



CONNECTICUT CARES EMERGENCY RELIEF – APPLICATION QUESTIONS

1. Applicant Contact Person

- First Name
- Last Name
- Title
- Email Address
- Phone Number

2. Name of Organization

3. Address

- Address
- Town/City
- State
- Zip

4. Has your organization applied for or do you plan to apply for relief funding directly through the National Endowment for the Arts?

5. Has your organization applied for or do you plan to apply for Connecticut Humanities CARES Act Relief Funding?

6. Your Organization's Legislative Districts (Congressional, State House, State Senate)

7. Date of Incorporation

8. State of Incorporation

9. Website

10. DUNS Number

Information on DUNS Numbers can be found at:

https://portal.ct.gov/DECD/Content/Arts-Culture/Funding_Opportunities/What-is-a-Duns-Number

11. Connecticut Business ID Number

You can look up your organization's Business ID number at: <https://www.concord-sots.ct.gov/CONCORD/online?eid=99&sn=InquiryServlet>

12. What is the legal purpose of your organization as stated in its Articles of Incorporation?

13. What is your organization's mission statement?

14. Does your organization serve and support underrepresented groups?

15. Indicate the number of Connecticut artists your organization employed and/or contracted for services in the last completed fiscal year.

16. Organization's annual operating budget for last completed fiscal year

17. Based on current projections, estimate the organization's operating budget for the current fiscal year, include profits/loss/revenue/expenses due to COVID-19.

18. What elements of your operations have been effected by COVID-19? (cancelled activities, lost revenue, lost space, staffing changes, other)

19. To date, how many regularly planned revenue-generating opportunities has your organization lost related to the COVID-19 pandemic.

20. Enter the estimated TOTAL amount of revenue your organization has lost due to the COVID-19 pandemic.

21. List up to three (3) significant revenue-generating opportunities, such as programs, fund-raising activities, classes, performances, etc., that were modified or cancelled because of the COVID-19 pandemic.

- List activity(ies)
- Status: Cancelled / Modified
- Approximate Lost Revenue
- How did this effect your organization?
- How did this effect the audience/community that generally participates in this activity?

22. PROFILE FOR GRANT AWARD ALLOCATION.

Respond according to your last completed fiscal year.

- My Organization has:
 - a. one (1) paid salaried or contractual position (full or partial)
 - b. two (2) or more paid salaried or contractual positions (full or partial)

Name of Position

Number of Full-time

Number of Part-time

- My organization pays rent, leases, or owns physical space for administrative purposes and/or the delivery of arts events, services, and activities. YES/NO

Tell us how you plan to use the grant funds. Be sure to include specific information that includes the time period when the grant funds will be used.



23. For informational purposes only.

What financial relief and/or social assistance programs have you applied for or plan to apply? Received confirmation from? Have received?

Note: Applicants will be asked to upload a copy of the organization's annual operating budget for its last completed fiscal year.