

**S U F F O L K C O U N T Y**  
**OFFICE OF FILM AND CULTURAL AFFAIRS**

Legal Name of Organization:

Department of Economic Development & Planning  
H. Lee Dennison Building  
100 Veterans Memorial Highway, 11th Floor  
Hauppauge, New York 11788  
(631) 853.4800  
suffolkcountyartsandfilm.com

**DESTINATION DOWNTOWN GRANT APPLICATION 2019**  
**Deadline October 19, 2018, 4:30pm**



STEVE BELLONE, COUNTY EXECUTIVE



THERESA WARD, DEPUTY COUNTY EXECUTIVE AND COMMISSIONER  
ECONOMIC DEVELOPMENT & PLANNING

**APPLICANT INFORMATION**

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Legal Name of Organization: \_\_\_\_\_ Address 1: \_\_\_\_\_  
Organization dba.: \_\_\_\_\_ Address 2: \_\_\_\_\_  
FEIN: \_\_\_\_\_  
Year Founded: \_\_\_\_\_ Total Operating Budget: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Authorized Signatory: \_\_\_\_\_ How Many Full-time Employees: \_\_\_\_\_  
Title: \_\_\_\_\_ How Many Part-time Employees: \_\_\_\_\_  
Email: \_\_\_\_\_ How Many Volunteers: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Total Annual Attendance: \_\_\_\_\_

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**PROJECT INFORMATION**

Project Contact Person: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Project Time Period: \_\_\_\_\_  
Total Project Cost: \_\_\_\_\_

**Select Project Discipline:**

Architecture & Design  
Arts Education  
Dance  
Electronic Media & Film  
Folk & Traditional Arts

Literature  
Music  
Musical Theatre  
Presenting & Multidisciplinary  
Theater  
Visual Arts

# Of artists hired by this project:

(\*\* note: individual artists NOT artist groups)

Workshop Information Session Date attended: \_\_\_\_\_

**PROJECT TITLE**

# of people served by project: \_\_\_\_\_

**ORGANIZATION MISSION STATEMENT** A Mission provides an overview of the group's plan to realize their vision. This statement should not be more than three sentences

500 Character Max

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**High Artistic Quality, Vibrancy and Merit of the Program** (Points Possible = 30)

- Quality of the artists, arts or design professionals, arts organizations, works of art, or services that the program will involve, as appropriate for the community in which the program takes place.
- Strengthening communities through the arts.
- Catalyze a persuasive vision for enhancing the livability of the community.
- Incorporate the arts into a systemic approach to civic development.
- Support artists, design professionals, and arts organizations by integrating design and the arts into the fabric of civic life. Artists must be paid for their participation. All programs must be open to the public.
- Reflect or strengthen a unique community identity and sense of place, and capitalize on existing local assets. 2,000 Characters Max

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Exhibition

Lecture/Workshop

Arts-Centered Business Promotion

Artist Residency

Festival

Performance

Public Art / Installation

**High Artistic Quality, Vibrancy and Merit of the Program *Continued***

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3,500 Characters Max

**Demonstrates Community Need and Strength of the Proposed Partnership** (Points Possible = 20)

- Including the required partners, and engagement of the private and public sectors in support of the program.

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4,000 Character Max

**Demonstrates Destination Downtown and Cultural Tourism Goals** (Points Possible = 20)

- The program/project improves the quality of life for residents in Downtown communities.
  - The program/project encourages greater creative activity.
  - It will foster a strong community identity and a sense of place.
  - The program/project will increase and revitalize economic development through the increase visitation to downtown locations for arts, heritage and cultural events.
  - The location of the activity is within ½ mile of a downtown as per Appendix A of Guidelines.
- 3000 Character Max
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**Planning, Managerial, and Fiscal Competence of the Organization** (Points Possible = 10)

- Appropriateness of the program/project budget, including its feasibility, level of community support, and strategy for maintaining the work of the program.
  - There is a demonstrated quality and clarity of the program goals and design.
  - Multiple resources are identified.
  - The program personnel are qualified.
  - The organizational financials are required. We will accept one of the following forms in a pdf attachment: Audit Form or IRS 990 Form (no earlier than 2016). 3000 Character Max
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**PROJECT BUDGET** (Points Possible: 20)

The Project Budget is a financial explanation of how your organization proposes to fund the program, as well as explain potential and realistic fundraising sources and revenue streams. The proposed project budget must show how Suffolk County funds will be leveraged by additional sources.

**INCOME**

	Explanation	Budget	
Admissions / Box Office	_____	\$ _____	
Tuition, Workshop Fees, etc.	_____	\$ _____	
Sales, Concessions, etc.	_____	\$ _____	
Other (please describe)	_____	\$ _____	
<b>Contributed Income</b>	<b>Explanation</b>	<b>Budget</b>	
Individual	_____	\$ _____	
Corporate Contributions	_____	\$ _____	
Government Grants	_____	\$ _____	
Fundraising Events	_____	\$ _____	
Other (please describe)	_____	\$ _____	
Other (please describe)	_____	\$ _____	

**EXPENSES**

<b>PERSONNEL</b>	Explanation	Budget	SCOCA Request
Administrative	_____	\$ _____	_____
Artistic	_____	\$ _____	_____
Technical	_____	\$ _____	_____
Other	_____	\$ _____	_____
<b>OTHER SERVICES</b>	<b>Explanation</b>	<b>Budget</b>	<b>SCOCA Request</b>
Space Rental	_____	\$ _____	_____
Equipment Rental	_____	\$ _____	_____
Travel & Transportation	_____	\$ _____	_____
Advertising & Promotion	_____	\$ _____	_____
Printing & Copying	_____	\$ _____	_____
Postage	_____	\$ _____	_____
Supplies & Materials	_____	\$ _____	_____
Insurance	_____	\$ _____	_____
Remaining Operating Expenses	_____	\$ _____	_____

**INCOME TOTAL:** \$ \_\_\_\_\_

**EXPENSES TOTAL:** \$ \_\_\_\_\_

**TOTAL SCOCA REQUEST**  
 (SUM OF SCOCA REQUEST \$ \_\_\_\_\_  
 COLUMN):

**% FUNDED BY SCOCA:** \_\_\_\_\_  
 Destination Downtown



**PROJECTED ORGANIZATION UNEARNED/CONTRIBUTED INCOME FOR 2019**

This is a required Suffolk County question. Complete this information for the entire organization, not only the project for which you are applying for.

Source	Amount	Project
SCOCA 2019 REQUEST (refer to page 9)		

Total \$ Projected: \_\_\_\_\_

**PROJECT VENUE INFORMATION**

Indicate the time of day for the event, the event name and the name of the venue and its complete address. If you require additional space, please add a page to the submission package.

<b>DATE</b>	<b>TIME</b>	<b>EVENT NAME</b>	<b>VENUE &amp; LOCATION</b>
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