



2019 ERIE COUNTY CULTURAL FUNDING APPLICATION

LONG FORM

SECTION 1

PART 1 – GENERAL INFORMATION

Organization Best Known as			
Legal Name of Organization			
Mailing Address		City, State, Zip Code	
Website Address			
Primary Social Media Address			
Executive Director, Manager, or Volunteer Contact			
Name		Title/Position	
Phone Number		Email Address	
Person who Prepared the Application			
Name		Title/Position	
Phone Number		Email Address	
Board Chairperson			
Name		Title/Position	
Mailing Address		City, State, Zip Code	
Phone Number		Email Address	
Applicant's Financial Contact Person			
Name		Title/Position	
Phone Number		Email Address	
Federal Tax Identification No.		Year 501c3 Status Received	
Fiscal Year Start		Fiscal Year End	

PART 2 – FUNDING REQUEST

Amount of 2019 Erie County Cultural Funding Request	
Total Amount of Applicant's 2018 Operating Expenses (Not Capital)	
2019 request is what percentage of 2018 Total Operating Expenses? (Not Capital)	
Purpose of 2019 Funding Request	

PART 3 – APPLICANT DATA SUMMARY

Complete Part 6 to fill in this part.

	Previous FY Actual		Current Budget		Current FY to Date	
	Start Date	End Date	Start Date	End Date	Start Date	End Date
Total Operating Revenues (Part 6, Line 24)	\$		\$		\$	
Earned (Part 6, Line 10)	\$		\$		\$	
Contributed Total (Part 6, Line 14 + Line 23)	\$		\$		\$	
Individual (Part 6, Line 11)	\$		\$		\$	
Corporate (Part 6, Line 12)	\$		\$		\$	
Foundation (Part 6, Line 13)	\$		\$		\$	
Public (Part 6, Line 23)	\$		\$		\$	
Total Operating Expenses (Not Capital) (Part 6, Line 59)	\$		\$		\$	

Number of Employees			
Full-Time			
Part-Time			
Number of VOTING Board Members			
Number of ACTIVE Volunteers			
Total Attendance			
Paid Attendance			
Unpaid Attendance			
Virtual Attendance			

PART 4 – DOCUMENT UPDATE INFORMATION

Year bylaws were last updated		Are bylaws in compliance with NYS Non-Profit Revitalization Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Strategic Plan was last reviewed		Year Strategic Plan was last updated	
Year Conflict of Interest Policy was last updated		Year Whistleblower Policy was last updated	

PART 5 – BOARD OF DIRECTORS DETAIL

Do your Board Members have term limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the length of one term?		How many consecutive terms are permitted?	
What is the minimum number of Board meetings to be held within a fiscal year as required by your bylaws?					
Number of Board meetings held in FY 2017			Number of Board meetings with quorum present FY 2017		
Number of Conflict of Interest forms collected & in force?					
Does this organization expect Board Members to make an annual financial contribution? (not membership)					<input type="checkbox"/> Yes <input type="checkbox"/> No
How many Board Members made a financial contribution in the most recently completed fiscal year?					
What percentage of the Board made a financial contribution?					

List all current VOTING Board Members and Officers, as in your report to the IRS.¹

#	Board Member First & Last Name	Year Elected	Year Term Ends	Officer position ²	Years served as officer	Independent? ³	
						Yes	No
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Male to Female ratio		% White		% Black		% American Indian		% Hispanic		% Asian		% Other	
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¹ If more space is needed, a form extension can be found at erie.gov/culturalfunding.

² Advisory, emeritus, and ex-officio board members are not requested. If listed, include on separate form extension.

³ Definition of board member independence can be found at <http://www2.erie.gov/environment/index.php?q=IndependentDirectors>.

PART 6 – DOCUMENTATION OF FISCAL ACCOUNTABILITY

Please complete according to your organization's fiscal year, rather than calendar year.

Does your organization have an accumulated operating (choose one): <i>(Do not include endowment/capital funds)</i>	<input type="checkbox"/> SURPLUS = \$	<input type="checkbox"/> DEFICIT = \$
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REVENUE <i>(FULL FISCAL YEARS) (total in line 24)</i>	FY 2016 Actual	FY 2017 Actual	FY 2018 Budget	FY 2018 Actual YTD	FY 2019 Projected
Earned Income					
1. Admissions	\$	\$	\$	\$	\$
2. Memberships	\$	\$	\$	\$	\$
3. Subscriptions	\$	\$	\$	\$	\$
4. Fundraising events (gross)	\$	\$	\$	\$	\$
5. Tuition (workshops)	\$	\$	\$	\$	\$
6. Contracted services	\$	\$	\$	\$	\$
7. Facility Rental	\$	\$	\$	\$	\$
8. Proceeds: Goods Sales	\$	\$	\$	\$	\$
9. Remaining/Other (specify):					
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
10. Total Earned Income	\$	\$	\$	\$	\$

Private Contributions/Funding					
11. Individual Donations	\$	\$	\$	\$	\$
12. Corporate Support – Submit Attach. J	\$	\$	\$	\$	\$
13. Foundation Support – Submit Attach. J	\$	\$	\$	\$	\$
14. Total Private Contributions	\$	\$	\$	\$	\$

Public Contributions/Funding					
15. National Endowment for the Arts	\$	\$	\$	\$	\$
16. Other Federal					
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
17. NYSCA	\$	\$	\$	\$	\$
18. NYSCA Decentralization Regrant	\$	\$	\$	\$	\$
19. Other State					
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
20. Municipal Funding					
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
21. Erie County Cultural Funding	\$	\$	\$	\$	\$
22. Other Erie County Funding (specify)					
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
23. Total Public Funding	\$	\$	\$	\$	\$

24. TOTAL REVENUE	\$	\$	\$	\$	\$
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EXPENSES <i>(total in line 59)</i>	FY 2016 Actual	FY 2017 Actual	FY 2018 Budget	FY 2018 Actual YTD	FY 2019 Projected
Personnel Salaries and Fees (including benefits)					
25. Administrative	\$	\$	\$	\$	\$
26. Artistic/Collections	\$	\$	\$	\$	\$
27. Education/Programs	\$	\$	\$	\$	\$
28. Production/Technical	\$	\$	\$	\$	\$
29. Development/Special Events	\$	\$	\$	\$	\$
30. Guest Services	\$	\$	\$	\$	\$
31. Maintenance	\$	\$	\$	\$	\$
32. Others:	\$	\$	\$	\$	\$
33. Total Salaries and Fees	\$	\$	\$	\$	\$
Administration/Operations					
34. Rent	\$	\$	\$	\$	\$
35. Utilities/Phone/Internet/etc.	\$	\$	\$	\$	\$
36. Office Supplies/Equipment Rental	\$	\$	\$	\$	\$
37. Security/Maintenance	\$	\$	\$	\$	\$
38. Travel	\$	\$	\$	\$	\$
39. Insurance	\$	\$	\$	\$	\$
40. Legal	\$	\$	\$	\$	\$
41. Bookkeeping service	\$	\$	\$	\$	\$
42. Audit expense	\$	\$	\$	\$	\$
43. Interest paid on operating loans	\$	\$	\$	\$	\$
44. Other (i.e. consultant)					
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
45. Total Administration/Operations	\$	\$	\$	\$	\$
Programming & Collections Care					
46. Production & Exhibits Expenses	\$	\$	\$	\$	\$
47. Educational Expenses	\$	\$	\$	\$	\$
48. Space/Facility/Studio/etc.	\$	\$	\$	\$	\$
49. Equipment Rentals	\$	\$	\$	\$	\$
50. Collection Conservation	\$	\$	\$	\$	\$
51. Acquisitions	\$	\$	\$	\$	\$
52. Remaining/Other (specify)					
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
53. Total Programming	\$	\$	\$	\$	\$
Fundraising/Marketing/Retail					
54. Fundraising Events	\$	\$	\$	\$	\$
55. Marketing/Advertising	\$	\$	\$	\$	\$
56. Cost: Goods for Sale	\$	\$	\$	\$	\$
57. Remaining/Other (specify):					
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
58. Total Fundraising/Marketing/Retail	\$	\$	\$	\$	\$
59. TOTAL OPERATING EXPENSES	\$	\$	\$	\$	\$

PART 7 – LIST YOUR PROGRAMS, EXHIBITS, PERFORMANCES IN THE LAST FISCAL YEAR⁴

#	Date(s)	Event	Facility/Building	Geographic Location	Attendance
1					
2					
3					
4					
5					
6					
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9					
10					
11					
12					
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39					
40					

If more space is needed, a form extension can be found at erie.gov/culturalfunding.

⁴ Not every event is necessary. Use your best judgment on what to include. Certain events—such as recurring classes or sessions—can be grouped together.

PART 8 – CAPITAL AND/OR ENDOWMENT CAMPAIGN, AND REAL ESTATE INFORMATION

Do you have an endowment?	<input type="checkbox"/> Yes – See Attachment K, Part 1 <input type="checkbox"/> No
Do you currently have a quiet or public capital and/or endowment campaign underway?	<input type="checkbox"/> Yes – See Attachment K, Part 2 <input type="checkbox"/> No
Are you planning for a capital or endowment campaign?	<input type="checkbox"/> Yes – See Attachment K, Part 2 <input type="checkbox"/> No
Do you own real estate?	<input type="checkbox"/> Yes – See Attachment K, Part 3 <input type="checkbox"/> No

Note: If you rent space, be sure you have answered all questions related to rent in Part 6.

PART 9 – ITEMIZED DETAIL OF TOTAL COMPENSATION (IN WHATEVER FORM, FROM ALL SOURCES)

5 HIGHEST COMPENSATED EMPLOYEES

#	TITLE/POSITION	TOTAL COMPENSATION AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

5 HIGHEST COMPENSATED CONSULTANTS

#	TITLE/POSITION	TOTAL COMPENSATION AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

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