

Town of Amherst ARTS & CULTURE IN PUBLIC PLACES BOARD

(ACPPB)

2023 APPLICATION

**For Town of Amherst
Arts & Cultural Funding
Review Process**

*Please return completed
pages 2, 3 & 4 to:*

*Town of Amherst, Councilmembers Office
Attn: Sharon Rich
Arts & Culture in Public Places Board
5583 Main Street
Williamsville, NY 14221
716-631-7013 Fax 716-631-7036*



*All applications must be
postmarked no later than
August 15, 2022*

The Town of Amherst Arts & Culture in Public Places Board (ACPPB) is a community based volunteer board established and appointed by the Amherst Town Board to promote art and culture and to collaborate with individuals, groups and organizations to promote, ensure and enhance the function, object and mission of the arts and culture in the Town of Amherst, and to make appropriate recommendations to the Town Board to provide funding and support of the arts and cultural organizations in the Town.

Town of Amherst Arts & Culture in Public Places Board – Application for Assistance or Support – for 2023 (Form 4-6.0)

2022 Funding Requested/Received/Recommended
 \$ _____ / _____ / _____
 (Requested) (Received) (Recommended)

Organization's Fiscal Year

 (Start Date) (End Date)

Funds will be used in which of your fiscal years?

_____ to _____

I. GENERAL INFORMATION

Legal/Payee Name of Organization

 (Mailing Address - Street)

 (City, State, Zip code)

 Website Address

Exec. Dir./Manager/or Volunteer Contact

 (Name/Title)

 (Phone/Fax Number/e-mail)

Person Who Prepared Application

 (Name/Title)

 (Phone/ Fax/ e-mail)

Board Chairperson

 (Name)

 (Street)

 (City, State, Zip code)

 (Phone/Fax Number/e-mail)

Applicant's Financial Contact Person

 (Name/Title)

 (Phone/Fax Number/e-mail)

Applicant's Federal Tax Identification No.

What year incorporated as a not-for-profit?
 (Cultural) organization?

501(c) 3 status? If so, what year?

How long providing services in Town of Amherst?

II. FUNDING INFORMATION

2023 Funding Request:

\$ _____

III. APPLICANT DATA SUMMARY

	Previous FY Actual	Budget	FY Year to date
Total Revenues \$ _____	_____	_____	_____
Earned \$ _____	_____	_____	_____
Corporate Gifts \$ _____	_____	_____	_____
Private Donation \$ _____	_____	_____	_____
Public (grants, donations, memberships, fund raising) \$ _____	_____	_____	_____
Total Expenses \$ _____	_____	_____	_____
Employees Total (#) _____	_____	_____	_____
Full-time (#) _____	_____	_____	_____
Part-time (#) _____	_____	_____	_____
Board Members (#) _____	_____	_____	_____
Volunteers (#) _____	_____	_____	_____
Attendance (total#) _____	_____	_____	_____
<i>Breakdown (if available):</i>			
Paid (#) _____	_____	_____	_____
Unpaid (#) _____	_____	_____	_____
Amherst Res. (#) _____	_____	_____	_____
Non-Residents (#) _____	_____	_____	_____

On a separate sheet, please respond to the following:

1. Please include your Mission Statement and the Background and History of your organization.
2. Statement of Need: Please state the reason for your request and indicate the need.
3. Proposed Solution: Please state the proposed solution to meet this need.
4. Provide the Project Objectives. What results are you anticipating?
5. Provide the Project Beneficiaries. How will this money be used to benefit Town residents?
6. Include any educational programs you or your organization offer to the Amherst community.
7. Work Plan: Indicate how you will institute the program or project.
8. Evaluation Methods: How will you evaluate the success of your program/project?
9. Your thoughts on sustainability of this project, if applicable. What is your plan for future funding?
10. Include a sampling of your organization's brochures, playbills, programs or other pertinent information.

REGISTRATION for ACPPB ASSISTANCE or SUPPORT (Form 4-6.1)

Note: Pages 2, 3 and 4 must be completed and received before your request can be processed.

I (name) _____ am acting on behalf of:

Self

My organization (*name*) _____.

If you require additional information, please contact:

Name: _____

Address: _____

Phone: (H) (_____) - ____ - ____ (W) (_____) - ____ - ____

(Cell) (_____) - ____ - ____ (Fax) (_____) - ____ - ____

E-Mail Address: _____

My / Our request is monetary. We are requesting \$_____ for 2023.

INSTRUCTION TO APPLICANT: Please attach a detailed narrative of your request and how it will benefit your organization and/or the citizens of Amherst, NY. The Town of Amherst Arts and Culture in Public Places Board is an advisory board to the Town Board of Amherst. Your information will be valuable in gaining information and support for Amherst arts and cultural organizations and/or individuals. The information will reinforce statistics showing the economic impact and value provided by Amherst arts and cultural organizations to the Amherst community.

Your narrative shall be ended with the following statement: "To the best of our (my) knowledge, the above statements are factual and accurate."

Print your Name

Signature

Date

ACPPB Use Only

Received By: _____ Date: _____

Copy to: ACPPB Secretary

STATEMENT OF QUALIFICATIONS FOR ACPFB ASSISTANCE (Form 4-7.0)

01. Are you or your organization's main operations located within the town limits of the Town of Amherst, NY?

YES NO

02. Is your organization's activities open to participation by the Town of Amherst's general public?

YES NO

03. Does your board include primarily Amherst residents?

YES NO

04. Are the clients that you serve primarily Amherst, NY residents?

YES NO

05. Is your operation or your organization's operation in service as a not-for-profit group?

YES NO

06. Does your organization provide educational programs or services to the Amherst community?

YES NO

07. Do you understand that a cultural funding grant approved by the Town of Amherst for you or your organization can be published in press releases and/or for community notification?

YES NO

08. Do you or your organization understand that if you receive assistance from the Town of Amherst for 2023, you shall provide, by July 1, 2023, a report describing how the funding was used and the results of the funding?

YES NO

09. Do you or your organization understand that you should announce and/or print that you receive funding from the Town of Amherst, and if requested, provide a sample of your work or performance, at a Town event?

YES NO

10. Have you or your organization completed Application and Registration pages 2 and 3 of the ACPFB Application Packet?

YES NO

Note: If you have answered "NO" to any of the above questions, please list the question number and provide an explanation to that question. If necessary use and attach a separate sheet. Then sign and date this sheet.

Signature: _____ Date: _____

For Organization: _____