

COUNTY OF SUFFOLK



OFFICE OF THE COUNTY EXECUTIVE

Steven Bellone
SUFFOLK COUNTY EXECUTIVE

Sarah Lansdale
Commissioner

Department of
Economic Development and Planning

Cultural Competitive & Emerging Film Festival Application

Please read the grant guidelines carefully before filling out the application forms. Complete all questions. There is no correct or incorrect answer to each question. Answers will assist the panel in scoring programs which leads to recommend for funding with the resources appropriated.

APPLICANT INFORMATION

Application is being submitted for *(if your organization is applying for both please submit separate application forms per grant)*:

Cultural Competitive Grant

Emerging Film Festival Grant

Legal Name of Organization (must match IRS Determination letter): _____
FEIN #: _____
Physical Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Year Founded: _____
Operating Budget: _____ Program Income: _____
Authorized Signatory & Title: _____
Email: _____ Daytime Phone #: _____
of FT Employees: _____ # of PT Employees: _____ # Volunteers: _____
Total Annual Attendance: _____

PROGRAM INFORMATION

Program Contact Person: _____
Daytime Phone: _____ Email: _____
Title of Program: _____
Program Time Period: _____ Total Program Cost: _____
of People Served by Program: _____
2023 REQUEST: _____
Program Discipline (Check as many as needed):

| | | |
|--|--|---|
| <input type="checkbox"/> Arts in Education | <input type="checkbox"/> Architecture & Design | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Electronic Media & Film | <input type="checkbox"/> Folk & Traditional Arts | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Music | <input type="checkbox"/> Musical Theater | <input type="checkbox"/> Presenting & Multidisciplinary |
| <input type="checkbox"/> Theater | | |

of Artists Hired by Program: _____
Workshop Attendance Date:

Organization Mission Statement:

The mission statement will provide an overview of the agency goals and foundation of purpose. The mission statement should not be longer than 2-3 sentences.

1. ARTISTIC & PROGRAM VIBRANCY (SCALE 1-5)

Program Overview

- Describe your event.
- Please describe how your event helps to build or enhance the community in its geographic region.
- Discuss any previous experience you or your organization may have had with similar programs.

If this is an annual program, please tell us how this year's program will be different (for example, diverse repertoire, new use of social media, etc.).

Program Artists and Technical Personnel

A substantial program fosters the proactive engagement of essential artistic and technical personnel. Please use weblinks whenever possible. Please provide the following information:

- Names of essential artistic and technical personnel
- An abbreviated bio for each person listed
- Additional relevant information for each person listed, i.e., web page address, IMDB link, etc
- Indicate if this artist(s) is or has recently performed in your region, or is this artist presenting a rare art form.
- Discuss how your program incorporates, encourages, amplifies, and celebrates the diversity of Suffolk County by presenting underrepresented artists or arts reflecting ethnic and indigenous traditions

Program Collaborators

Collaborations strengthen a program. They are a genuine partnership between or among organizations working together for a common goal relating to the program. A collaboration involves mutual decision-making regarding significant aspects of the program, from beginning to end. Collaborators work actively together, and there should be evidence of active engagement between or among organizations. They are typically cross-sectoral, though this is not a requirement.

Examples of collaborators would be alliances among non-profit, business, and government, such as an arts organization, library, youth organization, etc. Collaborations are not commercial relationships where another hires an organization or individual. It does not involve an exchange of funds, though collaborators may benefit financially through the program. Hiring an artist is not collaboration. Although collaborative partners are an asset, it is not necessary for a successful art program.

- Please describe your collaborators and partners and the nature of the engagement, if any.
- How does the collaborator(s) improve the quality of the program
- Provide examples of how the collaborator has (or will have) mutual decision making on significant aspects of the program

2. SERVICE & OUTREACH TO THE PUBLIC (SCALE 1 - 5)

Outreach and Marketing Plan

A good marketing plan can help you reach your target audience, boost your supporter base and increase your program's participation rate.

A marketing plan helps you set clear, realistic, and measurable objectives for your program.

- Tell us about your target audience, for example--are they seniors, LGBTQ+, or neuro-divergent?
- Describe the marketing and promotional plan.
- Describe what clear, realistic, and measurable objectives are expected from the program
- Indicate an anticipated number of attendees.

Accessibility

Suffolk County is committed to ensuring that no person is excluded from participation in, denied the benefits of, or discriminated against under its programs, programs or activities on the basis of race, color, national origin (including Limited English Proficiency), gender, disability or age, as provided in Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act, Age Discrimination Act and Title IX of the Education Amendments of 1972.

To learn more about the Suffolk County non-discrimination policy please click here:

suffolkcountyny.gov/Elected-Officials/County-Executive/Minority-Affairs/Non-Discrimination-Policy

The County of Suffolk's Office of Film and Cultural Affairs is committed to making the arts accessible to all the citizens of Suffolk County. Our goal is to support artistic and cultural activities, which meet our mission, that serve traditionally underserved communities or populations, including but not limited to those in economically distressed neighborhoods, LGBTQ+, indigenous and neuro-divergent populations.

- Please describe how your program will encourage accessibility to all.
- Is the site ADA compliant?
- Explain how the program will or may provide accessibility accommodations (for example: large print programs, sign language interpreters, etc.).
- Explain how your program may serve traditionally underserved communities.

Cultural Tourism

A successful program will bolster the visitor base of Suffolk County's downtown centers by promoting a positive downtown image and increasing the visibility of local arts and culture through engaging cultural events and innovative public art programs. Please note the definition of Downtown on page 13. Suffolk County Retail downtowns can be found in Exhibit A, page 14.

- Describe how this program supports the mission to revitalize Suffolk County's downtowns.

3. ADMINISTRATIVE COMPETENCY (SCALE 1-5)

Administrative Competency is the skill, knowledge, qualification, capacity, or authority to manage or direct the affairs of an organization.

- Would you please explain how the leaders have the skills required for an accountable, reliable, professional, and high- performing organization?
- Provide evidence that your organization has completed grants under this or similar programs on time.

4. FISCAL COMPETENCY (SCALE 1-5)

A financial explanation of how your organization proposes to fund the program and explains potential and realistic fundraising sources and revenue streams. Fiscal competency is evaluated by reviewing the organizational budget or 990s and scored on the program budget. A successful and robust non-profit organization will have diversified income. In kind donations may be listed and/or explained in this section. In kind donations may not be listed in the Project Budget.

- Would you please describe how your organization ensures fiscal competency and high-quality financial management?

5. COMMUNITY SUPPORT (SCALE 1-5)

Your ability to engage the local community can demonstrate community support and interest and articulate how they benefit from the proposed program.

- Describe community benefits achieved by the program.
- Discuss community support that exists for the program and opportunities for community engagement.

6. PROGRAM COMMUNITY (SCALE 1-5)

A substantial program celebrates the diversity of Suffolk County by promoting the presentation of underrepresented artists and arts. Also, by proactively engaging and welcoming a new audience or locating the program in an underrepresented community. A substantial program promotes affordable and accessible arts and cultural experiences for the community. All programs must be open to the public.

- **Scoring for this section will be automatically applied based on the program's location and the Distressed Communities scoring scale on pages 7-8 and Exhibit B.**

Applicants must write down the location street address with town and zip code for each program activity. Street addresses with town and zip code must be listed for each activity, even if it is a recurring event. Any activities that missing or incomplete addresses will be scored 0 (zero) points.

7. MATCHING REVENUE FUNDS (SCALE 1-5)

The proposed program budget (form below) must show how additional sources will match Suffolk County funds. Additional program funding indicates that the organization is fundraising from its constituency and sponsors. Additional funding from sources other than the County indicate a strong organization and program. Do not include inkind donations. Inkind donations may be listed in Question 4: Fiscal Competency.

- **Scoring for this section will be automatically applied based on the defined scale for matching revenue funds located on page 7.**

| PROJECT REVENUE | EXPLANATION Please provide a breakdown for revenue listed. Expand worksheet cell if needed. | A: Revenue (\$) |
|---|--|------------------------|
| Earned Income | | |
| Admissions/Box Office | | |
| Membership Dues | | |
| Tuition, Workshop Fees, etc. | | |
| Sales, Concessions, etc. | | |
| Parking | | |
| Other (Please describe) | | |
| Unearned Income | | |
| Individual Contributions | | |
| Corporate / Business Contributions | | |
| Government Grants - not Suffolk County | | |
| Foundation Grants | | |
| Fundraising Events | | |
| Other (Please describe) | | |
| TOTAL | | \$ |

| PROJECT EXPENSES | EXPLANATION Please provide a breakdown for expenses listed. Expand worksheet cell if needed. | B: Total Project Expenses (\$) | C: Grants Request (\$) (This column must be completed.) |
|--------------------------------------|--|---------------------------------------|---|
| Project Personnel | | | |
| Administrative | | | |
| Artist Fees | | | |
| Technical | | | |
| Other | | | |
| Outside Professional Services | | | |
| Administrative | | | |
| Artistic | | | |
| Technical | | | |
| Space Rental | | | |
| Equipment Rental | | | |
| Technology Improvements | | | |
| Travel/Transportation | | | |
| Advertising/Promotion | | | |
| Remaining Operating Expenses | | | |
| Event Insurance | Suffolk County does not pay Insurance expenses | | |
| TOTAL | | \$ | \$ |
| Total Expenses (B) | \$ | | |
| - Total Revenue (A) | \$ - | | ↑ |
| Grants Request (C) | \$ | ← | SHOULD MATCH |

ORGANIZATION'S UNEARNED AND CONTRIBUTED ANNUAL INCOME (Current Grant Year)

- Complete this information for the entire organization, not only for the program for which you are applying.
- Include the amount of the request for this application.
- This document is required by Suffolk County.

| INCOME SOURCE | \$ AMOUNT | PROGRAM |
|--------------------------------|-----------|---------|
| \$ REQUESTED FROM SCOCA | | |
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PROGRAM SCHEDULE AND VENUE INFORMATION

The score from this is determined by the location of your program address. Not the home address of the organization. Please be detailed. Applicants must write down the location street address with town and zip code for each program activity. Street addresses with town and zip code must be listed for each activity, even if it is a recurring event. Any activities that missing or incomplete addresses will be scored 0 (zero) points.

Please list:

- Venue Address
- Event Name
- Day & Date of Event
- Time of Event