

UNION COUNTY LOCAL ARTS GRANT PROGRAM 2021 APPLICATION

FY: January 1 – December 31, 2021

Read all Instructions before completing this Application. For questions or assistance, email culturalinfo@ucnj.org or call 908-558-2550 (NJ Relay Users 711). Submit one signed original and four copies (total of 5 sets of hard copies) of the completed application by **September 14, 2020** to: LAP Grant, Office of Cultural and Heritage Affairs, 633 Pearl St., Elizabeth, NJ 07202.

GENERAL INFORMATION

Organization _____

Address _____

City _____ Zip _____ Federal I.D. # _____

Tel _____ Email(s) _____

Website: _____

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

APPLICATION SUMMARY

Artistic Discipline (check one):

- | | | | | |
|--|---|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Choral Music | <input type="checkbox"/> Instrumental Music | <input type="checkbox"/> Dance | <input type="checkbox"/> Crafts | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Film/Media Arts | <input type="checkbox"/> Multi-Disciplinary | <input type="checkbox"/> Theater | <input type="checkbox"/> Musical Theater/Opera | |
| <input type="checkbox"/> Visual Art | <input type="checkbox"/> Folk Arts | <input type="checkbox"/> Other: | | |

Type of Grant Requested:

- GENERAL OPERATING SUPPORT
- SPECIAL PROJECT

Amount Requested: \$ _____
(minimum \$1000 / maximum \$5000)

Have you received previous funding from the Union County Local Arts Grant Program?

- Yes** (Most recent year _____)
- No**

PROGRAM SUMMARY: *(Summarize in 50 words or less. Include audiences served.)*

Program/Project Director: _____

Mailing Address _____

Daytime Tel _____ Email _____

Person completing application: _____

Daytime Tel _____ Email _____

If both above are the same person, provide an alternate contact for grant-related matters:

Name _____

Daytime Tel _____ Email _____

BUDGET SUMMARY

Complete this section last. Round all figures to the nearest dollar. For GOS, use figures from your projected 2021 Budget on Financial Chart 1 (page 8). 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
- 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 (C + 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 for 2019, use figures from your 2019 Final Report. If you are a new applicant, complete with your best estimates.

- No. of Adults in your audience _____
- No. Children under 18 in audience _____
- No. Minority individuals in audience _____
- No. People w/ Disability in audience _____
- No. of Members involved in project _____
- No. Professional Artists/performers _____
- No. Minority Artists/performers _____
- No. 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 SIGNATURE TITLE DATE
(please sign in blue ink)

PRINT NAME

PROGRAMS / PROJECT

4. **WHAT** is your program or project?

5. Is it new or ongoing?
6. Describe the artistic goals, objectives and artistic quality of your program or project.

7. Describe the **benefits** of the program to your organization or the public. If your program or project addresses any of the Special Areas of Interest (see Requirements, page G2, Goals), explain.

8. **WHO** is responsible for the project, **artistically** and **administratively**? Name those (with titles) who will oversee the project or assist with implementation. State their responsibilities. Reference the current **resumes** you'll enclose, of artists, consultants, and key staff or volunteers. Describe the duties of Board members involved.

9. Name the key **artists** and their **disciplines**. Are they under consideration or already selected? Are they professionals? Are any based in New Jersey? Will they be paid? What will they do?

10. Is your organization engaged in any **partnerships** or **collaborations** with other arts or non-arts organizations? If so, describe them.

11. **Special Projects only:** Why and how was this project selected? How will the project meet the interests or needs of the community, or help sustain your organization?

12. **Special Projects only:** How were artists or consultants selected? If there is a selection committee, name the members and their credentials.

13. **HOW MANY** events and activities will be held? **WHEN** and **WHERE**? Include rehearsals as well as performances. State the activities to be held, with location(s) and date(s) or date range.

14. What is your total projected **audience**, and total number participants? How are these calculated?

15. How will you **evaluate** your program to determine success and whether you met your goals? Briefly describe assessment tools you will use to gauge results, such as a survey or questionnaire. If desired, include a sample, and note this below.

16. Outline a concise **monthly timeline** for your program or project, listing major steps each month, from planning thru evaluation. If you need to include a separate page, note that below.

PUBLIC PARTICIPATION

17. Describe the **demographics** of your audience (age, ethnicity, etc.).
18. Describe **marketing** and/or **publicity plans**, including efforts to broaden and/or grow your audience (serve new people or serve current audience more often or in new ways). Will you diversify your audience? If so, how? You may include a Marketing plan (if so, note this below).
19. In terms of ADA compliance, describe any specific ways in which you address programming accessibility or facilities accessibility. (Reference ADA questionnaire if desired.) Describe any specific examples of outreach from your organization to involve people with disabilities.
20. How will this program and/or your organization **promote** the value of the arts and/or build participation in the arts in your community? If applicable, describe any plans to develop community interest to support the arts through **education or advocacy**.

FINANCIAL PLAN

21. Explain **why** grant funds are **needed** and **how they will be spent**. Relate this to the figures presented in your Budget. Describe the major line items listed in your budget. If you wish to include a fundraising plan, note this below and insert when you compile pages.
22. **Who will be paid what amount, for doing what?** Be specific.

23. Will anyone hired under this grant accept **less** than their normal fee? (*Note: If so, the difference between a special reduced rate and a normal fee is an **in-kind** donation.*)
24. **Special Projects only:** Do not rely solely on this grant to fund your project. Matching funds are required. Name **other source(s)** from which you receive or anticipate receiving funds.
25. **GOS only:** Arts organizations must explain any **major changes** in the Annual Budgets on Financial Charts 1 and 2. *A major change is defined as 20% increase or decrease from one year to the next on any line (expense category).*

OTHER

Answer questions 26–30 below ONLY if your Special Project is for Technical Assistance:

26. Describe in detail the **type** of organizational technical assistance needed and to be furnished. What specific problems or challenges does your request address?
27. How did you select the consultant? Is the consultant under consideration or already selected?
28. What do you expect the consultant to accomplish? Include consultant's **proposal**, if available.
29. Are other funding sources being used for this technical assistance? If so, list them.
30. List any **support materials** you are including and insert them. Materials may include:
- *Consultant resume*
 - *Consultant's project proposal and fee*
 - *Consultant's Letter of Commitment*
 - *Project timeline*
 - *Deliverables (describe the form in which consultant will deliver results)*

FINANCIAL DATA
ORGANIZATION BUDGET - INCOME

Please provide your organization's totals for last year, the current year, and the application year.
 (GOS applicants who submit their own spreadsheets (all 3 years) in lieu of this chart, check here ___)

INCOME	2019-Actual	2020-Projected	2021-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 from Union County Local Arts Program			
TOTAL CASH INCOME			
(SUBTRACT) TOTAL CASH EXPENSES (from Financial Chart 2)			
Net Surplus - or Deficit (Cash on Hand or Deficit)			

Explain any major changes (plus or minus 20% to any line item)
 in the Financial Section, Question 25.

FINANCIAL DATA
ORGANIZATION BUDGET - EXPENSES

Cash Expenses: Do not include depreciation or expenses relating to funds for capital improvements or acquisition. (GOS applicants who submit their own spreadsheets (all 3 years) in lieu of chart, check here __.)

EXPENSES	2019-Actual	2020-Projected	2021-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 / Publicity / Ads			
Other Expenses (specify)			
TOTAL CASH EXPENSES			

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

2021 SPECIAL PROJECT BUDGET

January 1 – December 31, 2021

GOS Applicants do not complete this.

PROJECT EXPENSES

	Grant Request A	Matching Cash B	Category Cash Total C	Matching In-Kind 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 (specify)				
Rentals (specify)				
Marketing /Publicity /Ads				
Other Costs (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. 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 \$ _____

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

- If you currently receive (or have previously received) grant funds from any other NJ County Arts Agency, name the county and year(s) _____
- It is strongly suggested that each re-grantee attend at least one OCHA technical assistance workshop within the grant year. Please list the workshop(s) and person(s) who attended in 2019 or 2020. You may also list a comparable professional development undertaken during 2020.

SUPPORT MATERIAL

List the support materials (required and optional) you are submitting with this application. Submit maximum of 5 items representing publicity/marketing:

OTHER

Optional: If you would like to suggest that the Union County Office of Cultural and Heritage Affairs offer a particular type of workshop to grantees, please it note here: