## DEADLINE: Monday, October 30, 2023

#### I. ORGANIZATION PROFILE

A. Contact Information	n			
Applicant Organization			Organization Website	
FEI (Federal Employer ID #	)		Primary Contact Person	Title
Charities Registration #			Primary Contact Phone	
Address			Primary Contact Email Adda	ress
Address			Board Officer Contact Name	e
City	State Zip	+ four	Board Officer Contact Phon	ne
Municipality			Board Officer Contact Emai	il Address
B. Organizational Star  ☐ Non-profit organ  ☐ Governmental de  ☐ State college or u  ☐ Other: describe:	ization epartment or agency niversity			
Congressional District of	f Applicant:	5	State Legislative District	of Applicant:
Applicant Discipline Coo	de which best describ	oes organization's ov	verall primary area of work	: <u></u>
01 Dance 02 Music 03 Opera/Music Theatre	04 Theatre 05 Visual Arts 06 Design Arts	07 Crafts 08 Photography 09 Media Arts	10 Literature 11 Interdisciplinary 12 Folklife/Tradition	14 Multidisciplinary 17 Presenters al Arts
Composition of Organization	ation 50 percent or r	nore of the staff or	board or membership (not	t audience): select one.
H Hispanic/Latino B African-American	A Asian/Pacific N Native Ameri	Islander can/Alaskan Native	W White, not H G General (at le	ispanic east half is not one race)

C.	Grganizational Description - Provide a very brief history of your organization, its purpose and governance. Include your organization's Mission Statement.
D.	<b>Programming</b> - Describe your organization's programming. Explain how your programs benefit the residents of Camden County.
E.	<b>Describe your audience</b> - Describe your organization's audience. Explain how your programs benefit the residents of Camden County.
F.	Identify the individuals who will be responsible for execution of your project or operations, and what is their expertise?
G.	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.

н.	diverse audiences for this program/project.
I.	Does your organization have an emergency plan in the event of fire, storm, other weather-related events, or other emergencies?"
J.	Does your organization have a long-range or strategic plan? How often is it updated?
K.	Have you received funding from the Camden County Cultural & Heritage Commission previously?  ☐ Yes ☐ No
	If yes, please list the years:
L.	Are you applying for funding from other county agencies or the NJ State Council on the Arts?  ☐ Yes ☐ No
	If ves. please list the other agencies:

N	How will your organization adapt its programming if the COVID-19 pandemic continues to impact the community?				
II. A	ACCESSIBILITY  Is the location where your program will be held accessible (assuming activities will be held in				
73	person)? If not, please explain. Every effort must be made to ensure accessibility				
В	. Has your organization created an ADA plan, or does it have plans to create one, and when?				
III	TYPE OF SUPPORT: For which type of support are you applying:  □ Project/Program Support  □ General Operating Support				
	Complete Section IV if you are applying for General Operating Support only, then move to Section VI.  Complete Section V if you are applying for Special Project Support only, then move on to Section VI.  Complete ALL sections if you are applying for Special Project Support AND General Operating Support				

V.

IV.	GENERAL.	<b>OPERATING</b>	SUPPORT
1 V .	ULINDIAL	OLEMAINS	SULLOIL

A.	How will you spend grant funds?	
В.	How will grant funds help your organization achieve its goals?	
C.	How will you collect information required by the NJ State Couyour organization's activities, in-person and virtually, including live attendance, adult virtual attendance, youth (under 18) virtual indirect participation, as well as demographic data about your personal content of the content	adult live attendance, youth (under 18) all attendance, # of artists engaged, and
D.	Total budget for this/these expense(s):	\$
Ε.	Amount of funding requested from the CCC&HC:	\$
SPI	ECIAL PROJECT SUPPORT	
A.	Describe the project and how you will spend the grant funds:	
В.	How much are you requesting from the CCC&HC@CCC?	\$
C.	What is the total budget of the project?	\$

D.	Why is this project needed, and how does it advance your mission?
Е.	How will this project be marketed?
F.	How will you collect information required by the NJ State Council on the Arts about participation in your organization's activities, in-person and virtually, including adult live attendance, youth (under 18) live attendance, adult virtual attendance, youth (under 18) virtual attendance, # of artists engaged, and indirect participation, as well as demographic data about your participants?
G.	Proposed date(s) of program/project:
Н.	Provide a timeline for the special project's activities.
I.	Projected number of participants:

The state requires us to provide the <u>budgeted</u> and <u>projected</u> 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 Sections VIII and IX specific to the project.

#### VI. Applicant Organization's Income:

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

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

#### VII. 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
Personnel:	FY 23	FY 24	Requested in 2024
Administrative			
Artistic			
Technical/Production			
Outside Professional Services -			
- Artistic			
Personnel-Other (Please list):			
Acquisitions: (Please list):			
Other Operating Expenses			
Space Rental/Mortgage			
Travel/Transportation			
Marketing/Advertising			
Facility Maintenance			
Telephone/Postage			
Printing/Copying			
Insurance			
Technical Production			
Other Expenses **			
1			
Materials/Supplies**			
тистию, очерно			

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

TOTAL CASH		(B) \$	(C)\$	
Please use this	space to explain any financia	al discrepancies:		

## VIII. Special Project Support Project Income

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

Income Category	FY24 projected income
Earned Income	•
Admissions, fees	
Fundraising events	
Foundation Support (please list)	
Other (please list)	
Individual Support	
Corporate support	
N 0000 H0 0000	
Non-CCC&HC@CCC government	
support	
This areast if arranded	
This grant, if awarded	
Totals	
1 Otals	

#### Applicant:

## IX: Special Project Support Project Expenses

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

<u>Expense</u>	(A) Budgeted FY 24	(C) C&H Grant Funds Requested for 2024
	FY 24	Requested for 2024
TOTALS:		

#### X. ADA CHECKLIST

	Yes	No
Does your organization have a board-adopted ADA plan?		
Does your organization have an ADA Advisory Committee?		
Does your organization have a board-adopted policy that states that it will not discriminate against potential staff, volunteers, artists or others due to a disability in the engagement for services?		
Does your organization have a board-adopted ADA Grievance Procedures? Briefly explain your organization's procedure or your plans to create one and when.		
Does your organization have an access coordinator? If yes, that person's name is:		

A.	What has your organization done in the last two years to educate its board and staff about access?				

**B.** What special services does your organization provide for people with disabilities? (check all that apply)

	Yes	No
Wheelchair access		
Advance copies of scripts		
Assistive Listening System		
Braille Publications		
Large print publications		
Sign Interpretation		
Space for Service Animals		
Tactile Exhibits		
Accessibility information on its website		
Accessibility symbols in its publications		

Title

XI. 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 further understands and agrees that the following credit line must appear prominently on ALL publicity materials:



Made possible by funds from the Camden County Cultural and Heritage Commission, a partner of the New Jersey State Council on the Arts.

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.

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.

Authorizing Official's Signature	Printed Name

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 supply this.
☐ 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.
☐ 1 or 2 pieces of support materials, no more than two years old, 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 forms as an attachment by email to: 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 or call 856-227-7200, ext. 4494 with any questions.

**DEADLINE TO APPLY: MONDAY, OCTOBER 30, 2023** 





