



Revitalize Creative Newton Grant Application

A grant program supporting the arts and culture sector in Newton, MA

OVERVIEW

This year, in addition to matching the allocation the city receives from the Mass Cultural Council, the City of Newton is also contributing to the Newton arts sector through the grant program Revitalize Creative Newton (RCN). This program is intended to support cultural organizations who provide or want to provide arts and cultural programming that will support our Newton community, as they respond to and recover from the coronavirus pandemic. Unlike other Arts Endowment funding programs that offer project-based support, RCN funds are intended to support specific operating costs only. Cost share/matching funds are not required. Funding for this program is made available through the federal American Rescue Plan Act.

Please review the RCN [Grant Guidelines](#) before you begin.

Applications are due November 30, 2021

PRIMARY CONTACT INFORMATION

Please enter the personal information of the Primary Contact for your organization. The Primary Contact will be the recipient of all ARP grant related notifications as well as any funding awarded.

Primary Contact Person

First Name

Last Name

Title

Pronouns

Phone Number

(000) 000-0000

E-Mail Address

example@example.com

Mailing Address (if different from organizational mailing address below)

Street Address

Street Address Line 2

City

State

Postal / Zip Code

ORGANIZATION INFORMATION

Full Legal Organization Name

Doing Business As (DBA) Organization Name

Organization Address

Street Address

Street Address Line 2

City

State /Province

Postal / Zip Code

Organization Website

Employer ID Number

Organizational Discipline

501(c)(3)?

Yes

No

Please provide and attach proof of non-profit status.

What is your organization's mission and history?

0/2500

Describe your organization's impact to Newton.

0/1000

Explain how your organization has been impacted by the pandemic.

0/2500

The City of Newton is interested in reaching audiences that are traditionally underrepresented in

our community. Check all types of involvement that apply to your organization for each community listed below. If you are unsure or this is not applicable, please leave blank.

	Represented among Board	Represented among Staff	Represented among Volunteers	Represented in Decision Making Roles	Represented in Leadership Roles	Served by Organization
Black, Indigenous, People of Color (BIPOC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persons with Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recent Immigrants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fiscal Agent Information

If you are using a fiscal agent to accept potential funding, please provide their information below.

Fiscal Agent - Organization Name

Fiscal Agent Website

Fiscal Agent Contact

First Name

Last Name

Fiscal Agent Mailing Address

Street Address

Street Address Line 2

City

State

Posta / Zip Code

Describe your organization's relationship with the fiscal agent.

0/1000

BUDGET

Total number of full-time staff:

Total number of part-time staff:

Total number of other staff (describe the position(s)):

What is your organization's budget for the most recent 3 fiscal years (FY19, FY20, FY21)?

	INCOME	EXPENSES	OPERATING SURPLUS/DEFICIT
FY19			
FY20			
FY21			

Describe your organization's fiscal health.

0/2000

Your Request

Requested Amount

List how you intend to use this funding. We are looking for a brief summary; do not include an itemized budget. (bulleted lists are okay)

0/750

Please describe in more detail how these funds will help your organization recover and move forward from the impact of the pandemic.

0/2500

What else do you feel is important for us to know when reviewing your application?

0/1000

I certify that all the information contained in this application, including all supporting documents and materials, is true and correct to the best of my knowledge. I certify that the applicant does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Clicking submit below serves as an authorizing signature.

[Submit](#)