

**APPLICATION**

**Deadline: Monday, October 30, 2023**

**I. ORGANIZATIONAL PROFILE:**

**A. Contact Information**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Website: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Best Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**B. Organizational Status**

☐ Non-profit organization

☐ Governmental department or agency

☐ State college or university

Tax Exempt Number: \_\_\_\_\_

U.S. Congressional District: \_\_\_\_\_

N.J. Legislative District: \_\_\_\_\_

**C. Organizational Description** - Provide a very brief history of your organization, its purpose and governance. Include your organization's Mission Statement.

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**D. Programming** - Describe your organization's programming. Explain how your programs benefit the residents of Camden County or New Jersey.

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- E. Describe your Audience** - Describe your organization's audience. Approximately how many people does your organization serve yearly?

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- F. Organization Governance** - Please describe your organization's governance (number of board members; ethnicity; level of expertise; length of terms, etc.)

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- G. Best Practices** - Does your organization follow the most up-to-date best practices and professional standards for preserving and interpreting NJ history? (For example, the American Association for State and Local History Standards in Excellence Program; the American Alliance for Museums National Standards and Best Practices for U.S. Museums; and the Society of American Archivists.) If so, which?

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- H. Diversity** - How does your organization engage diverse audiences? How does your organization Broaden, Deepen, Diversify audiences? (see definitions in guidelines)

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- I. Has your organization created a long-range plan?

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- J. Has your organization created an emergency plan in the event of fire, weather, or other disaster? If you do not have a disaster preparedness plan in place, please explain why and when a plan will be developed.

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## II. Accessibility

- A. Is the location where your program will be held accessible (assuming activities will be held in person)? If not, please explain. Every effort must be made to ensure accessibility.

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- B. Has your organization created an ADA plan, or does it have plans to create one, and when?

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## III. Please complete the table below.

Actual Cash Revenues 2023	Budgeted Cash Revenues 2023	Projected Cash Revenues 2024		Actual Expenses 2023	Projected Expenses 2023	Projected Expenses 2024

## IV. Type of Support:

- ☐ General Operating Support (complete section V)
- ☐ Special Project Support (complete section VI)

**V. Application for General Operating Support**

**A.** Amount you are requesting from CCC&HC@CCC: \$ \_\_\_\_\_

**B.** Why are you seeking grant funds? What will you do with grant funds? Why is this important?

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**C.** How will you publicize your programming and services?

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**D.** What is your plan for assessing the impact of your organization on audiences?

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**E.** Describe any partnerships or collaborations your organization has with other groups.

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**F.** How will you collect information on the levels of participation in your organization's activities, in-person and virtually, as required by the NJ Historical Commission, including: number of adult visitors to your site; number of child visitors to your site; number of children served ages pre-school to 12; attendance at sponsored events held off-site; number of website visitors; number of social media visitors?

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**G.** How do you apply the highest professional standards to the planning and execution of your organization's activities?

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**H.** How will you ensure your activities are accessible for participants of all abilities?

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**I.** Describe key staff and volunteers.

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**J.** Provide a timeline of your organization's annual programming/activities.

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**K.** Projected number of participants annually: \_\_\_\_\_

## **VI. Application for Special Project Support**

**A.** Amount you are requesting from CCC&HC@CCC: \_\_\_\_\_

**B.** Describe the project for which you are seeking grant funds.

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**C.** Why is this project important?

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**D.** How will your project benefit the public?

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**E.** What audiences will this project target?

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**F.** How will you publicize your project?

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**G.** What is your plan for assessing the impact of your project on audiences?

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**H.** Describe any partnerships or collaborations your organization plans with other groups for this project.

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- I.** How will you collect information on the levels of participation in your organization's activities, in-person and virtually, as required by the NJ Historical Commission, including: number of adult visitors to your site; number of child visitors to your site; number of children served ages pre-school to 12; attendance at sponsored events held off-site; number of website visitors; number of social media visitors?

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- J.** How will you apply the highest professional standards to the planning and execution of your project activities?

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- K.** How will you ensure this project is accessible for participants of all abilities?

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- L.** Describe the key staff and volunteers who will be involved in this project.

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- M.** Provide a timeline of the special project's activities.

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- N.** Projected number of participants: \_\_\_\_\_

## Organizational Budget

The state requires us to provide the budgeted and projected income and expenses of all re-grantees. You are **required** to complete this form; you may submit additional financial documents, but the Applicant Organization's Income and Expense forms must be completed or the application will not be accepted for review.

Applicants for **Special Project Support** must also complete **section VI** specific to the project.

## VII. Applicant Organization's Income

Please complete the information below to indicate your organization's income.

Income Category	FY23 actual income	FY24 projected income
<b>Earned Income</b>		
Investments, endowment, sales, commissions, loans, etc.		
Admissions, fees		
Fundraising events		
Foundation Support (please list)		
Other (please list)		
Individual Support		
<b>Acquisitions:</b> (Please list):		
<b>Corporate support</b> (list top 5)		
<b>Non-CCC&amp;HC@CCC government support</b>		
<b>This grant, if awarded</b>		
<b>Total</b>		



### VIII. Applicant Organization's Expenses

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

#### EXPENSES

	(A) Actual FY 23	(B) Projected FY 24	(C) Grant Funds Requested 2024
<b>Personnel:</b>			
Administrative			
Artistic			
Technical/Production			
Outside Professional Services - - Artistic			
Personnel-Other <i>(Please list):</i>			
<b>Acquisitions: <i>(Please list):</i></b>			
<b>Other Operating Expenses</b>			
Space Rental/Mortgage			
Travel/Transportation			
Marketing/Advertising			
Facility Maintenance			
Telephone/Postage			
Printing/Copying			
Insurance			
Technical Production			
Other Expenses **			
Materials/Supplies**			

*(\*\*Attach an additional page with itemization if necessary)*

#### TOTAL CASH EXPENSES:

Column (A) \$ \_\_\_\_\_ (B) \$ \_\_\_\_\_ (C) \$ \_\_\_\_\_

Please use this space to explain any financial discrepancies:

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## IX. SPECIAL PROJECT SUPPORT BUDGET

### A. Special Project Support Project Income -

Please complete the expenses and income pages for the project, not the organization, you are proposing.

Project Income	FY24 projected income
<b>Earned Income</b>	
Admissions, fees	
Fundraising events	
Foundation Support (please list)	
Other (please list)	
Individual Support	
<b>Corporate support</b>	
<b>Non-CCC&amp;HC@CCC government support</b>	
<b>This grant, if awarded</b>	
<b>Totals</b>	

### B. Special Project Support Project Expenses

Please list your anticipated expenses for the project for which you are applying for support

[illegible]

**Please use this space to tell us anything else you would like us to know.**

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**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.

I understand that all pages of this application and attachments constitute part of the re-grant application. And I further certify that all statements in this application are true to the best of my knowledge. I hereby release the County of Camden, its employees, its Board of Chosen Freeholders, and any of its agents from any liability and/or responsibility concerning any submission of materials to the program. I further certify that any funds received under the Camden County History Re-grant Program will be used exclusively for the purpose set forth in this application unless formally amended in a written document signed by and agreed to by all parties involved. 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 501 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.

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Authorizing Official's Signature

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Printed Name

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Title

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Date

**APPLICATION CHECKLIST**

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

- ☐ If you are applying for the first time, a copy of the organization's IRS Tax Exemption Letter granting the organization 501(c)3 or 501(c)4 status. Previous grantees do not need to include this document.
- ☐ 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.
- ☐ A copy of the organization's schedule/calendar of events for the current year.
- ☐ 1 or 2 pieces of support materials, no more than two years old, that speak to the organization's administrative capacity; programming excellence; marketing strengths, etc. Nonprofits that do not have NJ/local history as a primary focus should include material that demonstrates the organization's interest in historical programming.

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**Executive Director's Name and phone number:**

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**Chief Financial Officer's Name and phone number:**

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**President of the Board's Name and phone number**

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

**Or by mail to:**

David Bruno  
Lincoln Hall, L-023  
Camden County College  
200 College Drive  
Blackwood, NJ 08012

**Please email [arts@camdencc.edu](mailto:arts@camdencc.edu) or call 856-227-7200, ext. 4494 with any questions.**

