



OCEAN COUNTY CULTURAL & HERITAGE COMMISSION

2011 Local Arts Program Grant Application

GENERAL OPERATING SUPPORT

APPLICATION DEADLINE: Thursday, September 16, 2010.
READ THE GUIDELINES THOROUGHLY BEFORE COMPLETING THIS APPLICATION. Visit our website at www.co.ocean.nj.us/cultural/index.htm for downloadable application forms in PDF and MS Word formats. *Handwritten applications will not be accepted.*

APPLICANT INFORMATION

Organization Name:	
Organization's Mailing Address (Street) :	
PO Box, Apt. #:	
City, State, Zip Code:	
Organization's Tel. No:	
Organization's Fax Number:	
Organization's Website:	
Organization's Email:	
Contact Person's Name:	
Contact Person's Mailing Address (Street):	
PO Box, Apt. #:	
City, State, Zip Code:	
Contact's Tel. No :	
Contact's Fax Number:	
Contact's Email:	
Preferred Mailing Address: (check one only)	<input type="checkbox"/> Organization's Address <input type="checkbox"/> Contact's Address

FEI (Federal Employer's ID#)

Date Incorporated

Congressional District

N.J. Legislative District

GRANT AMOUNT REQUEST

Complete Financial/Budgetary charts first (pages 5, 6, 7).
 Copy amount from page 7 (*) into box.

\$

GRANT CATEGORY

A separate application must be submitted for each grant category in which funding is requested. Please indicate below if you will be submitting an additional application in either of the areas below:

- Our organization is also applying for a Special Project Grant (SP)
- Our organization is also applying for a Special Outreach Project (SORP) Grant

DISCIPLINE CODES

Check the appropriate discipline code that best describes the art program/project for which you are applying for grant funding. Check only one box.

01	Dance		02	Music		03	Opera/Music Theatre	
04	Theatre		05	Visual Arts		06	Design Arts	
07	Crafts		08	Photography		09	Media Arts	
10	Literature		11	Interdisciplinary		12	Folk Arts	
14	Multi-Disciplinary		17	Presenter				

CULTURAL CODES

Check the code that best indicates the majority (at least one-half) cultural composition of your organization. Check only one box.

Hispanic/Latino		African American		White, Not Hispanic	
Native American/Alaskan Native		Asian/Pacific Islander		General (at least half is not one race)	

SPECIAL CONSTITUENCY

Please check this box only if your organization *specifically* serves a special constituency. [See definition in Glossary of Terms of Guidelines]

PRIVATE, NON-PROFIT ORGANIZATIONS (MUST COMPLETE THIS SECTION)

Our organization is current with its annual filings to the NJ Division of Commercial Revenue, Business Services Office, Yes No

Our organization is current with its annual filings to the NJ Charities Registration Bureau, Yes No

Our organization is current with its State of New Jersey and federal payroll tax payments, Yes No

FINANCIAL/BUDGETARY INFORMATION

Organizations may not receive grants from more than one category of grant funding using the same expenses. For Special Project Support (SP) and Special Out-Reach Project Support (SORP), all expenses and revenue information must be related to the project only.

Organization Finance Information: Applicants in all categories *must* complete the information requested below.

Please fill in your organization’s last completed fiscal year.

Check the description that best fits your organization (check only one):

Non-Profit Corporation Government Agency Institution of Higher Education

Previous Year Total Organization Expenses:

Total Organization Deficit or Surplus:

Explain below any deficit either currently carried or projected, and how it will be eliminated. If you are carrying or anticipate carrying a surplus, explain how the surplus will be used.

GRANT WRITING WORKSHOP

Did a representative from your organization attend the grant-writing workshop sponsored by the Ocean County Cultural & Heritage Commission?

Check one: YES NO Explanation: _____

ON-SITE EVALUATION/ & FACILITY & PROGRAM ACCESSIBILITY SURVEY FORMS

Please complete and submit with the application.

CERTIFICATION

I, the undersigned Authorizing Official, certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge. I also certify that the applicant will comply with federal and state regulations specified in the Guidelines under *Applicant Eligibility*.

Authorizing Official (Chief Officer):

X _____
Signature

Date

____ Mr. ____ Ms. Name (type)

Telephone

Project/Program Director:

X _____
Signature

Date

____ Mr. ____ Ms. Name (type)

Telephone

Narrative Instructions – GOS

Answer all of the narrative items listed below. Be sure to formulate your answers so that panelists unfamiliar with your organization get a complete picture. Please type at least one paragraph per item. Limit the narrative to 6 pages only. Applicants should be careful to number all pages of the application and conform exactly to the sequence of answers. Applicants must type the heading of each question of the narrative followed by the appropriate response. Number and type the name of your organization at the top of each page. The standard paper format to be used is 8 ½" X 11". Use 12 point font and 1" margins on sides, tops and bottom. **Staple all pages together in the upper left-hand corner. Do *not* organize the application form, support material, or narrative in a binder.**

Attach the narrative section after page 7 of the Grant Application form.

GOS Narrative Questions

1. **Mission/History.** State the mission of the organization, and provide a brief history.
2. **Incorporation Status/Grant History.** When were you incorporated? Please indicate whether you have received a grant from us in the past five years, and if so, the most recent awarded dollar amount.
3. **Major Accomplishments.** List the major accomplishments of the organization within the past two years. How has the community benefited? What makes your group unique?
4. **Funding Need.** Describe why the grant is needed and how it will be spent. Tell us how this grant will enhance the organization's programs, services, management, or artistry.
5. **Personnel.** List the personnel (administrative staff, artists, instructors, speakers, etc.) that represent your programming. Identify them and briefly list their credentials.
6. **Audience.** What would you estimate will be the number of people served through your organization's programs and services in 2011? Who is your intended audience, and why? Does the organization generally serve a special constituency? How will you reach out to diverse communities, people with disabilities, or those economically disadvantaged? Do you have a plan for developing audiences?
7. **Publicity.** Grant funds are to be used for events & services made available to every citizen of Ocean County. Describe what means you use to publicize your services and programming to both the general public and special constituencies, if applicable.
8. **Artistic Excellence.** Describe how the organization determines the excellence of its artistic programming. How are the organization's programs measured and evaluated?
9. **Educational Outreach.** Explain how the organization works to promote understanding and public awareness of the arts. Does your organization currently have arts educational programming in place for a specific age-group? If so, explain.
10. **Long Range.** Briefly describe how this grant, if awarded, would enhance the organization's long-range plans. In what ways does the organization expect to grow in the next five years (i.e. – membership, audiences, facilities, innovative programming, and administration)? A copy of the current long-range plan must accompany the application.
11. Is there anything else that you would like us to know about your organization? This question is optional.

Organization Name: _____

CHART A: EXPENSES

List all eligible cash expenses. Round all figures to the nearest \$10.

EXPENSE ITEM	ACTUAL 2009	EXPECTED 2010	PROJECTED FOR GRANT YEAR 2011
Personnel Administrative/Clerical			
Personnel Artistic			
Personnel Technical Production			
Marketing Costs (advertising)			
Space Rental			
Travel/Transportation			
Supplies			
Telephone			
Insurance			
Facility Maintenance			
Rentals			
Technical Production (Other than Personnel)			
Program Access Accommodation (Itemize)			
Repayment of Loans			
Other (Itemize if greater than 5% of total)			
TOTAL CASH EXPENSES			

Organization Name: _____

CHART C: IN-KIND CONTRIBUTIONS

List all applicable In-Kind services/products that will be donated. Round all dollar figures to the nearest \$10.

SOURCE	AMOUNT PROJECTED FOR GRANT YEAR 2011	SOURCE	PROJECTED FOR GRANT YEAR 2011
1.		5.	
2.		6.	
3.		7.	
4.		TOTAL AMT PROJECTED :	

FINANCIAL/BUDGETARY SUMMARY

Use *Projected for Grant Year 2011* figures from Charts A, B, & C (shaded boxes).

- Total Cash Expenses Chart A \$
- Total Income
- Total Cash Income Chart B \$
- Total In-Kind Contributions Chart C \$
- Total (B + C) \$

GRANT AMOUNT REQUEST AND MATCH VERIFICATION

Note: The Grant Amount Requested must be matched dollar for dollar by the Match Total. See explanations of match criteria in the grant guidelines.

- Grant Amount Request [copy this amount into box on page 1]* \$
- Match
- Eligible Cash Expenses \$
- In-Kind Contributions (if eligible) \$
- Total (Cash + In-Kind Contributions) \$

APPLICATION CHECKLIST

In addition to the original, make six [6] copies of the completed Application form and support material. (Retain the sixth copy for the organization's file). Use this checklist when assembling your application packages. The items should be sequenced in the order of the checklist. Be sure that the organization name is typed at the top of each item. Check off each item as it is assembled. Each application package must be clearly marked: Original, Copy #1, Copy #2, Copy #3, Copy # 4, Copy #5.

Staple items in the upper left hand corner. Do not organize in a binder.

Original & Five copies

PLEASE NOTE: YOU MUST INCLUDE THE ADA FACILITY & ACCESSIBILITY SURVEY WITH ALL FIVE COPIES.

- Local Arts Program Grant Application Form
- Narrative
- Board of Directors List
- Resumes of Key Staff
- Facility & Accessibility Survey (all applicants)
- ADA Plan (repeat applicants)
- Support Materials (such as marketing plans, press clippings, flyers, reviews, program brochures)

The Original only must include the following additional documents:

- Application Checklist (this page)
- Copy of official IRS 501 © 3 or 4 Tax Exempt Determination Letter
- On-Site Evaluation Request form
- Long Range Plan

Remember to sign in blue ink on the original document.

Mail or deliver an original and five (5) copies of application package to:

Ocean County Cultural & Heritage Commission
FY 2011 Local Arts Program Grant Application
14 Hooper Avenue
P.O. Box 2191
Toms River, NJ 08754-2191

DUE
Thursday, September 16, 2010
4:00 PM
No Exceptions
Electronic transmissions are not permitted.