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**LOCAL ARTS PROGRAM GRANT APPLICATION**

**for Grant Period January 1, 2025 through December 31, 2025**

**Application Deadline: September 13, 2024**

**Part One: Application Summary**

1. **Applicant Organization:**

**Street Address:**

**City, Zip:**

**Website Address:**

**U.S. Congressional District:**       **Legislative District:**      

**Federal ID # (FEIN):**

1. **Primary Contact:**

**Title:**

**Mailing address:**

**City, Zip:**

**Daytime telephone:**

**E-mail address:**

**Secondary Contact:**

**Title:**

**Mailing address:**

**City, Zip:**

**Daytime telephone:**

**E-mail address:**

1. **Type of organization**:

Non-profit organization Municipal Agency  Library/School  Other:

1. **Please select all the discipline(s) that best apply to your organization (GOS) or project (SP and CP):**

Dance (01)  Design Arts (06)  Interdisciplinary (11)

Music (02)  Crafts (07)  Folk life/Art (12)

Opera/Music Theatre (03)  Photography (08)  Multidisciplinary (14)

Theatre (04)  Media Arts (09)  Arts Education (15)

Visual Arts (05)  Literature (10)  Performing Arts (25)

1. **How will 2025 LAP grant funds be utilized (one paragraph or less)?**

1. **Funding History: Check one**

New Applicant  Past/current applicant (Note year(s) funded, i.e.: 2020, 2023):

1. **Grant Category** (Check one):

General Operating Support (GOS) Special Project (SP) Creative Placemaking (CP)

1. **Grant Amount Requested:** $
2. **Total Projected Expenses (Total from Finance Chart #1, Column 2):** $
3. **Quick Facts (Please provide the following average annual figures):**

Days open to the public:

Hours open to the public:

Total live attendance:

Adult attendees:

Youth attendees:

Website visitors:

Board members:

Full-time paid arts staff:

Part-time paid arts staff:

Volunteers:

Members:

Membership Fees: $     individual $     family

**Software Survey Social Media Use (# of Followers)**

Facebook:

Twitter:

LinkedIn:

Pinterest:

Instagram:

Other:

**Part Two: Application Narrative Questions**

1. **ORGANIZATIONAL OVERVIEW:** Briefly describe your organization’s mission, goals and purpose as they relate to the arts. Discuss typical arts programs and activities offered. Also note any unique characteristics of your organization noting how they enhance the arts in Somerset County.

1. **PROJECTED PURPOSE OF FUNDING REQUESTED:** Provide a response for the category for which you are applying, General Operating Support, Special Project or Creative Placemaking.

**General Operating Support (GOS) Applicants:** Describe what your organization hopes to accomplish related to the arts in 2025. What is the primary focus for grant expenditures; how will funding help achieve goals set out in the organization’s mission and long-range plan as they relate to the arts (e.g., will funding enable your organization to expand or stabilize administrative capacity, expand current programming, initiate new programming, etc.)?

**Special Project (SP) Applicants:** Describe your 2025 planned project: What do you hope to accomplish; when and where the project will take place; how it will be accomplished and who will be involved. Discuss how the planned program will help achieve goals set out in the organization’s mission and long-range plan (e.g., audience development, cultural diversification, facility enhancement, professional development, social media, fundraising, etc.)

**Creative Placemaking Applicants (CP):** Describe your 2025 planned project: How will your project utilize collaborative partnerships to introduce the Arts into a public venue; how will it broaden and diversify public exposure and access to the Arts; what do you hope to accomplish through this project; what unique assets and contributions will each partner bring to this work; when and where will the project take place; how will it be accomplished; who will be involved; the goals each partner organization hopes to reach.

1. **AUDIENCES AND BENEFITTING PUBLIC:** Describe the typical population/audience your organization serves, including total projected number of people you hope to benefit in this grant period. What new audiences are you seeking to reach? What steps will you take to include diverse communities in your audience (Persons with mental and physical disabilities, youth at risk, shut-ins, minorities, older adults, economically disadvantaged people, etc.)?

1. **Estimated number of people served by your project or series:**
2. **Estimated number of people served by your organization:**

*(Total annual attendance figures for live and virtual performances, workshops, classes, seminars, etc.)*

1. **How do you track this information?**
2. **MARKETING AND PROMOTION:** Describe your organization’s promotional efforts or marketing plan/s, noting projected sources and timeline to broadcast your programs/projects. Describe efforts made to attract new audiences, membership (if applicable), and volunteers. What steps will you take to market and promote to diverse communities (Persons with mental/physical disabilities, youth at risk, shut-ins, minorities, older adults, economically disadvantaged people, etc.)?

1. **PROFESSIONAL ARTISTS ENGAGED AND THEIR CREDENTIALS:** List key artists participating, whether members of your staff (GOS) or hired specifically (GOS, SP and CP), and describe their roles (job description, their area of expertise and project responsibilities). SUBMIT RESUMES of key artists (guest conductors, soloists, visual arts instructors, workshop or master class instructors, musicians, choreographers, technicians etc.) with your application as required support materials for the grant panelists’ consideration.

1. **CONTINGENCY PLANS:** Please answer BOTH question A and question B.

A) Realizing that anticipated funding may not meet your organization’s expectations, or that your request may be only partially funded, describe what other options or contingency plans your organization has explored to enable it to move forward with proposed programming or project plans.

B) Over the past few years several events have limited access to in person programming, from COVID-19 to hurricanes and various other natural disasters. Please describe your contingency plan for such a situation.

#### Part Three: Americans with Disabilities Act (ADA) Access Questionnaire

Compliance with the Americans with Disabilities Act (ADA) is a Federal Law and a Re-grantee obligation. Complete the following ADA Questionnaire. If your organization has a board-approved ADA plan on file, also include one copy of the full plan with support materials. Respond to the questions below concerning your facility, programs and practices by checking off “Yes," "No" or “N/A” where applicable. If your organization does not have its own facility and you rent a facility, you must still respond to these same questions in reference to the facility/ies in which your organization presents its programs.

1. **Does your organization have a board approved ADA Plan on file demonstrating good faith efforts to comply with Federal ADA compliance law?**

Yes  No

If yes, please include a copy with your application. If no, please explain why.

1. **Does your organization have a Board Adopted ADA Grievance Policy?**

**Yes**  **No**

If yes, attach the policy to this application. If no, briefly describe your plans to create one (including expected adoption date).

1. **Have you attended an ADA Technical Assistance workshop in the last year? (State, County or Cultural Access Network of NJ sponsored session)**

Yes  No

1. **Can a person using a wheelchair access all public areas of your facility or programming sites?**

Yes  No

1. **Is there unimpeded access from your parking area to your public entrance door or the parking area to the public entrance door of your programming sites?**

Yes  No

1. **Are there curb cuts from street parking to the walkways of your facility or programming sites?**

Yes  No

1. **Are handicapped accessible parking spaces identified by the universal symbol (wheelchair) on your property or at your programming sites?**

Yes  No

1. **Is there a ramp with railings provided (if applicable) from the parking area or sidewalk up to the main entrance (if not level) of your facility or programming sites?**

Yes  No

1. **If you have restrooms on the premises of your facility or programming sites, are they wheelchair accessible?**

Yes  No  N/A

1. **If you have restrooms, are there bars/railings in restroom stalls of your facility or programming sites?**

Yes  No  N/A

1. **Are sinks and drinking fountains (if applicable) at accessible level for people in wheelchairs at your facility or programming sites?**

Yes  No  N/A

1. **If your facility or programming sites have more than one level, are there elevators that accommodate people with mobility impairments?**

Yes  No  N/A

1. **If other levels besides main floor are not physically accessible at your facility or programming sites, do you provide reasonable accommodations so visitors with mobility impairments have alternate access to your attractions/programs? (Note: A reasonable accommodation would be a video-taped/interpreted program of an inaccessible level shown on the first/accessible floor relayed by monitor/video tape or a virtual tour on computer screen showing what’s not accessible.)**

Yes  No  N/A (single floor)

**Check off the following, as applicable to your organization's offerings:**

1. **Are exhibition labels and all posted interpretative text/signage in 18-point type or larger?**

Yes  No  N/A

1. **Are posted signage, labels and interpretative text in black lettering on white ground?**

Yes  No  N/A

1. **Are floor surfaces in your facility or at your programming sites firm, stable, level and slip resistant?**

Yes  No

1. **Is the clear view of artworks no higher than 51"?**

Yes  No  N/A (no artwork on display)

1. **If items in display cases are higher than 51" do you provide alternative access within convenient access for patrons in wheelchairs (i.e., photos of the items above that level is a reasonable accommodation)?**

Yes No  N/A (no display cases)

1. **Does your organization or its board have a formal grievance policy on file to address access complaints?**

Yes No

1. **Does your organization promote accessibility (facility and programmatic) in its brochures, press releases, and advertising? If yes, provide a sample with your support materials.**

Yes No

1. **Does your organization promote assistive services upon request, given reasonable prior notification?**

Yes No

1. **Does your organization provide sign interpretation?**

Yes No

1. **Does your organization provide braille versions of your printed materials?**

Yes No

1. **Does your organization provide captioning?**

Yes No

1. **Does your organization provide audio descriptions of your site, displays, programming, etc.?**

Yes No

1. **Does your organization provide large type print materials?**

Yes No

1. **Does your organization provide assistive listening devices?**

Yes No

1. **Does your organization provide flexible seating for patrons in wheelchairs?**

Yes No

1. **Does your organization have a designated ADA coordinator (volunteer or staff or board member) or ADA Advisory Committee to oversee and assist in an on-going evaluation of your organization's good faith efforts, policy and commitment to provide equal accessibility to all patrons and visitors?**

Yes No

1. **Does your organization provide sensitivity training for staff, board members and volunteers to prepare them to welcome and accommodate people with disabilities?**

Yes No

1. **Please note below any other special accommodations offered/provided.**

**Part Four: Board and Demographics Charts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BOARD & GOVERNANCE GENERAL INFORMATION (CHART #1)** | | | | | |
| **Applicant Organization Name:** | | | | | |
| **ALL ORGANIZATIONS MUST COMPLETE THIS FORM** | | | | | |
| **FULL NAME** | **TOWN OF RESIDENCE** | **ASSET/ OCCUPATION/ AVOCATION** | **YEAR TERM TO END\*** | **TOTAL YEARS ON BOARD** | **BOARD TITLE\*\*** |
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\* **Year Term to End** – The year each board member’s term is up

\*\* **Board Title** – Specific titles for those board members who serve as officers.

Does your organization limit the total number of terms or years a board member can serve?

Yes  No

If yes, what is the board term limit?

Do all board members make a financial contribution of personal significance?

Yes  No

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BOARD & GOVERANCE DEMOGRAPHICS: RACIAL & ETHNIC DIVERSITY (CHART #2)** | | | | | | | | |
| **Applicant Organization Name:** | | | | | | | | |
| **ALL ORGANIZATIONS MUST COMPLETE THIS FORM** | | | | | | | | |
| **The SCC&HC requires all organizations to provide additional demographic analysis of their organization’s leadership. The numbers provided in this chart may be estimates. Please account for all board members, paid staff, and volunteers that work with your organization at the time of application.** | | | | | | | | |
|  | **Total #** | **American Indian/ Alaska Native** | **Asian** | **Black/ African American** | **Hispanic/ Latino** | **Native Hawaiian/ Other Pacific Islander** | **White** | **Multi-Racial** |
| **BOARD MEMBERS** |  |  |  |  |  |  |  |  |
| **PAID STAFF** |  |  |  |  |  |  |  |  |
| **VOLUNTEERS** |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **BOARD & GOVERANCE DEMOGRAPHICS: GENERAL DIVERSITY (CHART #3)** | | | | | |
| **Applicant Organization Name:** | | | | | |
| **ALL ORGANIZATIONS MUST COMPLETE THIS FORM** | | | | | |
| **The SCC&HC requires all organizations to provide additional demographic analysis of their organization’s leadership. The numbers provided in this chart may be estimates. Please account for all board members, paid staff, and volunteers that work with your organization at the time of application.** | | | | | |
|  | **Total #** | **New Jersey Residents** | **Somerset County**  **Residents** | **Seniors Over 65** | **Persons with Disabilities** |
| **BOARD MEMBERS** |  |  |  |  |  |
| **PAID STAFF** |  |  |  |  |  |
| **VOLUNTEERS** |  |  |  |  |  |

**Part Five: Financial and Budgetary Information**

***NOTE:*** *GOS applicant organizations can request up to 50% of their total budgeted income/revenue projected for year 2025 (e.g.: an applicant with a $100,000 annual operating budget can request up to $50,000 in GOS funds). Applicants requesting Special Project or Creative Placemaking grants can request up to $20,000 for 2025. Please keep in mind that requests are not guaranteed to be fully funded, and that showing additional funding support for an organization or project strengthens the grant application.*

**GRANT APPLICATION FINANCIAL SECTION:**

**1) Complete Excel Charts (provided separately) and address how funds will be expended.**

**2) In the space below, provide a detailed written breakdown about the expenses outlined in the Finance Chart**; be specific about how your organization will utilize all the requested funds for which you are applying (e.g., if you are utilizing funds for facilities costs, itemize the type of costs (rent, gas and electricity costs, phone, etc.).

**Part Six: Required Attachments  
*All application packets must contain identical contents.   
ALL required attachments must be included in every packet!***

* **RFA Document Checklist**
* **Internal Revenue Service letter** of tax exemption Section 501(c)3 or 501(c)4 status (Nonprofit only)
* **Organizational Long-Range Plan [GOS Only]** must include date of adoption by the organization’s board or Board of Directors.
* **Resumes of key staff** (Executive Director, Program Administrators, CFO, paid or staff volunteers, etc.)
* **Resumes and documentation of commitment from artists** or arts support personnel your organization seeks to hire with funds from this grant
* **Authorizing Resolution** for application (Government only)
* **Informational brochure or print out from your organization’s website** describing your mission, and what programs/services you offer
* **Support material**: Up to 6 items from the past two (2) years may be submitted. Material should fit the 8 ½ x 11 format and should support statements presented in the narrative. Samples of support materials include but are not limited to: Advertisements; Consultant proposals; Letters of support; Long Range Plans (optional for SP and CP applicants, but encouraged); Organization Brochures or Posters; Press clippings (published news articles/website postings); Programs/Handouts; Recordings of performances or samples of music via a video link or USB flash drive.

#### Authorization and Certification

I understand that this grant application will become an addendum to an agreement which I will be required to enter into by submission of the calendar year 2025 Somerset County Cultural & Heritage Commission Local Arts Program Re-grantee contract with the County of Somerset prior to release of grant funds.

I understand and agree that submission of this application signifies intention to comply with all State and Federal regulations including, Fair Labor Standards, Civil Rights Act 1964, the Rehabilitation Act 1973 (Section 504), as amended, the 1990 Americans With Disabilities Act (ADA), Drug Free Workplace Act of 1988, and additional rules and regulations as stipulated in the SCC&HC Local Arts Program Grant Guidelines and Re-grantee contract **(**sent after award notification, in January of the grant year)

I further certify that any funds received through the 2025 Local Arts Program Grant will be used exclusively for the purposes set forth in this application. I will notify the Somerset County Cultural & Heritage Commission immediately if: 1) my organization encounters a problem which could negatively impact the execution or completion of our grant funded project/s; 2) If my organization receives any funds directly from the NJSCA in this same grant period.

**SIGNATURES: Organization must provide signatures from TWO SEPARATE official representatives. All signatures on original application must be in BLUE ink.**

Applicant Organization:

Name and title of first official representative:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name and title of second official representative:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Application submission:

Return six complete application document sets (one original and five copies, appropriately labeled as per the Guidelines and Instructions) **by 4:00 P.M. on September 13, 2024,** to:

#### SOMERSET COUNTY CULTURAL & HERITAGE COMMISSION

#### P.O. Box 3000 / 20 GROVE ST.

**SOMERVILLE, NJ 08876-1262**

**Attention: 2025 LAP Grant Application**