



Heritage Advancement Program Application Cover Sheet

Please read the application guidelines before preparing. To download a pdf version of the guidelines refer to www.ctheritage.org. Before submitting an application please send a letter of intent to apply. All applicants will have a consultation by CHC staff.

This organization IS IS NOT within the Greater Hartford Arts Council Service Area
(Applicants within the GHAC service area are eligible for grants under a separate grant line. Please see applications guidelines for details)

This organization received funding through Connecticut Commission on Culture and Tourism
 YES NO

(Recipients of Organizational Support Program awards or General Operating Support awards from CCCT are not eligible for this grant line. Please see applications guidelines for details)

1. Organization Information

organization name: _____

mailing address: _____ city: _____ state: _____ zip: _____

phone: _____ fax: _____

email: _____ website: _____

federal tax id #: _____ total estimated annual audience: _____

executive director: _____ # of full time staff: _____ part time: _____

annual operating budget: \$ _____ national historic landmark? yes ___ no ___

project contact: _____ title: _____

phone: _____ fax: _____ email: _____

fiscal agent: _____ title: _____

phone: _____ fax: _____ email: _____

Publ. Rel. contact: _____ title: _____

phone: _____ fax: _____ email: _____

CT tourism district: _____ CT legislative district:

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nonprofit 501 (c)(3)? yes ___ no ___ CT Senate district:

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US Congressional district:

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funding requested for position title: _____

requested grant period FROM: mo. ___ / year ___ TO: mo. ___ / year ___

Heritage Advancement GRANT APPLICATION (Continued)

ORGANIZATION NAME: _____

Is the organization a past recipient of a Connecticut Humanities Council grant? yes___ no___

If yes, please list grant program(s) and year(s) in which grant(s) were received:

2. Audience Demographics:

In your last completed fiscal year, estimate the number served:

- 1. Children (under 12): _____
- 2. Teens/young adults (12-21): _____
- 3. Total youth served (21 and under): (1+2) _____
- 4. Young Professionals (21-40): _____
- 5. Older adults (40 – 65): _____
- 6. Seniors (65 +): _____
- 7. Total adults: (4+5+6) _____
- 8. Total Audience: (3+7) _____**
- 9. CT residents: _____
- 10. Out of state residents: _____

In the space provided, further describe your audience using parameters such as the following: age, gender, income, place of residence, ethnic background (be specific), education. It is acceptable to render an "educated guess" (if quantifiable research is unavailable) as long as you indicate that this is the case.

Heritage Advancement GRANT APPLICATION (Continued)

ORGANIZATION NAME: _____

3. Project Budget Summary

On a separate sheet(s), please attach a detailed budget explanation.

	Calculation	CHC Funds	Cost Share	Total
Salaries and Wages	_____	_____	_____	_____
Fringe Benefits	_____		_____	_____
Other	_____		_____	_____
TOTAL		_____	_____	_____

How do you plan to match the Grant request?

Do you anticipate earning any income as a result of this project? Yes___ No___

If yes, name the source of income: _____ Amount: \$_____

4. Proposal authorization

I have read the Heritage Advancement Grant Guidelines. All information provided in the application is complete and correct.

Project contact signature: _____ Date: _____

Fiscal Agent signature: _____ Date: _____