



**2020 APPLICATION FOR ARTS ORGANIZATIONS**  
**Application Deadline: October 28, 2019**

This application is open to organizations that submitted an eligible CDF application in FY20 and to members of the CIG. Complete this form and upload here; you must complete all fields on the upload field in order for your application to be considered complete. Please consult the instructions before completing this form.

We recommend using Adobe Reader version 11 to fill out the proposal form, though it is also compatible with version 10. **The form is not compatible with Preview (for Macs) or other computer programs.** Please check all fields carefully and confirm that your answers are saved to the document prior to submission.

**I. CONTACT INFORMATION**

Legal Name of Organization	AKA (if applicable)
Mailing Address	Mailing Address 2
City	State                      Zip Code
Phone #	
Contact Person Name	Email Address
Contact Person Phone #	FY20 CDF Application # (put CIG if applicable)

Enter up to ten City Council Districts in which your organization would like to be considered. At this time participating centers have not been determined; enter only the district(s) where it is feasible for your organization to provide services. Your participation is not limited to a single borough. You will confirm these selections on the upload page for this form, which includes information about the neighborhoods in each council district.

1.	Council Member Name (First and Last)	District #	6.	Council Member Name (First and Last)	District #
2.	Council Member Name (First and Last)	District #	7.	Council Member Name (First and Last)	District #
3.	Council Member Name (First and Last)	District #	8.	Council Member Name (First and Last)	District #
4.	Council Member Name (First and Last)	District #	9.	Council Member Name (First and Last)	District #
5.	Council Member Name (First and Last)	District #	10.	Council Member Name (First and Last)	District #

## SU-CASA PROGRAM PROPOSAL

1. Provide a statement describing the organization's background in providing services to older adults and/or arts-in-education programs. Include professional development credentials and experience in community arts programs if applicable. Include information on specific teaching artists who will deliver the programming described in this proposal. (1500 characters)
2. Provide a brief overview of organizational mission and activities; this may be used in public materials if your proposal is selected for support. (500 characters)
3. Indicate if it is possible for the proposed program to be provided in languages other than English. Specify which languages. (500 characters)
4. Use this space to provide a project title and short summary of the proposed program; complete this section after you have fully described your programming in the following section. This section may be used in your grant agreement and publicity materials if this proposal is selected for support. (500 characters)

5. Describe the proposed engagement programming at the senior center. Include information about plans to engage participating seniors in arts-based activities. Detail artistic discipline(s) and goals for participants. Please consult the Instructions for additional information about this narrative section and be sure to provide a high level of detail. (2500 characters)

6. Describe the public program component of the proposed activities, which could include a culminating event, open rehearsal or class, or other event open to the public. Include plans for engaging the participating seniors, senior center and surrounding community in the public program activities. (1500 characters)

7. Briefly describe any previous SPARC or SU-CASA residencies; include dates as well as the names and council districts of centers where programs took place. (500 characters)

Start date of program (mm/dd/yyyy)  
(not before 1/1/2020)

End date of program (mm/dd/yyyy)  
(not after 06/30/2020)

Total Number of Sessions  
(not including culminating event/s)

Total Number of Contact Hours  
(minimum required: 60)

Proposed days of week and times of day for the activities (subject to confirmation with center). (300 characters)

Total number of seniors you anticipate serving directly with this project (not including attendees at public programs).

### WORK SAMPLES

Please provide links to web-based supplemental materials in support of your application. Include the address for a particular page on your website or other web-based platform, as applicable. See the Instructions for additional information about supplemental materials.

WEBSITE: Provide a link to your organization's website.

VIDEO: Provide a link to a single public video sample of no more than five (5) minutes.

IMAGES: Provide a link to a public gallery of images to support your proposal.

CURRICULUM: Provide a link to a single web-based document to support the proposal.

### SOCIAL MEDIA

Enter social media information in the fields below. This section is optional; social media content will not be considered in the review process.

Facebook

Instagram

Twitter

Tumblr

**PROJECT BUDGET**

Organizational SU-CASA grants will be \$15,000 each **including a \$2,000 stipend to be paid by each SU-CASA grantee to the participating senior center**. Detail total expenses for your organization below totaling \$13,000. If the project budget is higher than \$15,000, please indicate sources and amounts of additional income. It is NOT necessary that the project cost more than \$15,000.

<b>Expenses</b>	<b>Amount</b>	<b>Notes</b>
Administrative Personnel		
Teaching Artists <i>(if multiple, indicate cost per artist in Notes)</i>		
Tech./Production Personnel		
Equipment Rentals/Supplies		
Travel/Transportation		
Advertising/Marketing		
Other <i>(please itemize in Notes)</i>		
<b>Total Program Expenses</b>		
Senior Center Stipend <i>(required)</i>	2,000	Organizations receiving SU-CASA support in FY20 are required to remit this stipend
<b>TOTAL EXPENSES</b>		Must equal at least \$15,000

<b>Income</b>	<b>Amount</b>	<b>Notes</b>
SU-CASA Funding	15,000	
Other <i>(please itemize in Notes)</i>		
<b>TOTAL</b>		

**CERTIFICATION FOR ALL APPLICANTS**

By checking the box below, you certify that you are an authorized signatory of the above named organization with the authority to obligate it and having knowledge of the information contained here; the information presented within or as any material that supplements this proposal is accurate or represents a reasonable estimate of future operations and is free of misrepresentations; the organization releases the City of New York, including its officials and employees, with respect to damages to property or materials submitted in connection herewith.

*Yes, I certify that the information entered in this proposal is correct and complete to the best of my knowledge.*