

FY21_CRF Grants to Nonprofit Arts and Culture Organizations

Rhode Island State Council on the Arts - Organizations

Introductory Questions

Project Name*

Write "FY21 CRF-Organizations-Grant Funding" under Project Name

Character Limit: 100

Start date*

Enter 12/15/2020

Character Limit: 10

End date*

Enter 12/31/2020

Character Limit: 10

Organization's DUNS #*

In order to receive funding the Federal government requires your organization have a DUNS number. The Dun & Bradstreet D-U-N-S Number is a unique nine-digit identifier for businesses. If you don't have a DUNS number, you will still be able to submit an application, but you will need to contact Todd Trebour, Organizations Program Director, at 401-222-3882 or todd.trebour@arts.ri.gov for further instructions - for now, continue on with the application! Click here to learn what a DUNS number is.

Character Limit: 9

Please provide accurate Congressional, House and Senate district information. This is VERY important.

STATE REP: Rhode Island House district of applicant:*

The Rhode Island House of Representatives district in which your business address is located (this must be a street address and NOT a post office box).

This is a number from 1 through 75 and can be found by entering your address information at <http://www.sos.ri.gov/vic>

Character Limit: 2

STATE SENATE: Rhode Island Senate district of applicant:*

District of the Rhode Island Senate in which your business address is located (this must be a street address and NOT a post office box).

This is a number from 1 through 38 and can be found by entering your address information at <http://www.sos.ri.gov/vic>

Character Limit: 2

Congressional district of applicant:*

District of the United States House of Representative in which your business address is located (this must be a street address and NOT a post office box). In Rhode Island it is either District 001 or District 002. Please enter leading 00.

To find your Congressional district go to <http://www.sos.ri.gov/vic>

Character Limit: 3

About your organization

Mission Statement*

Please provide your organization's mission statement.

Character Limit: 500

Example of interrupted programming due to COVID-19 restrictions*

Please provide no more than three examples of arts and culture programming that you were unable to complete in 2020 due to COVID-19 restrictions.

Character Limit: 2500

Planned use of funds and financial information

***Please be sure to retain all necessary documentation to support the financial information you have provided in this application.**

Planned use of funds*

Please describe how you intend to use these non-matching CRF funds. ***Remember that these funds can be used to replace revenue loss or attributed to incurred eligible expenses for the period from March 1, 2020 through December 30, 2020.***

Character Limit: 2500

What was your organization's total revenue between March 1, 2019 - December 31, 2019?*

Please include capital revenue as well.

Character Limit: 20

What is your organization's total revenue between March 1, 2020 - present?*

Include all income received from all Federal and State COVID-19 Emergency Relief Programs, including: Federal PPP and EDIL; the CARES Act grants from the NEA, NEH, RICH, or RISCA; Remote Work Grant Program; RestoreRI Program grants; Hotel, Arts, & Tourism (HArT) ESR or Direct Support grants; RI Commerce Business Adaptation grants, Take It Outside grants, Rhode Island on Pause Grants from RI Taxation; other state or federal funds to offset lost revenue due to COVID-19. Please also include capital revenue.

<https://www.grantinterface.com/Form/Update/EditListItem?element=7eb5ee23-f783-46c1-aad1-d0f26f42b558&text=Take%20It%20Outside%20grants>.

<https://www.grantinterface.com/Form/Update/EditListItem?element=7eb5ee23-f783-46c1-aad1-d0f26f42b558&text=Other%20state%20or%20federal%20funds%20to%20offset%20lost%20revenue%20due%20to%20COVID-19>.

<https://www.grantinterface.com/Form/Update/EditListItem?element=7eb5ee23-f783-46c1-aad1-d0f26f42b558&text=Other%20state%20or%20federal%20funds%20to%20offset%20lost%20revenue%20due%20to%20COVID-19>.

Character Limit: 20

What was your organization's total COVID-19 adaptation expenses?

Enter the total dollar amount spent on adapting your organization and its programming to COVID-19 and COVID-19 related business restrictions. This includes expenses like:

- PPE.
- Cleaning supplies.
- Plexiglass, air filters, and other physical modifications.
- Technology upgrades.
- Website redesign or modifications.

Character Limit: 20

From what Federal and State COVID-19 Emergency Relief Funds has your organization received support?

Select all that apply.

Choices

Federal PPP and EIDL.

The CARES Act grants from NEA, NEH, RICH, or RISCA.

Remote Work Grant Program.

RestoreRI Program grants.

Hotel, Arts, & Tourism (HArT) ESR or Direct Support grants.

RI Commerce Business Adaptation grants.

Take It Outside grants.
Rhode Island on Pause Grants from RI Taxation.
RI Expansion Arts Program Relief Fund Round 1 or 2.
Other state or federal funds to offset lost revenue due to COVID-19.

What is the total amount of COVID-19 Emergency Relief your organization has received?

List the total amount of funds your organization has received from the Federal and State COVID-19 Emergency Relief Programs you identified in the prior question.

Character Limit: 20

Eligibility Attestation*

By clicking "agree", I attest my organization has the stated revenue numbers; received the listed amount of funding from the identified Federal and State COVID-19 Emergency Relief programs; and has incurred the stated amount of expenses specific to adapting our organization's operations to the pandemic.

Choices

Agree
Disagree

Supporting documents

IRS Determination letter*

Please upload a copy of your IRS Determination Letter stating 501 (c) 3 status.

File Size Limit: 5 MB

Most recent IRS Form 990, 990-N or 990-EZ*

Please upload a copy of your most recent (2017 or later) IRS Form 990, 990-N or 990-EZ.

File Size Limit: 8 MB

List of board and staff*

Please upload a list of staff and board of directors.

File Size Limit: 5 MB

Assurances

The applicant will assure that it and any organization assisted by it will comply with Titles I -IV of the Americans with Disabilities Act of 1990 (PL 101-336), as amended, Title VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., PL 88-352) as amended, Sections 503 & 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Equal Employment Opportunity Act of 1972 (PL

92-261), Rhode Island Executive Order #19, 1977, and where applicable, Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), to the end that no person in the United States shall, on the grounds of race, color, religion, sex, age, national origin, handicap, or sexual orientation, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the applicant received financial assistance from the Council.

The applicant agrees to abide by all the General Terms and Conditions and Assurances as outlined at <http://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf> , and has reviewed this information prior to submitting this application. By submitting your application you are agreeing to abide by all of these federal and state terms and conditions if you receive support from RISCA. The applicant understands that all grant applications are considered on a competitive basis. No applicant is guaranteed funding at any level, even if all basic criteria have been met. Prior funding does not guarantee support in current or future years. The applicant understands that all RISCA grant award programs are contingent upon the availability of funds from the General Assembly of the State of Rhode Island and the National Endowment for the Arts, a federal agency.

It is understood by the applicant and the Rhode Island State Council on the Arts (RISCA) that RISCA reserves the right to use any text, photographs, audio, or video submitted as part of this application for limited non-commercial educational or promotional use in publications or other media produced, used or contracted by RISCA including, but not limited to: brochures, invitations, newsletters, postcards, websites, etc.

The applicant will certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of their knowledge, and that the applicant is an eligible organization as specified in the guidelines. The applicant will certify that the filing of this application has been authorized by the governing body of this applicant, and the person submitting this application has been duly authorized to file this application for and in behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application.

By checking this box I/we agree to all of the above:*

Choices

I/We agree to the above Assurances