

# Town of Amherst ARTS & CULTURE IN PUBLIC PLACES BOARD

(ACPPB)

## 2025 APPLICATION

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

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

*Town of Amherst, Councilmembers' Office  
Attn: Deborah Doucette and Sharon  
Seamans  
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, 2024.*

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 2025** (Form 4-6.0)

**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/e-mail)

Person Who Prepared Application

(Name/Title)

(Phone/e-mail)

Board Chairperson

(Name)

(Street)

(City, State, Zip code)

(Phone/e-mail)

Applicant's Financial Contact Person

(Name/Title)

(Phone/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**

2025 Funding Request:

\$ \_\_\_\_\_

Organization's Fiscal Year

(Start Date)

(End Date)

Funds will be used in which of your fiscal years?

to

**III. APPLICANT DATA SUMMARY**

	Previous FY Actual	Budget	FY Year to date
<b>Total Revenues</b> \$ _____	_____	_____	_____
Earned \$ _____	_____	_____	_____
Corporate Gifts \$ _____	_____	_____	_____
Private Donation \$ _____	_____	_____	_____
Public (grants, donations, memberships, fund raising) \$ _____	_____	_____	_____
<b>Total Expenses</b> \$ _____	_____	_____	_____
<b>Employees Total (#)</b> _____	_____	_____	_____
Full-time (#) _____	_____	_____	_____
Part-time (#) _____	_____	_____	_____
<b>Board Members (#)</b> _____	_____	_____	_____
<b>Volunteers (#)</b> _____	_____	_____	_____
<b>Attendance (total#)</b> _____	_____	_____	_____
<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: State the reason for your request and indicate the need.
3. Proposed solution: 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. Identify 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. What are 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 2025.

**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

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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. Are your organization's activities open to participation by the Town of Amherst's general  
 public? YES                       NO
03. Does your board include primarily Town of Amherst residents?  
 YES                       NO
04. Are the clients that you serve primarily Town of 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 Town of 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 2025 you shall provide, by  
January 31, 2026, 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?  
 YES                       NO
10. Have you or your organization completed Application and Registration pages 2 and 3 of the ACPFB Application Packet?  
 YES                      NO
11. By receiving funds from the Town of Amherst, you must provide some form of programming to the Town pro bono. Identify the  
anticipated programming to the community:

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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 and then sign and date this sheet.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Organization: \_\_\_\_\_