Organization Profile](#)
- [Mission & Outreach](#)
- [Facilities & Venues](#)
- [Attendance/Education](#)
- [Previous Activities](#)

Staff/ Board Info:

- [Staff Information](#)
- [Board Information](#)

Budget Information:

- [Operating Budget](#)
- [Budget Notes](#)
- [Budget Information](#)

Proposed Services:

- [Project Summary](#)

Final Steps:

- [Supplemental Materials](#)
- [Final Review & Submit](#)

Projects

EXAMPLE

Overview	Details	Budget
----------	---------	--------

Remember that all proposed activities **must** occur within the City's upcoming fiscal year (July 1, 2017 - June 30, 2018) and within the five boroughs. This section requires a high level of detail and cannot be completed correctly without referring to the [Instructions](#).

Project Description:

Please describe this project with a high level of detail, including **who, what, when, where, why, how, how many and how often**. Please consider the readability of the project narrative and enter your description accordingly; carriage returns count as a single character (3500 character limit):

Project Details:

Multiple values can be selected for "Specific Audience." PC users may select more than one item by holding the CONTROL key while clicking on the selections. Mac users should click the Command key (the key) while clicking on multiple selections.

Start Date of Activity:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(MM/DD/YYYY)
End Date of Activity:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(MM/DD/YYYY)
Number of Direct Recipients:	<input type="text"/>			
Specific Audience:	<div style="border: 1px solid #ccc; padding: 2px;"> Adults General Grades 6-8 Grades 9-12 </div>			
Will you charge for this service?	<input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe pricing and who pays:	<input type="text"/>			
Do you provide discounts?	<input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, please describe discount program:	<input type="text"/>			

Artist Compensation:


Are artists compensated? Yes No

If yes, provide detailed explanation of compensation:

Do artists pay to participate? Yes No

If yes, provide detailed explanation of cost structure:

Education Program:

 Is this an education program that benefits children in grades Pre-K through 12? Yes No

Category of education program:

Describe how your organization evaluates the success of the education program. If applicable, describe how your teaching artists collaborate with teachers at the school to design and implement the project. (500 character limit):

PRINT PREVIEW

SAVE

CANCEL PROJECT





Organization Information:

- Organization Profile
- Mission & Outreach
- Facilities & Venues
- Attendance/Education
- Previous Activities

Staff/Board Info:

- Staff Information
- Board Information

Budget Information:

- Operating Budget
- Budget Notes
- Budget Information

Proposed Services:

- Project Summary

Final Steps:

- Supplemental Materials
- Final Review & Submit

Projects

BUDGET OVERVIEW

EXAMPLE

Overview	Details	Budget
----------	---------	---------------

In this section, please enter project budget figures for each category. **Do not include in-kind support.** Refer to the [Instructions](#) or help buttons for definitions of each income and expense category. Enter only whole dollars with no decimals. Refer to the Instructions and your organization's FY17 Grant Notification Letter to determine the amount to enter under DCA Project Request.

Eamed Income:

<input type="checkbox"/> Admissions/Box Office:	<input type="text"/>
<input type="checkbox"/> Contracted Services:	<input type="text"/>
<input type="checkbox"/> Tuition, Class/Workshop Fees:	<input type="text"/>
<input type="checkbox"/> Publications:	<input type="text"/>
<input type="checkbox"/> Fundraising (Gross):	<input type="text"/>
<input type="checkbox"/> Other Earned Income:	<input type="text"/>
Total Earned Income:	\$0

Unearned/Non-government Income:

<input type="checkbox"/> Corporate Contributions:	<input type="text"/>
<input type="checkbox"/> Foundation Grants:	<input type="text"/>
<input type="checkbox"/> Individual Contributions:	<input type="text"/>
<input type="checkbox"/> Other Unearned Income:	<input type="text"/>
Subtotal:	\$0

Unearned/Government Income:

<input type="checkbox"/> DCA Project Request:	<input type="text"/>
<input type="checkbox"/> NEA:	<input type="text"/>
<input type="checkbox"/> NYSCA:	<input type="text"/>
<input type="checkbox"/> Other Federal/State:	<input type="text"/>
<input type="checkbox"/> DCA/Other:	<input type="text" value="\$0"/>
<input type="checkbox"/> Other City:	<input type="text"/>
<input type="checkbox"/> Local Arts Councils:	<input type="text"/>
Subtotal:	\$0
Total Unearned Income:	\$0
Total Income:	\$0

Anticipated Funding:

Itemize any anticipated direct or indirect funding sources for the project by name and amount. **Indicate received or committed funds with an asterisk** (e.g., ABC Foundation: \$10,000*). (800 character limit):

Expenses:

<input type="text" value="Personnel - Administrative:"/>	
<input type="text" value="Personnel - Artistic:"/>	
<input type="text" value="Personnel - Technical/Production:"/>	
<input type="text" value="Outside Professional Services:"/>	
<input type="text" value="Space Rentals/Utilities:"/>	
<input type="text" value="Equipment Rental/Supplies:"/>	
<input type="text" value="Travel/Transportation:"/>	
<input type="text" value="Advertising/Promotion /Marketing:"/>	
<input type="text" value="Other Expenses:"/>	
Total Expenses:	\$0
Surplus/Deficit:	\$0

Other Sources of Income and Expenses:

Other Sources of Income and Expenses:

(Provide details for the following fields: Contracted Services, Other Earned Income, Other Unearned Income, Other Federal/State Income, DCA/Other Income, Other City Income, Local Arts Councils, Outside Professional Services, and Other Expenses.)

PRINT PREVIEW **SAVE** **CANCEL PROJECT** ← **PROJECT SUMMARY** →



Organization Information:

- Organization Profile
- Mission & Outreach
- Facilities & Venues
- Attendance/Education
- Previous Activities

Staff/Board Info:

- Staff Information
- Board Information

Budget Information:

- Operating Budget
- Budget Notes
- Budget Information

Proposed Services:

- Project Summary

Final Steps:

- Supplemental Materials
- Final Review & Submit

Supplemental Materials

Please provide the following information on your organization's tax-exempt status and insurance information:

Tax-exempt status and insurance information:

? Is this organization tax-exempt? Yes No

? Will the services described in this application be covered by Comprehensive General Liability insurance? Yes No

Amount of bodily injury:

Amount for property damage:

Supplemental Materials:

ATTENTION: The required Supplemental materials must be received by June 12, 2017 in order for your Renewal to be considered complete and eligible for funding. There will be no exceptions to this deadline.

Supplemental material must either be:

HAND DELIVERED to the Department of Cultural Affairs offices at 31 Chambers Street no later than 6:00 p.m. on June 12, 2017.

--OR--

RECEIVED no later than June 12, 2017.

PLEASE NOTE: the deadline for Supplemental materials has changed from a "postmark" date to a "received by" deadline. Hard copies of the Supplemental materials must be received in our offices at 31 Chambers Street on or before the Monday, June 12 deadline for renewal proposals, whether via mail carrier, messenger, or hand-delivery.

Based on your organization's budget size and tax-exempt status, paper copies of the following Supplemental materials are required:

- One copy of each of the applicable FY15 financial documents based on your organization's FY15 operating income:

Under \$50,000:	IRS 990-N (postcard) AND Signed DataArts Annual Report
\$50,000 or over but less than \$250,000:	IRS 990
\$250,000 or over but less than \$500,000:	IRS 990 AND Independent Accountant's Review (IAR) <i>(An IAR is a financial review by an outside accountant of your organization's budgets.)</i>
\$500,000 or over:	IRS 990 AND Audited Statement <i>(An Audited Financial Statement is an official audit by an outside accountant.)</i>

- ONE copy of IRS 501(c)(3) determination letter (see requirements below for organizations using a fiscal sponsor/conduit)
- ONE copy of the DCA CDF Funder Report for DataArts (formerly known as the Cultural Data Project) with complete FY15 information
- ONE copy of organization's Funding Plan on the [template](#) provided by DCA
- ONE copy of the full Board List on the [template](#) provided by DCA

For organizations selecting Social and/or Multi-Service, Educational, or Religious as an Organizational Code:

- ONE copy of the full organizational budget completed on the [budget template](#) provided by DCA

For organizations using a fiscal sponsor/conduit:

- ONE copy of proof of incorporation in New York State. Acceptable forms of documentation include NYS Incorporation Certificate; G750 497 Office of Charities Registration; and Board of Regents Charter under 216 of the State Education Law
- ONE copy of a letter from the fiscal sponsor indicating that it has agreed to act as a fiscal sponsor for DCA's Fiscal 2018 CDF Renewal. This letter must be dated May 1, 2017 or later
- ONE copy of the fiscal sponsor's IRS 501(c)(3) determination letter (in lieu of the applicant organization's IRS 501 (c)(3) letter)

By Checking the box below, you certify that the above materials must be submitted separately in order to complete your Renewal in full.

- Yes, I understand that the above documentation must be submitted separately from the online portion of the Renewal to be considered complete.**

PRINT PREVIEW

SAVE

CANCEL





Organization Information:

- Organization Profile
- Mission & Outreach
- Facilities & Venues
- Attendance/Education
- Previous Activities

Staff/Board Info:

- Staff Information
- Board Information

Budget Information:

- Operating Budget
- Budget Notes
- Budget Information

Proposed Services:

- Project Summary

Final Steps:

- Supplemental Materials
- Final Review & Submit

BUDGET OVERVIEW

PRINT PREVIEW

Applicant's Name:	
AKA:	
Organization ID (EIN):	
Application ID:	
Application Status:	

Final Review & Submit

You are required to review your Renewal thoroughly for accuracy and completeness before submission. Review each field and all information carefully. Be sure to save a copy of the final version for your records.

The deadline for all material related to the Fiscal 2018 CDF Renewal is **June 12, 2017**. The online portion of the Renewal must be submitted and the required Supplemental materials must be RECEIVED in our offices at 31 Chambers Street on or before the Monday, June 12 deadline.

Use the buttons at the top for a comprehensive view of your operating and project budgets, or to print a copy of this preview. You can click on links within the index below to skip to certain sections but be sure to review all sections. You will be asked to certify the Renewal form before you hit SUBMIT. Every required field in the online form must be filled out in order for your Renewal form to be accepted electronically.

Index:

Organization Information:

- [Organization Profile](#) | [Mission & Outreach](#) | [Facilities & Venues](#) | [Attendance/Education](#) | [Previous Activities](#)

Staff/Board Info:

- [Staff Information](#) | [Board Information](#)

Budget Information:

- [Operating Budget](#) | [Budget Notes](#) | [Budget Information](#)

Proposed Services:

- [EXAMPLE](#)

Final Steps:

- [Supplemental Materials](#)

Agreement

Certification and Release:

By checking the box below, you certify that you are an authorized signatory of the applicant organization with the authority to obligate it and having knowledge of the information contained here; the information presented within or as a supplement to this Renewal is accurate or represents a reasonable estimate of future operations and is free of misrepresentations and material omissions; the applicant organization releases the City of New York, including its officials and employees, with respect to damages to property or other claims in connection with the materials submitted herewith.

The checkbox is enabled when all required fields in the Renewal are complete.

Yes, I certify that the information entered in this Renewal is correct and complete to the best of my knowledge.

CANCEL



SUBMIT APPLICATION