

**SUFFOLK COUNTY
FILM COMMISSION**

Department of Economic Development & Planning
H. Lee Dennison Building
100 Veterans Memorial Highway, 11th Floor
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(631) 853.4800
suffolkcountyartsandfilm.com

EMERGING FILM FESTIVALS GRANT APPLICATION 2016



STEVE BELLONE, COUNTY EXECUTIVE



JOANNE MINIERI, DEPUTY COUNTY EXECUTIVE & COMMISSIONER

APPLICANT INFORMATION

Legal Name of Organization: _____

Address 1: _____

Organization dba.: _____

Address 2: _____

FEIN: _____

Year Founded: _____ Total Operating Budget: _____

City: _____

State: _____

Zip Code: _____

Authorized Contact Person: _____

How Many Full-time Employees: _____

Title: _____

How Many Part-time Employees: _____

Email: _____

How Many Volunteers: _____

Daytime Phone: _____

PROJECT INFORMATION

Project Contact Person: _____

Project Time Period: _____

Daytime Phone: _____

Of artists hired by this project: _____

(** note: individual artists NOT artist groups)

Email: _____

Total Project Cost: _____

PROJECT TITLE 300 Characters Max

of people served by project: _____

ORGANIZATION MISSION STATEMENT 400 Characters Max

A Mission provides an overview of the group's plan to realize their vision.
This statement should not be more than three sentences.

PROJECT NARRATIVE (Total Points: 30 = Program Quality) 2000 Characters Max

Describe your project and its artistic quality and how it fosters cultural participation in order to build vibrant downtown centers. Cultural participation increases the visibility of local arts and culture in our communities. Tell us about your essential artistic and technical personnel. This is a brief statement about the program for which your organization is completing the application.

PROMOTION (Total Points: 10 = Objective 10 Program Goals) 1000 Characters Max

Describe your marketing and promotional plan. What does your organization do to market and promote your event? For instance: Do you advertise? Do you send press releases, fliers, postcards, eblasts? Do you promote your program on your website and other websites? Do you use Social Media, if so what sites and why did you choose those vehicles to promote and advertise your program?

COMMUNITY SUPPORT & NEED (Total Points: 25 = Objectives: 15 Community Need and 10 Program Goals) 1000 Characters Max

Describe how your event helps to build or enhance the community in its geographic region. Describe your audience and the community for which the program takes place. The objective is a program that celebrates the diversity of Suffolk County by promoting the presentation of underrepresented artists and arts reflecting ethnic traditions as well as attracting an audience from underrepresented communities.

ACCESSIBILITY (Total Points: 30 = Program Quality) 1000 Characters Max

Describe how this program promotes affordable and accessible arts and cultural experiences for the community. Describe your audience and the community for which the program will take place. The panel wants to know if this program is accessible to all, e.g., physical space, large print programs, sign language interpreters, etc.

PROJECT BUDGET: (Total Points 25 = Objectives: 5 Program Goals. 20 Leveraged Funds)

Explain in detail the projected income and expenses that relate to the program description. Applicants are strongly encouraged to seek program funding from other sources besides Suffolk County. When funds are leveraged from other sources, a more significant cultural program may be achieved. The value of staff is not acceptable as an outside source of funding.

INCOME

	Explanation	Budget	
Admissions / Box Office	_____	\$ _____	
Tuition, Workshop Fees, etc.	_____	\$ _____	
Sales, Concessions, etc.	_____	\$ _____	
Other (please describe)	_____	\$ _____	
Contributed Income	Explanation	Budget	
Individual	_____	\$ _____	
Corporate Contributions	_____	\$ _____	
Government Grants	_____	\$ _____	
Fundraising Events	_____	\$ _____	
Other (please describe)	_____	\$ _____	
Other (please describe)	_____	\$ _____	

EXPENSES

PERSONNEL	Explanation	Budget	SCOCA Request
Administrative	_____	\$ _____	_____
Artistic	_____	\$ _____	_____
Technical	_____	\$ _____	_____
Other	_____	\$ _____	_____
OTHER SERVICES	Explanation	Budget	SCOCA Request
Space Rental	_____	\$ _____	_____
Equipment Rental	_____	\$ _____	_____
Travel & Transportation	_____	\$ _____	_____
Advertising & Promotion	_____	\$ _____	_____
Printing & Copying	_____	\$ _____	_____
Postage	_____	\$ _____	_____
Supplies & Materials	_____	\$ _____	_____
Insurance	_____	\$ _____	_____
Remaining Operating Expenses	_____	\$ _____	_____

REVENUE TOTAL: \$ _____

EXPENSES TOTAL: \$ _____

GRAND TOTAL: \$ _____

TOTAL SCOCA REQUEST

(Revenue minus expenses): \$ _____

% FUNDED BY SCOCA: _____

PROJECTED ORGANIZATION UNEARNED/CONTRIBUTED INCOME FOR 2016

This is a Suffolk County Requirement. Complete this information for the entire organization

Source	Amount	Project
SCOCA 2016 REQUEST (refer to page 5)		

Total \$ Projected: _____

