

Howard Gilman Foundation Current Grantee: Intent to Apply

Eligibility

This section helps Foundation staff determine an organization's eligibility for funding. Funding priorities include dance, music, and theatre companies/ensembles; venues with a primary mission to present the performing arts; and organizations that provide services to performing arts organizations and/or artists.

As a reminder, to be considered for funding, an organization must:

- Be incorporated and based in one of the five boroughs of New York City.
- Have a minimum operating budget of \$250,000.
- Have 501(c)(3) status or be fiscally sponsored by a 501(c)(3).

To view the Foundation's full priorities and eligibility criteria, visit the [Howard Gilman Foundation website](#).

The majority of my organization's programming is devoted to the performing arts.*

- Yes
- No

If no, please explain how your organization fits within our funding priorities.

Discipline*

- Dance
- Music
- Theatre
- Multidisciplinary
- Other

If you chose "Other," please explain.

Borough*

- Brooklyn
- Bronx
- Manhattan
- Queens
- Staten Island

Annual Budget Range*

- \$250K to less than \$1M
- \$1M to less than \$3M
- \$3M to less than \$5M
- \$5M to less than \$10M
- \$10M and above

Non-Profit Status*

- My organization is a 501(c)(3).
- My organization is fiscally sponsored by a 501(c)(3).

Fiscal Sponsor

If applicable, provide the name of your organization's fiscal sponsor.

Fiscal Year*

What is the closing date of your fiscal year? (MM/DD)

Year Incorporated*

In what year was your organization incorporated? If your organization is not incorporated, in what year was your organization founded?

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Organizational Finances

This section familiarizes Foundation staff with the finances of your organization.

Current Fiscal Year Operating Budget: Revenue*

Current Fiscal Year Operating Budget: Expenses*

Last Fiscal Year Revenue*

Last Fiscal Year Expenses*

Last Fiscal Year Net Assets (if available)

Are your last fiscal year numbers projected, audited, or professionally reviewed?*

- Projected
- Audited
- Professional reviewed

If your last fiscal year numbers are projected, when do you anticipate completing your audit/review?

Request

This section familiarizes Foundation staff with the nature and details of your request.

Type of Support Requested*

- General Operating Support
- Project Support

Title of Request*

If you are applying for general operating support, write "General Operating for" and the fiscal year for which you are seeking support (e.g., General Operating for FY'19). If you are seeking project support, enter the name of the project.

Intent to Apply (ITA) Amount Requested*

Please note that advancement to the application stage does not necessarily imply funding at the requested level.

Project Timeline

If applying for project support, specify the start and end dates (MM/YY-MM/YY) of the project, including any preparations, rehearsals, etc. If applying for general operating support, leave this area blank.

Project Budget

If applying for project support, enter the total amount of the project's expense budget. If applying for general operating support, leave this area blank.

Proposed Project Budget

If you are applying for project support, upload the project budget (revenue and expenses). Include a column containing budget notes.

Overview of Grant Request*

If you are applying for general operating support, briefly describe your organization's activities in the fiscal year for which you are applying. If you are applying for project support, describe the project for which you are seeking funding.

Suggested length: one to two paragraphs [2,500 character limit]

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Upcoming Activity*

The Foundation's application review process often includes attending a performance or other activity, such as a rehearsal or workshop. What would you most like us to see?

Please list up to five opportunities in the New York City area to see your organization's work between now and the end of this grants cycle. If invited to apply, you will have the opportunity to update or modify this information.
