



OCEAN COUNTY CULTURAL & HERITAGE COMMISSION
2011 Local Arts Program Grant Application
SPECIAL PROJECT / SPECIAL OUTREACH PROJECT 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.**

\$

ORGANIZATION TYPE

- Arts organization
 Non-arts organization

GRANT CATEGORY

A separate application must be submitted for each grant category in which funding is requested.

- Special Project Grant
 Special Outreach Project 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:

Use financial data for the entire parent organization even if applying for special project funding only. If you are a department of a government agency (municipality) or an institution of higher education, use the departmental budget where the project money will be drawn from.

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 – SP/SORP

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.

Special Project Support/Special Out-Reach Project Support Narrative Questions

1. **Mission/History.** State and explain your organization's mission. Provide a brief history of your group.
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. **Project Description.** Describe the proposed project in detail, including past history, if applicable. How does this project tie in with your organization's mission statement? How will it help you to meet future goals? Be sure to demonstrate and explain the need for funding. Why do you need a grant?
 - 3a. (**SORP GRANT ONLY**) Describe how the project will meet the needs of the special constituency that you intend to serve.
4. **Project Dates/Locations.** When and where will your project or program take place? Please list names, dates and locations. If this information is not yet known, you must list approximate dates and prospective locations, so that panelists have enough information to properly evaluate your application based upon criteria set forth in the guidelines.
5. **Project Personnel.** Describe the artists, instructors, speakers, etc. involved in the project. Identify them and list their credentials. **If this information is not yet known, you must provide a list of prospective artists and/or describe exactly what type of individual you are looking for and how you will go about securing them, for reasons stated in the above question.**
6. **Audience.** What is the estimated number of people served (attendance) through the project? Who is your intended audience? How will you reach out to diverse communities, people with disabilities, or those economically disadvantaged?
7. **Publicity.** Grant funds are to be used for events made available to every citizen of Ocean County. Describe what means you will use to publicize the project/program to both the general public, and special constituencies, if applicable.
8. **Artistic Excellence.** Describe the methods you use to determine the artistic excellence and merit of artists hired for the project. (*example – committee review of resumes and portfolios*).
9. **Educational Outreach.** Describe how the project will promote understanding and public awareness of the arts.
10. **Timeline.** Provide a brief timeline for your project. Indicate what tasks you will do to accomplish your project, and when.
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 applicable cash expenses identified with this project. 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 B: CASH INCOME

List all applicable cash income identified with this project. Round all figures to the nearest \$10.

INCOME SOURCE	ACTUAL 2009	EXPECTED 2010	PROJECTED FOR GRANT YEAR 2011
Membership Dues			
Admissions Income – <i>Ticket Sales</i>			
Admissions Income – <i>Seminar/Workshop/Class Fees</i>			
Advertising Income			
GRANTS (Other than this grant)			
Contributions – <i>Government (other than this grant)</i>			
Contributions <i>Foundations</i>			
Contributions <i>Corporations</i>			
Contributions <i>Individuals</i>			
OTHER: Identify source and amount; include carry- forward cash and/or parent institution cash.			
Cultural & Heritage Local Arts Grant			
TOTAL CASH INCOME			

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
- ___ 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

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.