

newmilartscomm@gmail.com www.artsnewmilfordct.org

New Milford Commission on the Arts Funding

The New Milford Commission on the Arts funds and encourages the development and appreciation of artistic and cultural activities which includes but is not limited to music, theater, visual arts, literature, and music.

Thank you for your interest in applying for funds from the Commission on the Arts. Please review the criteria for applying below. If your request is eligible for funding, please fill out the Funding Request and Budget and submit to the New Milford Commission on the Arts, 10 Main St., New Milford, CT 06776 or email it to newmilfordartscomm@gmail.com.

Purpose:

The project/program/event must benefit the arts such as theater, visual arts, music, literature, or film.

Eligible Applicants:

Any legal resident, non-profit, or business whose project/program/event benefits the residents of New Milford, CT.

Project/Program/Event Not Eligible:

Events which charge a fee Capital Projects Salaries Fundraisers

Process:

Once we receive your funding request and budget, the Commission chair or representative will review your request to make sure it is eligible. If eligible, the Commission may ask you to attend a Commission on the Arts meeting to present your request. The Commission meets monthly on the second Wednesday of each month. After your presentation, the Commission will vote on your request and inform you of their decision.

Marketing:

The Commission on the Arts must be acknowledged in all event or program print and media marketing.

Final Report:

Please file a final report with the Commission within 30 days of the culmination of your project/program/event. The report should include an estimate of the number of people your project reached. Payment is generally issued after the program or event has occurred.

Funding Request to New Milford's Commission on the Arts

| Name/Business Name: | | | | | |
|---|---------------------------------------|-----------------------|-----------|------|----------------|
| Date of Application | | | | | |
| Contact Name: | | Title: | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| Email of Contact: | | • | | • | |
| Phone Number: | | | | | |
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| Project/Program/Event Title | e: Please give a short title to be ea | asilv iden | tified | | |
| 110jesty 110gramy Event 11th | | asily lacil | ····cu | | |
| Project Summary: Please de | escribe your project (About 100 w | ords, 11 | oint fon | t) | |
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| How does your project/program/event serve the people of New Milford: Please describe how it will benefit the people of New Milford. (About 50 words, 11 point font) | | | | | |
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| How does your project/program/event address the arts: (About 50 words, 11 point font) | | | | | |
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| How many people will be served by your project/program/event: | | | | | |

| Start Date: | End Date: | |
|-------------|-----------|--|
| | | |

Budget:

EXAMPLE:

| Title Name: | Example | | | |
|--------------------|---------|---------------------|--------------------------|--------------------------|
| Item | Qty | Amount Requested | Funds from other sources | Notes |
| Printing Postcards | 5 500 | \$1,500 | \$0 | |
| Large Signs | 10 | \$200 | \$500 | Money donated from Signs |
| Total: | | \$1,700 | \$500 | |

Please fill out the following budget information

| Check made out to: | | | | | |
|--------------------|-------|-----|---------------------|--------------------------|-------|
| ltem | 1 | Qty | Amount Requested | Funds from other sources | Notes |
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