

## Contact Information

### Organization

<b>Organization Name*:</b> (Max. Characters: 300)	
<b>Federal Employer Identification Number *:</b> (Max. Characters: 11)	
<b>Organization Website*:</b> (Max. Characters: 255)	

### Primary Contact

*If awarded funds, the individual listed here will be the primary contact for all grant related communication.*

<b>Organization Name*:</b> (Max. Characters: 300)	
<b>First Name*:</b> (Max. Characters: 20)	<i>Executive Director or equivalent</i>
<b>Last Name*:</b> (Max. Characters: 30)	<i>Executive Director or equivalent</i>
<b>Address 1*:</b> (Max. Characters: 50)	
<b>Address 2:</b> (Max. Characters: 50)	
<b>City*:</b> (Max. Characters: 50)	
<b>State*:</b>	
<b>ZIP Code*:</b> (Max. Characters: 10)	
<b>Email Address*:</b> (Max. Characters: 300)	
<b>Phone Number*:</b> (Max. Characters: 20)	
<b>Person completing application*:</b> (Max. Characters: 300)	
<b>Email of person completing application*:</b> (Max. Characters: 300)	

### Organization Information

<p><b>Is your organization a non-profit 501c3 established in Tompkins County, NY? *:</b></p>	
<p><b>Is your organization a public museum OR performing / visual arts organization? *:</b></p>	
<p><b>Does your organization have paid, professional staff? *:</b></p>	
<p><b>Year your organization was established as a non-profit*: (Max. Characters: 4)</b></p>	
<p><b>Does your organization have an elected board of directors? *:</b></p>	
<p><b>Has your organization worked on long range planning? *:</b></p>	<p>(i.e. have you prepared a strategic plan or similar document.)</p>
<p><b>Does your organization have a policy on diversity, equity and inclusion? *:</b></p>	
<p><b>Fiscal Year Start Date (MM/DD/YYYY)*: (Max. Characters: 10)</b></p>	
<p><b>Organization Foundation Year (YYYY)*: (Max. Characters: 4)</b></p>	
<p><b>Does your organization offer 20 or more days of public programming per year? *:</b></p>	
<p><b>Organization budget for the current year*: (Max. Characters: 12)</b></p>	<p><i>The budget is defined as the total expenses excluding any capital project expenses.</i></p>
<p><b>Organization Mission Statement*: (Max. Characters: 500)</b></p>	
<p><b>Amount Requested*: (Max. Characters: 10)</b></p>	
<p><b>Request Summary: (Max. Characters: 500)</b></p>	<p><i>Please describe how you intend to use the grant funds. Be as specific as possible.</i></p>

### Funding Request Details

<b>Use of Most Recent ACOD Award:</b> <b>(Max. Characters: 3000)</b>	Briefly describe the objectives sought as well as objectives met with funds provided from your organization's most recent ACOD grant. Please cite and explain any changes in any originally stated objectives.
<b>Specific Objectives*:</b> <b>(Max. Characters: 3000)</b>	Identify your specific objectives for 2025 and 2026 that will strengthen your organization, your programs, and your administrative capacity. Possible objectives could relate to areas including governance; current and future artistic/cultural programming; administrative management; operations and staff structure; or fundraising. For each objective please include: <ul style="list-style-type: none"><li>- A specific funding request and timeline for implementation</li><li>- The methods you'll use to evaluate success toward reaching your objectives</li><li>- Any additional funding sources or other avenues you are exploring or using to achieve the goals and objectives</li></ul>

SAMPLE

### Marketing & Public Relations

<p><b>Describe the organization’s marketing and public relations activities in and out-of-county*:</b> (Max. Characters: 2000)</p>	
<p><b>How, where, and to whom do you market your organization’s programs? :</b> (Max. Characters: 2000)</p>	<p>Describe your budget for print, media, and digital marketing.</p>
<p><b>Describe your organizations participation in cooperative marketing efforts.*:</b> (Max. Characters: 2000)</p>	<p>Indicate the extent to which your organizations engages in cooperative marketing and/or cultural tourism-oriented promotions. Describe successful outcomes as well as challenges you face in these areas.</p>

SAMPLE

### Tourism Impact

[note: This grant is offered by the Tompkins County Tourism Program, which is funded 100% from hotel room occupancy taxes.]

<p><b>Total number of tickets sold / or attendance numbers for the past 12 months*:</b> (Max. Characters: 50)</p>	
<p><b>Percent of attendance from outside Tompkins County*:</b> (Max. Characters: 10)</p>	<p><i>please enter a percentage from 0 to 100</i></p>
<p><b>Percent of attendance from over 50 miles away?:</b> (Max. Characters: 10)</p>	<p><i>please enter a percentage from 0 to 100</i></p>
<p><b>Describe the method used to document audience from outside Tompkins County and beyond 50 miles*:</b> (Max. Characters: 500)</p>	
<p><b>How many days of public programming does your organization offer?*</b> (Max. Characters: 50)</p>	
<p><b>Describe your web traffic and social media reach.*:</b> (Max. Characters: 500)</p>	<p>Indicate platforms used by your organization and indicate the reach of each.</p>
<p><b>Marketing Plan*:</b> (Max. Characters: 300)</p>	<p><i>Please describe your organization's current marketing plan. Alternatively, you may upload your marketing plan as an attachment to this application.</i></p> <p><i>A marketing plan should describe who your audience is and how you intend for your message to reach them. Your marketing plans should also address the time and expenses anticipated for marketing campaigns.</i></p>
<p><b>Relationship with Visit Ithaca*:</b> (Max. Characters: 500)</p>	<p>Please describe how your organization works with the Ithaca / Tompkins County Convention &amp; Visitors Bureau?</p>
<p><b>How often does your organization use IthacaEvents.com to publicize events and programs? *:</b></p>	
<p><b>Please describe the effectiveness of your past marketing campaigns.:</b> (Max. Characters: 500)</p>	

### Economic Impact

<p><b>Number of annual donors – individual &amp; corporate *:</b> (Max. Characters: 50)</p>	
<p><b>How many full-time, year round staff does your organization employ? *:</b> (Max. Characters: 50)</p>	
<p><b>How many part time, year round staff does your organization employ? *:</b> (Max. Characters: 300)</p>	
<p><b>Job titles for full time and part time positions *:</b> (Max. Characters: 1000)</p>	
<p><b>Number of seasonal staff *:</b> (Max. Characters: 10)</p>	
<p><b>Please describe your organization’s efforts to encourage a living wage for employees. :</b> (Max. Characters: 1500)</p>	<p><i>approx. 250 words</i></p>
<p><b>Season start (MM/DD/YYYY)*:</b> (Max. Characters: 10)</p>	
<p><b>Season End (MM/DD/YYYY)*:</b> (Max. Characters: 10)</p>	

SAMPLE

### Administrative Capability

<p><b>What is your organization's mission statement? *:</b> (Max. Characters: 500)</p>																					
<p><b>When were your organization's bylaws last amended? *:</b> (Max. Characters: 4)</p>																					
<p><b>Does your organization have a board approved employee manual? *:</b></p>																					
<p><b>Does your board have an active finance committee? *:</b></p>																					
<p><b>Indicate methods used to assure sound financial management. *:</b> (Max. Characters: 1000)</p>																					
<p><b>List your board's standing committees &amp; describe how often each meets. *:</b> (Max. Characters: 1000)</p>																					
<p><b>Please describe the primary funding sources for your organization. *:</b></p>	<p><i>The total of all sources should be 100.</i></p> <p><i>Direct sales include ticket sales, admission fees, subscriptions &amp; memberships</i></p> <table border="1" data-bbox="533 1151 1436 1447"> <thead> <tr> <th>Source</th> <th>Percent</th> </tr> </thead> <tbody> <tr><td>Direct sales</td><td></td></tr> <tr><td>Rental income</td><td></td></tr> <tr><td>Individual donations</td><td></td></tr> <tr><td>Business sponsors</td><td></td></tr> <tr><td>Foundations</td><td></td></tr> <tr><td>Local government</td><td></td></tr> <tr><td>New York State</td><td></td></tr> <tr><td>Federal</td><td></td></tr> <tr><td>Other</td><td></td></tr> </tbody> </table>	Source	Percent	Direct sales		Rental income		Individual donations		Business sponsors		Foundations		Local government		New York State		Federal		Other	
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Federal																					
Other																					
<p><b>Other funding sources:</b> (Max. Characters: 1000)</p>	<p><i>Please describe any funding sources classified as "other" in the above table.</i></p>																				
<p><b>Please describe your organization's efforts to recruit diverse staff and board members. *:</b> (Max. Characters: 1500)</p>	<p><i>approx. 250 words</i></p>																				
<p><b>Please describe collaborative efforts your organization has engaged in recently. :</b> (Max. Characters: 1500)</p>	<p><i>approx. 250 words</i></p>																				
<p><b>Recent Audit (MM/DD/YYYY)*:</b> (Max. Characters: 10)</p>	<p>When was your organization's most recent audit or financial review completed?</p>																				

**Artistic / Cultural Impact**

<p><b>Please describe recent successes and growth. *:</b> (Max. Characters: 3000)</p>	<p><i>approx. 500 words</i></p>
<p><b>List your organization's distinct programs and a brief description for each. *:</b> (Max. Characters: 3000)</p>	<p><i>approx. 500 words</i></p>
<p><b>Evidence of the uniqueness of program offerings*:</b> (Max. Characters: 1000)</p>	<p><i>approx. 150 words</i></p>
<p><b>Please describe your organization's efforts to reach a broad array of audiences. *:</b> (Max. Characters: 1500)</p>	
<p><b>Describe programming that gives voice to diverse and non-dominant cultures*:</b> (Max. Characters: 3000)</p>	<p><i>approx. 500 words</i></p>
<p><b>Venue:</b> (Max. Characters: 300)</p>	<p>Please describe your organization's venue in terms of its capacity, utilization, and operational requirements. Please indicate if outside groups can use your venue and the requirements for reserving your space(s).</p>

## Uploads

### Upload Documents Below

- Organization's budget vs actual revenues and expenses, in the summary format the organization regularly uses, for the most recently completed fiscal year.
- YTD budget vs. actual for current fiscal year.
- Projected budget for coming fiscal year. (Skip if your organization has not yet prepared next year's budget.)
- Year-end Balance Sheets (with year-end comparison of previous year) for the most recently completed fiscal year.
- Most recently completed audit or financial review.
- Form 990
- Current board roster with affiliations and number of years served
- Bylaws
- Most recent strategic plan for the organization
- Current marketing plan
- Certificates of insurance for general liability, disability, and workers compensation
- Annotations on budgets and balance sheets may be included as necessary.

Type	Name	Size	Updated
Current Operating Budget *			
<b>Notes</b>			
YTD budget vs actual for current fiscal year *			
<b>Notes</b>			
Projected budget for coming fiscal year *			
<b>Notes</b>			
Year end balance sheet (see note above) *			
<b>Notes</b>			
Most recently			

Type	Name	Size	Updated
completed audit or financial review *			
<b>Notes</b>			
Form 990 *			
<b>Notes</b>			
Current board roster *			
<b>Notes</b>			
Bylaws			
<b>Notes</b>			
Strategic Plan *			
<b>Notes</b>			
Current Organizational Marketing Plan			
<b>Notes</b>			
Certificate of Insurance: General Liability			
<b>Notes</b>			
Certificate of			

SAMPLE

Type		Name	Size	Updated
Insurance: Workers Compensation				
<b>Notes</b>				
Certificate of Insurance: Disability				
<b>Notes</b>				
Sample marketing materials				
<b>Notes</b>				
Additional supplemental materials				
<b>Notes</b>				

SAMPLE

### Signature

	<p>Please continuously be aware of the fact that the source of these monies is the Tompkins County Tourism Program therefore there is a strong desire to be able to draw a direct line between the uses of these funds and the growth in the number of visitors who populate your audience and stay overnight in Tompkins County.</p> <p>Please be available and prepared to have a meeting with Executive Director of CAP prior to panel review of applications to address any questions or the need for additional information or clarification in this application.</p> <p>There is a requirement for organizations receiving ACOD funding to participate in one mandatory one-hour marketing methods meeting per year hosted by the Convention and Visitors Bureau. Participation requires at least one member of the funded organization's board of directors and one member of its staff to attend this meeting.</p> <p>Funded organizations will be required to submit year-end reports that outline the progress made toward achieving that organization's stated objectives.</p>
<b>True and Accurate*:</b>	
<b>Signature*:</b> <b>(Max. Characters: 300)</b>	

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