GLOUCESTER COUNTY
CULTURAL & HERITAGE COMMISSION
ARTS & HUMANITIES COUNCIL OF ROWAN COLLEGE OF SOUTH JERSEY

NEW JERSEY STATE COUNCIL ON THE ARTS RE-GRANT PROGRAM

GUIDELINES
2024

GLOUCESTER COUNTY CULTURAL & HERITAGE COMMISSION
ROWAN COLLEGE OF SOUTH JERSEY
ATTN: ERIKA GARDNER
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Arts Grant Application
APPLICATION CHECKLIST

APPLICANT ORGANIZATION	

- ***This checklist (completed, printed, signed and dated) must accompany the original and one digital copy of the application.***
- ***The checklist items represent the order in which the application should be packaged.***
- ***Check the column pertaining to the type of grant you are submitting:***
  Special Project (SP) or General Operating Support (GOS)
- ***Check the shaded areas __only__ if they pertain to your specific project.***

SP	GOS	DESCRIPTION
		Application checklist
		Signature page
		ADA Checklist/ Board Approved ADA plan
		Narrative (3-5 pages, no smaller than 12 point font)
		Budget (Expense and Income Charts)
N/A	X	Organizational Financial Overview
		Brief Bios or Resumes of Key Staff (include information about artists, consultants and/or staff to be hired as appropriate; if an individual has not been selected for the position provide a job description and requirements)
		List of Board Members with terms and lengths of service. Non-arts organizations applying for SP or MG should list their Arts Advisory Committee.
		Copy of Audit or the organization's first two pages of their most recent IRS Form 990 as well as a board approved Year to Date Statement.
N/A	X	Copy of Board-approved Long Range Plan
		For collaborative projects: a letter of commitment from the partnering school, organization or institution
		For publication projects: writing sample from manuscript, representative illustrations, and production bid sheet from printer
		For exhibition projects: exhibition outline, photos of representative objects with captions
		Optional support materials: brochures, press clippings, programs, flyers etc., limit of 2 samples

Gloucester County Cultural and Heritage Commission

Arts Grant Application
SIGNATURE PAGE

APPLICANT ORGANIZATION	
ADDRESS	

PHONE #		FAX		E-MAIL	

CONTACT PERSON				TITLE	

ADDRESS	

PHONE #		FAX		E-MAIL	

FEDERAL ID #	
TAX EXEMPTION #	
NJ CHARITIES REGISTRATION # **	

CULTURAL CODE (see Guidelines p. 7)		DISCIPLINE CODE (see Guidelines p. 7)	

GRANT TYPE: *Check Box*	Special Project (SP)		General Operating Support (GOS)	

PROJECT/PROGRAM SUMMARY (100 words or less)

GRANT REQUEST SUMMARY	
Total grant request	
Total cash match (cash expenses)	

AUTHORIZING SIGNATURE		
I/We hereby certify that the information in this application is true and correct and authorize its submission.		
Name and Title of Representative	Signature	Date

** New Jersey non-profit organizations raising more than $10,000 a year must register with the NJ Division of Consumer Affairs, Charities Registration Bureau, 124 Halsey St., PO Box 45021, Newark, NJ 07101 (http://www.state.nj.us/oag/ca/charity/charfrm.htm)

Arts Grant Application

ADA CHECKLIST

APPLICANT ORGANIZATION	

This checklist covers only very basic accessibility issues and ADA (Americans with Disabilities Act) requirements. A comprehensive self-assessment is recommended for an organization to better understand its full obligations under the law. A Self-Assessment Survey tool has been developed by the Cultural Access Network of New Jersey and is available at https://njtheatrealliance.org/accessibility/self-assessment. Although designed for arts organizations, the guidelines are applicable to cultural facilities and programming generally.

Throughout the checklist reference is made to sections in the self-assessment survey tool where you can find very specific, helpful information about the various issues addressed in this checklist, such as full facility guidelines, information on programmatic accommodations, sample non-discrimination policies, methods for training personnel, and sample grievance procedures. Most issues of compliance, such as adopting a non-discrimination policy or grievance procedure, or providing sensitivity training can be quickly and easily accomplished with the resources provided in the self-assessment tool. In addition, the Commission offers workshops and publicizes workshop opportunities elsewhere that can be of assistance.

Re-grant recipients will be required to have a copy of their current board-approved ADA Plan on file with the Commission. *The Commission's ADA Committee for compliance reviews all ADA Plans*.

ADA Plan

	Yes
	No

Does your organization have a board-approved ADA Plan?
If no, please describe why not and what you are doing to develop or update a plan.

Facilities: Your organization is legally responsible for the facility where you present your project and programs, regardless of whether you own it, rent it or use it rent-free. (See Self-Assessment Survey – Facilities Section)
Please check the response applicable to your facility.

	Our facility/facilities and/or the facilities we will use for our project/program(s) is accessible to people with disabilities. We can assure this because (check one):
	Our organization conducted a comprehensive survey of the facility/facilities.
	A qualified architect or other professional conducted a comprehensive survey of the facility/facilities.
	We have received a completed physical assessment from the venue we are using, which indicates that the site is accessible.
	Other – explain:

	Our facility/facilities and/or the facilities we are using for our project/program(s) is not currently accessible; however, we/the venue offer the following reasonable accommodations to provide accessibility.
	Describe the accommodations:

Programmatic Accommodations/Marketing:

Our organization will convey in all materials promoting the event that we will provide the following programmatic accommodations (see Self-Assessment Survey – Effective Communication and Programs & Services Sections):

Accommodation	Check if you will provide accommodation or service without prior request	Check if you will provide accommodation upon request. If so, include length of advance notice required	Check if not applicable for this type of program or project.
Assistive listening system			
Sign interpretation			
Audio description			
Open captioning			
Tactile exhibits			
Braille publications			
Large print publications			
Publications on audio cassette			
Other:			

	Yes
	No

Has your organization budgeted to provide for programmatic and service access accommodations? Note that you may use grant funds for cost of accommodations, except those related to facility renovation/construction or purchase of equipment.
If no, please explain why budgeting is not required.

	Yes
	No

Employment: Does your organization have a board-approved policy that states it will not discriminate against potential staff, volunteers, artists or others due to a disability in the engagement of services (see Self-Assessment Survey – Management Practices Section/Employment)?

	Yes
	No

Sensitivity Training: Have/will key personnel having contact with the public been/be provided with appropriate information/training in disability awareness and service to audiences with disabilities (see Self-Assessment Survey – Management Practices Section/Policies)?

	Yes

No

Grievance Procedure: Does your organization have a procedure for addressing grievances or complaints in regard to accessibility for people with disabilities (see Self-Assessment Survey – Management Practices section/Grievance Procedure and Appendix for Sample Grievance Procedures)?

Name/Title of your organization's designated Access Coordinator:

Name	Title

We understand that in accepting any grant funds from the Gloucester County Cultural & Heritage Commission and the New Jersey State Council on the Arts, our organization must be in full compliance with all pertinent federal and state laws and regulations including the Americans with Disabilities Act.

APPLICANT ORGANIZATION	

Please answer the following questions in the boxes provided if you are requesting Special Project funding. The Gloucester County Cultural and Heritage Commission Grants Review Panel will use the information provided herein to form its opinion of the value of the project and the appropriate funding level. Please provide enough detailed information to help the panel fully understand your project and your organization's ability to carry it out. The text boxes will expand to accommodate your responses. **Do not exceed five (5) pages. Do not change the font provided in text boxes (Times New Roman, 12 pt.).**

1. Provide the mission statement and a brief history of your organization. Arts organizations should briefly describe arts projects/programs they have presented within the past 12 months. Non-arts organizations should discuss how arts programming fits within their mission as well as recent arts projects they have presented, if any.

2. Describe in detail your project, its goals, activities and content. Where will the project take place?

3. Why is this project important? How will it benefit the community? How will your project broaden, deepen and/or diversify participation in the arts?

4. List the artists and their qualifications that will be involved in your project. If you have not yet identified specific artists, provide a list of the qualifications required to fulfill this role and how they will be recruited.

5. What is the timeline for your project? Please include planning, publicity and evaluative components.

Month	Activity

6. Describe your intended/target audience/s. How many people do you expect to serve? What is the anticipated demographic composition of your audience? Describe how you intend to reach and meet the needs of special constituencies (minorities, handicapped, seniors, etc.) including facilities access and special services. Include strategies you have used that have been successful in the past.

7. How do you define success? What methods will you use to evaluate your project beyond attendance statistics (e.g. audience surveys, intercept interviews, on-line surveys, outside evaluators, independent critical reviewers, etc.)? How does your organization use evaluative data?

8. Describe in detail your publicity plan. Be specific about how and where you will credit the Cultural and Heritage Commission and the New Jersey State Council on the Arts. Refer to examples of past publicity and why they were effective in reaching and growing your audience.

9. Will your project involve any noteworthy partnerships or collaborations (e.g. with other arts organizations, non-arts organizations including social service agencies, educational institutions, businesses or government other than GCC&H)? If so, please describe. *Although the GCC&H encourages partnerships or collaborations, there is no penalty for leaving this blank.*

10. Check which, if any, of the descriptors below comprise a significant portion (**50% or more**) of the grant resources/funded activities. *If none apply, or if the below descriptors apply to a small or indeterminate portion of your funding/activities, do not check any boxes. There is no penalty for not answering this question if it does not apply to your project.*

	Accessibility – increasing access for people with disabilities
	International – grantees visiting other countries, foreign artists visiting the US, cultural exchange programs, linkages with artists/organizations in other countries, and other international programs
	Presenting/Touring – movement of artists and artworks for performances, screenings, exhibits, etc. in different geographic areas as either the presenter or touring group
	Technology – for creation or dissemination of artworks or for organizational management
	Youth at Risk – programs designed primarily to serve at-risk youth, including drug, violence, alcohol, crime intervention
	Older Adults – programs involving older adults as the primary artists, participants, or beneficiaries as well as programs in elder care settings, senior centers, or retirement residences
	Health/Healing – programs using the arts specifically to promote good physical or mental health or to aid in healing, serving individuals, institutions or communities, e.g. in response to natural disasters or tragedies
	Economic Development – use of the arts as an economic development tool
	Cultural Heritage Tourism – activities that promote cultural events specifically to tourist populations and/or use arts, heritage or history offerings as traveler destinations and integration of culture into tourism development plan

Arts Grant Application
SPECIAL PROJECT BUDGET

PROJECT EXPENSES

Category of Expenditure	GCC&H Grant Funds	Matching Funds* Cash	Matching Funds* In-Kind
Administrative Salaries			
Artistic Salaries			
Technical/Production Salaries			
Fringe Benefits			
Artistic			
Other			
	■■■■■		
	■■■■■		
Space Rental			
Marketing (includes advertising, public relations, etc.)			
Travel/Transportation			
Phone			
Postage			
Printing			
Insurance			
Rentals			
Supplies/Materials			
Hospitality	■■■■■		
Other (list)			
TOTAL			

* Each organization is not required to match the funding requested from the Commission's Re-grant Grant program. However, showing at least a match on a 1:1 basis displays the strength of an organization.

Arts Grant Application
SPECIAL PROJECT BUDGET

PROJECT INCOME

Description	Organization Match	In-Kind
Earned Income		
Admission Fees; Ticket Sales; Registrations		
Merchandise; Concession; Ad Sales		
Fundraising Activities; Events		
Other (list)		
Corporate Contributions (please itemize, insert rows as needed)		
Foundations (please itemize, insert rows as needed)		
Government Grants (other than GCC&HC; please itemize, insert rows as needed)		
Other Income		
Private Contributions		
Endowment; Interest Income		
Organization Cash Reserves		
TOTAL ORGANIZATION INCOME*		
GCC&HC Grant		
TOTAL PROJECT INCOME		

 * Total Organization Income must equal or exceed the GCC&HC Grant request

BUDGET NARRATIVE

Explain how grant funds will be spent. Tell us how you arrived at the amounts entered in each expense category you completed.

Examples: If you are hiring an artist for $200, in the narrative explain that the artist will work for 4 hrs @ $50/hr. If your printing total was entered as $500, the detail might read 1,000 color brochures @ .50/each. Be sure to explain how the expenses relate to and support your project. Discuss principal income sources and how those amounts are projected.

Arts Grant Application
GENERAL OPERATING SUPPORT NARRATIVE

APPLICANT ORGANIZATION	

Please answer the following questions in the boxes provided if you are requesting General Operating Support funding. The Gloucester County Cultural and Heritage Commission Grants Review Panel will use the information provided herein to form its opinion of the value of the project and the appropriate funding level. Please provide enough detailed information to help the panel fully understand your organization and its work and make a valid decision. <u>The text boxes will expand to accommodate your responses</u>. **Do not exceed eight (8) pages. Do not change font provided in text boxes (Times New Roman, 12 pt.).**

1. Provide a history of your organization, including mission, goals, objectives and major programming. How do your organization's activities relate to the NJ Arts Plan? What makes your organization important?

2. Describe the programs and services you offered the public during the previous 12 month period and how they benefited your community. How do your programs and services broaden, deepen and/or diversify participation in the arts?

3. What are you planning for the upcoming grant year? Discuss in detail new programming and ways you are planning to improve current offerings and why.

4. Describe in detail the intended use for GOS funds. How will GOS funding advance your organization's mission, goals and objectives? How will it strengthen your programs and services?

5. Discuss the principal artists involved in your organization/programs and their qualifications. Include staff, consultants and guest artists.

6. Describe your audience. How many people have you served in the past 12 months and how many do you expect to serve during this grant period? What is the anticipated demographic composition of your audience? Be sure to describe how you reach and meet the needs of special constituencies (minorities, handicapped, seniors, etc.), including facilities access and special services. What strategies have you employed that have been successful in the past?

7. How do you define success? What methods do you use to evaluate your programs beyond attendance statistics (e.g. audience surveys, intercept interviews, on-line surveys, outside evaluators, independent critical reviews, etc.)? How do you utilize evaluative data?

8. Describe in detail your proposed publicity plan. Be specific about how and where you will credit the Cultural and Heritage Commission and the New Jersey State Council on the Arts. Refer to examples of past publicity why they were effective in growing your audience.

9. Check which, if any, of the descriptors below comprise a significant portion (50% or more) of your organization's activities. Check all that apply. *If none apply, or if the below descriptors apply to a small or indeterminate portion of your funding/activities, do not check any boxes. There is no penalty for leaving this question unanswered.*

	Accessibility – increasing access for people with disabilities
	International – grantees visiting other countries, foreign artists visiting the US, cultural exchange programs, linkages with artists/organizations in other countries, and other international programs
	Presenting/Touring – movement of artists and artworks for performances, screenings, exhibits, etc. in different geographic areas as either the presenter or touring group
	Technology – for creation or dissemination of artworks or for organizational management
	Youth at Risk – programs designed primarily to serve at-risk youth, including drug, violence, alcohol, crime intervention
	Older Adults – programs involving older adults as the primary artists, participants, or beneficiaries as well as programs in elder care settings, senior centers, or retirement residences
	Health/Healing – programs using the arts specifically to promote good physical or mental health or to aid in healing, serving individuals, institutions or communities, e.g. in response to natural disasters or tragedies
	Economic Development – use of the arts as an economic development tool
	Cultural Heritage Tourism – activities that promote cultural events specifically to tourist populations and/or use arts, heritage or history offerings as traveler destinations and integration of culture into tourism development plan

10. Describe any noteworthy partnerships or collaborations (e.g. with other arts organizations, non-arts organizations including social service agencies, educational institutions, businesses or government other than GCC&H) in which your organization is or will be involved. If you are not currently engaged in any collaboration, leave blank.
Although the GCC&H encourages partnerships or collaborations, there is no penalty for leaving this blank.

Arts Grant Application

GENERAL OPERATING SUPPORT BUDGET

EXPENSES

Category of Expenditure	GCC&H Grant Funds	Matching Funds Cash	Matching Funds In-Kind
███████████████████			
Administrative Salaries			
Artistic Salaries			
Technical/Production Salaries			
Fringe Benefits			
Artistic			
Other			
	████████		
	████████		
Space Rental			
Marketing (includes advertising, public relations, etc.)			
Travel/Transportation			
Phone			
Postage			
Printing			
Insurance			
Rentals			
Supplies/Materials			
Hospitality	████████		
Other (list)			
TOTAL			

* Each organization is not required to match the funding requested from the Commission's Re-grant Grant program. However, showing at least a match on a 1:1 basis displays the strength of an organization.

Arts Grant Application

GENERAL OPERATING SUPPORT BUDGET

INCOME

Description	Organization Match	In-Kind
Earned Income		
Admission Fees; Ticket Sales; Registrations		
Merchandise; Concession; Ad Sales		
Membership Dues		
Fundraising Activities; Events		
Other (list)		
Corporate Contributions (please itemize, insert rows as needed)		
Foundations (please itemize, insert rows as needed)		
Government Grants (other than GCC&HC; please itemize, insert rows as needed)		
Other Income		
Private Contributions		
Endowment, Interest Income		
Organization Cash Reserves		
TOTAL ORGANIZATION INCOME*		
GCC&HC Grant		

* Total Organization Income must equal or exceed the GCC&HC Grant request

BUDGET NARRATIVE

Tell us how you arrived at the amounts entered in each expense category you completed. Be sure to explain how grant funds will be spent.
Examples: If you are hiring an artist for $200, in the narrative explain that the artist will work for 4 hrs @ $50/hr. If your printing total was entered as $500, the detail might read 1,000 color brochures @ .50/each.

If your projected budget shows a deficit, how will that situation be addressed?

Arts Grant Application

GENERAL OPERATING SUPPORT BUDGET – FINANCIAL OVERVIEW

CASH EXPENSES

Category of Expenditure	2023 Actual	2024 Projected
Personnel		
Administrative Salaries		
Artistic Salaries		
Technical/Production Salaries		
Fringe Benefits		
Outside Fees and Services		
Artistic		
Other		
Equipment Purchased (list; insert rows as needed)		
Operating Expenses		
Space Rental		
Marketing (includes advertising, public relations, etc.)		
Travel/Transportation		
Phone		
Postage		
Printing		
Insurance		
Rentals		
Supplies/Materials		
Hospitality		
Other (list)		
TOTAL EXPENSES		

Arts Grant Application

GENERAL OPERATING SUPPORT BUDGET - FINANCIAL OVERVIEW

CASH INCOME

Description	2023 Actual	2024 Projected
Earned Income		
Admission Fees; Tickets; Registrations		
Merchandise; Concession; Ad Sales		
Membership Dues		
Fundraising Activities; Events		
Other (list)		
Corporate Contributions (please itemize, insert rows as needed))		
Foundations (please itemize, insert rows as needed)		
Government Grants (Please itemize, insert rows as needed)		
GCC&H Grant		
Other Income		
Private Contributions		
Interest; Endowment Income		
Organization Cash Reserves		
TOTAL INCOME		
TOTAL EXPENSE *(Transfer from previous page)*		
SURPLUS [DEFICIT]		

Discuss your organization's financial health, especially any significant variations in income and/or expenses in your 3-year income and expense budgets. Discuss any surpluses or deficits, if applicable. If there have been deficits, how are they being addressed?