Applicant:       FY 2019

UNION COUNTY LOCAL ARTS GRANT PROGRAM

FY 2019 APPLICATION

FY: January 1, 2019 – December 31, 2019

Read all Guidelines and Narrative Questions before completing the Application. To request the writeable application, email [culturalinfo@ucnj.org](mailto:culturalinfo@ucnj.org) or visit [ucnj.org/parks-rec/CH/grant-opps](http://www.ucnj.org/parks-rec/CH/grant-opps). Type all information. Hand-written applications are not accepted. Submit one signed original and six copies (total of 7 hard copies) of the completed application by **Monday, June 25, 2018** to:   
Union County LAP, Office of Cultural and Heritage Affairs, 633 Pearl St., Elizabeth, NJ, 07202. (Tel: 908-558-2550 / NJ Relay Users 711)

#### I. GENERAL INFORMATION

Organization:

Address:

City:       Zip:      Federal I.D. #:

Tel: (   )       Email (s):

U.S. Congressional District:       N.J. Legislative District:

Website:

**APPLICATION SUMMARY**

**Artistic Discipline** (mark one):

Choral Music  Dance  Crafts  Instrumental Music

Literature  Media Arts  Multi-Disciplinary  Theater

Musical Theater/Opera  Visual Arts  Folk Arts  Other:

**Type of Grant Requested: Amount Requested: $**       *(rounded)*

(mark one) $1000 minimum / $5000 maximum

GENERAL OPERATING SUPPORT

SPECIAL PROJECT Have you received previous funding from the

Union County Local Arts Grant Program?

Yes  No Most recent year:

**PROGRAM DESCRIPTION:**

*IN 50 WORDS OR LESS, SUMMARIZE YOUR PROJECT. INCLUDE AUDIENCES SERVED.*

**Program/Project Director:**

Mailing Address:

Tel: (   )       Email:

**Person completing application:**

Daytime Tel: (   )       Email:

Applicant:       FY 2019

#### BUDGET SUMMARY

**Complete this section last.** Round all figures to the nearest dollar. For GOS, use figures from your projected 2019 Budget - Financial Chart 1. For Special Project, use budget figures from Financial Chart 3 in this application. Figures must match.

**A**. AMOUNT REQUESTED FROM UNION COUNTY $

Up to $5,000; GOS cannot exceed 20% of C

**B.** CASH MATCH (SP must be **at least** 50% of A) $

GOS must be 100% cash match

**C.** CASH TOTAL $

**D.** IN-KIND MATCH $

**E.** TOTAL COST OF PROJECT (A + B + D) $

**AUDIENCES AND OUTREACH SUMMARY**

The New Jersey State Council on the Arts and the National Endowment for the Arts are interested in the relationship of public funds to your organization and public audiences. Please provide figures below based on grand totals for the year. If your organization received funding last year, use figures from your 2017 Final Report. If you are a new applicant, complete with your best estimates.

Number of adults in your audience       Children under 18 in audience

Minority individuals " "       Persons with disabilities " "

Number of members involved in your project

Professional artists/performers       Minority Artists/performers

Number of volunteers involved in project

**AUTHORIZATION**

I understand that these pages and attachments constitute part of this application. I certify that all statements in this application are true to the best of my knowledge; and I hereby release the Board of Chosen Freeholders of the County of Union, its employees, and agents from any liability and/or responsibility concerning any submission of materials to the program. I further certify that any funds received under the Union County Local Arts Grant Program will be used exclusively for the purpose set forth in this application. I understand and agree that submission of an application signifies intention to comply with Title VII of the Civil Rights Act of 1964 (PL 88-352), with Labor Standards under Section 5 (1) of the National Foundation on the Arts and Humanities Act of 1965 (PL 185-209), Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

CHIEF ADMINISTRATIVE OFFICER’S SIGNATURE TITLE DATE

***(please sign in blue ink)***

PRINT NAME

#### II. NARRATIVE

*(Write your narrative. When you assemble* *hard copies, place narrative to follow this page.*)

Applicant:       FY 2019

**Financial Chart I**

**III. FINANCIAL DATA**

#### ORGANIZATION FINANCIAL BUDGET - INCOME

Please provide your organization’s totals for last year, the current year, and the application year. (GOS applicants may submit their own spreadsheet in lieu of this form.)

**INCOME 2017-Actual 2018-Projected 2019-Projected**

|  |  |  |  |
| --- | --- | --- | --- |
| **Earned Income**  Admissions |  |  |  |
| Memberships |  |  |  |
| Subscriptions |  |  |  |
| Contracted Services |  |  |  |
| Other (specify) |  |  |  |
| **Unearned Income Sources**  Corporate or Business Support |  |  |  |
| Foundation Support |  |  |  |
| Other Private Support |  |  |  |
| Government Support Federal |  |  |  |
| State |  |  |  |
| Local |  |  |  |
| APPLICANT INCOME (subtotal) |  |  |  |
| Grant requested from  Union County Arts Grant Program |  |  |  |
| Surplus from FY2018 LAP Grant |  |  |  |
| **TOTAL CASH INCOME** |  |  |  |
| LESS TOTAL CASH EXPENSES  (from Financial Chart 2) |  |  |  |
| **Net Surplus/Deficit**  ***Check one***  **Cash on Hand OR**  **(Deficit)** |  |  |  |

Explain any major changes (plus or minus 20%) to any line item in your Financial Narrative.

Applicant:       FY 2019

Financial Chart 2

FINANCIAL DATA

**ORGANIZATION FINANCIAL BUDGET - EXPENSES**

**Cash Expenses:** Do not include depreciation or expenses relating to funds for capital improvements or acquisition. (GOS applicants may submit their own spreadsheet in lieu of this form.)

###### EXPENSES 2017-Actual 2018-Projected 2019-Projected

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** (Staff)  Administrative |  |  |  |
| Other (specify) |  |  |  |
| Outside Fees & Services Artistic |  |  |  |
| Other (specify) |  |  |  |
| Operating Expenses Printing |  |  |  |
| Postage |  |  |  |
| Insurance |  |  |  |
| Phone/Internet |  |  |  |
| Space Rental |  |  |  |
| Supplies & Materials (specify) |  |  |  |
| Maintenance Costs(specify) |  |  |  |
| Rentals(specify) |  |  |  |
| Marketing Advertising |  |  |  |
| Other (specify) |  |  |  |
| **Other** **Expenses** (specify) |  |  |  |
| TOTAL CASH EXPENSES |  |  |  |

TOTALS MUST AGREE WITH INCOME, YEAR-BY-YEAR.   
(Explain if figures do not agree.)

Applicant:       FY 2019

Financial Chart 3

#### 2019 SPECIAL PROJECT BUDGET

January 1, 2019 – December 31, 2019

**GOS Applicants do not complete this.**

**PROJECT EXPENSES** Grant Matching Category Matching   
 Request Cash Cash Total In-Kind

**A B** **C D**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel (Staff)**  Administrative | N / A | N / A | N / A |  |
| Other (specify) | N / A | N / A | N / A |  |
| **Outside Fees & Services** Artistic |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Operating Expenses**  Printing |  |  |  |  |
| Postage |  |  |  |  |
| Insurance |  |  |  |  |
| Phone/Internet |  |  |  |  |
| Space Rental |  |  |  |  |
| Supplies/Materials (specify) |  |  |  |  |
| Maintenance Costs (specify) |  |  |  |  |
| Rentals Specify |  |  |  |  |
| **Marketing/Publicity** |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Other Expenses** (specify) |  |  |  |  |
| **TOTAL EXPENSES** | **A** | **B** | **C** | **D** |

*It is not necessary to include a figure in each field. Fill in where applicable.* (C = Total Cost of Project)

**PROJECT INCOME CASH (COLUMN B):**  This is where your cash match (column B) comes from. Your Project Income must *at least* equal Column B and may include funds from anticipated admissions, donations, memberships, registrations, other grants, your budget or other cash sources.

|  |  |  |  |
| --- | --- | --- | --- |
| SOURCES: |  | Amount | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total | $ |

Applicant:       FY 2019

**Financial Chart 4**

**IN-KIND CONTRIBUTIONS:**

All applicants: complete **even if you are not using In-Kind as part of your match requirement**.   
In-kind contributions are donated goods or services having a documentable cash value. Be specific and include donated space or printing, maintenance, administrative hours or volunteer hours.

**List / Describe Contributions Cash Value**

$

**Total In-Kind Contributions $**

**Additional Information**

* Are you currently or did you in the past receive grant funds from any other NJ County Arts Agency?       If so, which county and what year(s)?
* It is strongly suggested that each re-grantee attends at least one OCHA technical assistance workshop within the grant year. Please list the workshop(s) and person who attended in 2017.

#### SUPPORT MATERIAL

**List (on separate page)** the required and optional support materials submitted with your application.

To help us serve you better, please describe the types of workshops or other services you would like the Union County Office of Cultural and Heritage Affairs to offer.

**FY 2019 UNION COUNTY LOCAL ARTS GRANT PROGRAM**

**ADA QUESTIONNAIRE   
SELF-EVALUATION: SITE & PROGRAM ACCESSIBILITY**

Organization:

Person Completing Questionnaire:       Tel: (   )

Complete this form annually to reflect any revisions to your plan.   
Your Board should be familiar with the plan and review it annually. This Questionnaire covers only basic accessibility under the ADA. Evaluate sections that apply to your organization. For an organization to better understand its full obligations under the law, a comprehensive self-assessment is recommended. For further information, visit Cultural Access Network Project at [www.njtheatrealliance.org/ada-planning](http://www.njtheatrealliance.org/ada-planning).

Has the organization conducted a self-assessment or contracted a professional assessment of its facilities and programs?  yes  no

Comments:

**Organizational Policies and Practices**

has a board-approved policy statement regarding ADA compliance

has assigned or plans to assign an ADA coordinator

has established or plans to establish or share an ADA advisory board

offers or plans to offer sensitivity training to staff, board, and/or volunteers

provides adequate support if claiming “undue burden”

Comments:

# Employment Issues

An adequate plan should, at minimum, demonstrate the organization:

has an organizational employment non-discrimination policy statement which includes people   
 with disabilities

has a plan to provide reasonable accommodations for meetings and/or employee interviews if its  
 current administrative office is not accessible

has or plans to have job descriptions for staff and volunteer positions that outline essential and  
 marginal functions

is proactive in hiring people with disabilities

Comments:

ADA A1

# Grievance Procedure

An adequate plan must include a reasonable grievance procedure with specific steps and be approved by the organization’s board

Comments:

**Programmatic Issues**

An adequate plan should discuss the services and/or programs listed below that apply to the organization’s art form(s). If an organization currently does not provide or offer a service “upon request”, it must outline a reasonable timeframe to do so, outline a reasonable accommodation, or it should be clear why the service does not apply to the organization.

Programs and services for patrons with hearing disabilities:

### Offer now Plan to offer

Assistive listening system provided in assembly areas, seating areas, and/or for guided tours or lectures

Sign language interpretation of performances, guided tours, or lecture

Open/closed captioning at performances, lectures, tours, workshops, or for film/video

Advance copies of scripts or synopses

High-volume audio tours

Printed self-guided tours

Other:

Programs and services for patrons with visual disabilities:

### Offer now Plan to offer

Audio-described performances or guided tours

Sensory seminars in conjunction with a event or exhibition

Braille materials (programs, exhibit or display signage, and/or other materials)

Large-print materials (programs, signage, exhibit or display signage, and/or other materials)

Audio-guides about exhibits or other programs

Other:

Comments:

**Effective Communications - Publications, Marketing/Outreach, Website**

An adequate plan should at minimum demonstrate the organization understands basic practices of   
how to reach out to patrons with disabilities and reasonably address the following:

brochures and other marketing materials available or offered in alternate formats   
 (e.g. large print/Braille/electronic media)

brochures and other marketing materials list appropriate international access symbols and/or include   
 a statement regarding accessibility policies

organization has reasonable advance notification policy for patrons interested in utilizing its special   
 programs and services (e.g. sign interpretation, large print programs, etc.)

organization has reviewed or plans to review its website and has or plans to incorporate basic   
 accessibility features

ADA A2

**Effective Communications - Publications, Marketing/Outreach, Website –** *(continued)*

organization utilizes its ADA advisory board or similar representation to reach patrons   
 with disabilities

the organization has developed or is planning to develop a targeted marketing approach to reach   
 people with disabilities

Comments:

**Facility Accessibility**

An adequate plan should demonstrate the facility(s) in which an organization provides its programs is/are ADA compliant, outline a reasonable accommodation, indicate there is a sound plan in place to make the facility(s) fully accessible or to find alternate space, or demonstrate they are exempt from certain elements.

## ADA compliant Planned

Accessible route from public transportation to the facility

ADA compliant parking

Accessible route from parking to primary accessible entrance

ADA compliant doors to entrance, bathrooms, assembly areas, gallery and

display areas

Multi-level facility has an elevator or interior ramps at level changes

Restrooms (or unisex bathroom) used by the public are ADA-compliant

Seating area of facility has adequate number of wheelchair locations on   
 level surfaces

ADA-compliant signage

ADA-compliant box office window/information desk

ADA-compliant concession stand

ADA-compliant performance/artist space

For touring organizations only: provides a letter of agreement or ADA checklist to the landlord or manager of the venue in which programming will take place

Comments:

ADA A3

2019 Union County Local Arts Grant Program

**APPLICATION CHECKLIST**

**Submit a total of (7) Application packets and support materials.   
Label one (1) packet “original.” Include one copy of following inside “original” packet:**

Application with original signatures

Proof of IRS non-profit status

Most recent annual budget

Completed ADA Questionnaire

For performing arts groups: DVD, CD,   
 or separate page listing a maximum of   
 2 links to online video or recording

**EVERY APPLICATION PACKET MUST** **INCLUDE:**

General Information & Application Summary

Project Description *(50 words maximum)*

Budget Summary

Audiences & Outreach Summary

Signed Authorization

Narrative that fully answers all questions (pages N1–N3):

1. Organizational Background  4. Accessibility/ADA Compliance

2. Project/Programs  5. Financial Narrative

3. Public Participation

Financial Budget - Income, Financial Chart 1 - completed

Financial Budget - Expenses, Financial Chart 2 - completed

Special Project Budget, Financial Chart 3 *(GOS Applicants do not complete.)*

In-Kind Contributions, Financial Chart 4 - completed

**REQUIRED Support Materials**

1. Artist/consultant resumes  4. Media list

2. Staff/volunteer resumes  5. Sample brochures/flyers/press coverage

3. Board list

**Optional Support Materials** – Include one copy inside “original” application packet:

ADA Plan  Samples of evaluation/assessment tools/planning documents

DVD, CD or links  Other:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Person completing application Daytime tel*

Name/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Received by UC OCHA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Staff Member Date*