**APPLICATION**

**Is your organization applying for:**

**General Operating Support Special Arts Project Support**

1. **ORGANIZATIONAL PROFILE:**
2. **Contact Information**

Name of Organization:Click here to enter text.

Address: Click here to enter text.  
  
City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

**Mailing Address (if different from above):** Click here to enter text.

**Contact person for inquiries regarding this proposal:**

Name: Click here to enter text. Title: Click here to enter text.

Daytime Phone: Click here to enter text.

Evening Phone: Click here to enter text.

Email address: Click here to enter text.

1. **Organizational Status**  
    Non-profit organization  
    Governmental department or agency  
    State college or university  
     
   Tax Exempt Number: Click here to enter text.
2. **Organizational Description** *-* Provide a very brief history of your organization and its purpose. Include your organization’s Mission Statement.

Click here to enter text.

1. **Programming** - Describe your organization’s programming. If this is a request for special project support, include a description of your proposed project. Explain how your programs meet the needs of the residents of Camden County.

Click here to enter text.

1. **PROPOSED PROGRAM or PROJECT FOR THIS FUNDING REQUEST**
2. **Program/Project Title** Click here to enter text.
3. **What will you do with the grant funds:** Click here to enter text.
4. **Name of Program Director** Click here to enter text.
5. **Proposed date(s) of program/project** Click here to enter text.
6. **Projected number of participants** Click here to enter text.
7. **Total budget of this program/project $** Click here to enter text.
8. **Amount of funding requested from the CCC&HC: $**Click here to enter text.
9. **Type of arts/cultural programming proposed in this funding request:**Arts Education Fine Crafts

Dance Classes Dance Performances

Film/Media Folk Art/Ethnic

Literary-Publications Literary-Readings/Lectures

Museum-Exhibits Museum-Classes/Lectures

Music-Instrumental Classes Music-Instrumental/Concerts

Music-Theatre Classes Music-Musicals/Shows

Music-Opera Classes Music-Opera Performances

Theatre-Drama Classes Theatre-Drama Performances

Visual Arts-Classes Visual Arts-Exhibits

Type of Visual Arts Click here to enter text.

Fair/Festivals/Historic or Cultural Celebrations

1. **ACCESSIBILITY AND AVAILABLITY OF PROGRAM/PROJECT:**
2. **Is the location where your program will be held accessible? If not, please explain. Every effort must be made to ensure accessibility**

Click here to enter text.

1. **Does your organization provide special services to participants with disabilities?  
     
     Yes  No  
     
   If yes, please describe the services.** Click here to enter text.
2. **How will you inform persons with disabilities about your program/project?**

Click here to enter text.

1. **Will your program/project be held in more than one location? Explain.**

Click here to enter text.

1. **How will you make your program/project available for all people interested in participating?**

Click here to enter text.

1. **CULTURAL DIVERSITY and COMMUNITY OUTREACH:**
2. **What is the ethnic background of your projected audience/program participants? Please estimate what percentage of your audience/participants will be (Must total 100%):**

\_\_\_\_\_\_% African American \_\_\_\_\_\_% Asian  
\_\_\_\_\_\_% Native American \_\_\_\_\_\_% Hispanic-Not Black  
\_\_\_\_\_\_% White \_\_\_\_\_\_% Multi-Racial

\_\_\_\_\_\_% Native Hawaiian/Pacific Islander

1. **Where will your audiences/program participants come from? Please estimate what percentage of your audiences are from(Total 100%):**\_\_\_\_\_\_\_% Camden County Communities \_\_\_\_\_\_\_ % Beyond New Jersey  
    \_\_\_\_\_\_\_% Other New Jersey Counties

1. **Explain in detail the community outreach methods your organization will use to recruit culturally diverse audiences for this program/project.**

Click here to enter text.

1. **What methods will your organization use to attract participants and/or to develop a broader audience?**

Flyers/Brochures Paid advertising in daily newspapers  
Posters Paid advertising in weekly newspapers

Newsletters Free Newspaper listings

Special Mailings Public Service Announcements

Radio Television

Organization’s website Other internet listings  
  
Other:Click here to enter text.

1. **The Camden County Cultural & Heritage Commission at Camden County College and the New Jersey State Council on the Arts are committed to FOSTERING THE TALENTS OF LOCAL ARTISTS.**

How many artists will be involved in the program/project for which you are requesting funding?

\_\_\_\_# of ***paid*** artists \_\_\_\_ # of NJ artists \_\_\_\_# of Camden County artists

\_\_\_\_# of ***volunteer*** artists \_\_\_\_# of NJ artists \_\_\_\_# of Camden County artists

1. **The Camden County Cultural & Heritage Commission at Camden County College and the New Jersey State Council on the Arts are committed to ARTISTIC EXCELLENCE.**

Explain in detail how your organization will ensure that the program for which you are requesting funding will demonstrate ARTISTIC EXCELLENCE. **Also please attach resumes of Artists.**

Click here to enter text.

1. **PROGRAM BUDGET. This is a matching grant. $1 from organization budget = $1 grant award.** What methods will your organization use to raise money for this program/project?

\_\_\_\_\_ Ticket Sales $ Amount\_\_\_\_\_\_\_ = \_\_\_\_\_ % of total budget

\_\_\_\_\_ Classes/workshop fees $ Amount\_\_\_\_\_\_\_ = \_\_\_\_\_ % of total budget

\_\_\_\_\_ Grant funding $ Amount\_\_\_\_\_\_\_ = \_\_\_\_\_ % of total budget

\_\_\_\_\_ Special events $ Amount\_\_\_\_\_\_\_ = \_\_\_\_\_ % of total budget

\_\_\_\_\_ Membership $ Amount\_\_\_\_\_\_\_ = \_\_\_\_\_ % of total budget

\_\_\_\_\_ Individual giving $ Amount\_\_\_\_\_\_\_ = \_\_\_\_\_ % of total budget

\_\_\_\_\_ Business support $ Amount\_\_\_\_\_\_\_ = \_\_\_\_\_ % of total budget

\_\_\_\_\_ Other $ Amount\_\_\_\_\_\_\_ = \_\_\_\_\_ % of total budget

Explain: Click here to enter text.

**APPLICANT:** Click here to enter text.

**Applicant Organization’s Income:**

Please complete the information below to indicate your organization’s income

|  |  |  |
| --- | --- | --- |
| **Income Category** | **FY17 income** | **FY18 projected income** |
| **Earned Income** |  |  |
| Investments, endowment, sales, commissions, loans, etc. | Click here to enter text. | Click here to enter text. |
| Admissions, fees | Click here to enter text. | Click here to enter text. |
| Fundraising events | Click here to enter text. | Click here to enter text. |
| Foundation Support (please list) | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other (please list) | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Individual Support | Click here to enter text. | Click here to enter text. |
|  |  |  |
| **Acquisitions:**  *(Please list):* |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Corporate support** (list top 5) |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Non-CCC&HC@CCC government support** |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **This grant, if awarded** |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total** | Click here to enter text. | Click here to enter text. |

**APPLICANT** Click here to enter text.

1. **Applicant organization’s Expenses**

Please complete the information below to indicate your organization’s expenses during the three designated time periods.

**EXPENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **(A) Budgeted**  **FY 18** | **(B) Actual**  **FY 17** | **(C) Grant Funds Requested** | **(D) Amount from other sources** |
| **Personnel:** |  |  |  |  |
| Administrative | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Artistic | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Technical/Production | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Outside Professional Services -- Artistic | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Personnel-Other *(Please list):* | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Acquisitions:** *(Please list):* |  |  |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Other Operating Expenses** |  |  |  |  |
| Space Rental/Mortgage | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Travel/Transportation | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Marketing/Advertising | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Facility Maintenance | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Telephone/Postage | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Printing/Copying | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Insurance | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Technical Production | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other Expenses \*\* | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Materials/Supplies\*\* | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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*(\*\*Attach an additional page with itemization if necessary)*

**TOTAL CASH EXPENSES:**

Column **(A)** $Click here to enter text. **(B)** $Click here to enter text. **(C)$**Click here to enter text. (D) $\_\_\_\_\_\_

**APPLICANT** Click here to enter text.

1. **AUTHORIZATION:** Applicant understands and agrees that the submission of this application signifies intention to comply with Title VI of the Civil Rights Act of 1964 (PL88-352) and with Labor Standards under Section 5 (1) of the National Foundation on the Arts and Humanities Act of 1965 (PL8-9-20-9.) Applicant further testifies that all the fiscal information submitted is a true and honest representation of the organization’s financial condition.  
     
   The applicant also assures compliance with the Americans with Disabilities Act of 1992 barring discrimination on the basis of handicap:  
     
    - Programs are as accessible as possible to the widest number of people.  
    - The applicant is working to remove barriers that may block accessibility.  
    - The applicant is working to remove programmatic and attitudinal barriers that may keep   
    people with disabilities from fully participating in arts programs.  
    - The applicant is working to make arts accessible to audiences in rural, urban, and   
    economically disadvantaged and under-served communities.

The applicant also assures compliance with the Drug-free Workplace Act of 1988.

**The Applicant further understands and agrees that the following credit line must appear prominently on ALL publicity materials:**

****

**NOTE: Funding can be withheld for failure to comply with any of the contractual obligations. An electronic version of the logo will be sent to all funded applicants.**

**Executive Director’s name and phone number:** Click here to enter text.

**Chief Financial Officer’s name and phone number:** Click here to enter text.

**President of the Board’s name and phone number:** Click here to enter text.

**APPLICANT** Click here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECKLIST**

**THE FOLLOWING INFORMATION MUST BE INCLUDED WITH YOUR GRANT APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.**

A copy of the organization’s IRS Tax Exemption Letter granting the organization 501(c)3 or 501(c)4 status.

A copy of the organization’s most recently audited financial statement. If there was no audit, a Statement of Income and Expenses certified by the organization’s Chief Financial Officer and ratified by the Board of Directors, may be substituted.

Copies of support materials that demonstrate the work of your organization, possibly including press clippings, programs, brochures, and press releases. You may scan and email these materials, or you may send as hard copy under separate cover.

Return application by email to: knicholson@camdencc.edu

**Return application forms as an attachment by email to:** [**knicholson@camdencc.edu**](mailto:knicholson@camdencc.edu)**.**

**Or by mail or hand-delivery to:**

**Karen Nicholson**

**Roosevelt Hall 208**

**Camden County College**

**200 College Drive**

**Blackwood, NJ 08012**

**If you will attend the technical workshop on Tuesday, Oct. 3, at 3:00 a.m., at Camden County College, please contact** [**knicholson@camdencc.edu**](mailto:knicholson@camdencc.edu) **for location information.**

**Feel free to email** [**knicholson@camdencc.edu**](mailto:knicholson@camdencc.edu) **or call 856-374-4945 with any questions.**