

Applicant: _____

FY2012

**UNION COUNTY LOCAL ARTS GRANT PROGRAM
FY2012 APPLICATION**

January 1, 2012 - December 31, 2012

Read both the Guidelines and Narrative Questions before completing the Application. A PDF version is available at www.ucnj.org/cultural. Contact culturalinfo@ucnj.org for a writeable version. Type all information; hand-written applications will not be accepted. Submit one original and seven copies (total 8 hard copies) of the completed application by **Friday, June 24, 2011 (postmark deadline)** to: Union County Local Arts Grant Program, Office of Cultural and Heritage Affairs, 633 Pearl Street, Elizabeth, NJ, 07202. 908-558-2550; NJ Relay Users 711; culturalinfo@ucnj.org.

I. GENERAL INFORMATION

Organization _____
Address _____
City, Zip _____ Federal I.D. # _____
Phone () _____ Fax () _____ E-mail _____
U.S. Congressional District _____
N. J. Legislative District _____ Web-site address _____

APPLICATION SUMMARY

Artistic Discipline (Please circle one):

Choral Music Dance Crafts Instrumental Music Literature
Media Arts Multi-Disciplinary Musical Theater/Opera Theater
Visual Arts Folk Arts Other: _____

Type of Grant Requested:

- GENERAL OPERATING SUPPORT
- SPECIAL PROJECT
- TECHNICAL ASSISTANCE

Amount Requested: \$ _____
\$1,000 minimum; round to nearest dollar.

Have you received previous funding from the Union County Local Arts Grant Program?
Yes No Most recent year _____

PROGRAM DESCRIPTION: IN NO MORE THAN 50 WORDS, SUMMARIZE YOUR PROJECT. INCLUDE AUDIENCES SERVED.

Program/Project Director: _____

Mailing Address _____
Phone () _____ Fax () _____ E-mail _____

Person completing application: _____

Daytime Phone () _____ E-mail _____

BUDGET SUMMARY

Complete this section last. For GOS, give figures from your projected organizational budget for 2011; for SP give special project budget figures. NOTE: These figures come from the rest of the application and must agree with it. All figures should be rounded to the nearest dollar.

A.	AMOUNT REQUESTED FROM UNION COUNTY Up to \$5,000; GOS cannot exceed 20% of C	\$	_____
B.	CASH MATCH (SP must be at least 50% of A) GOS must be 100% cash match	\$	_____
C.	CASH TOTAL	\$	_____
D.	IN-KIND MATCH	\$	_____
E.	TOTAL COST OF PROJECT (A + B + D)	\$	_____

AUDIENCES AND OUTREACH SUMMARY

The New Jersey State Council on the Arts and the National Endowment for the Arts are interested in the relationship of public funds to your organization and public audiences. Please complete the information below. If your organization has received funding in the past, take the information from your final report. If you are a new applicant, complete with your best estimates.

Number of adults in your audience _____ Children under 18 in audience _____
 Minority individuals _____ Persons with disabilities _____
 Number of members involved in your project _____
 Professional artists/performers _____ Minority Artists/performers _____
 Number of volunteers involved with your project _____

AUTHORIZATION

I understand that these pages and attachments constitute part of this application. I certify that all statements in this application are true to the best of my knowledge; and I hereby release the Board of Chosen Freeholders of the County of Union, its employees, and agents from any liability and/or responsibility concerning any submission of materials to the program. I further certify that any funds received under the Union County Local Arts Grant Program will be used exclusively for the purpose set forth in this application. 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 5 (1) 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.

 CHIEF ADMINISTRATIVE OFFICER'S SIGNATURE
(sign in Blue Ink)

 TITLE

 DATE

 PRINT OR TYPE NAME

II. NARRATIVE

Insert your Narrative following this page.

Applicant: _____

**III. FINANCIAL DATA
ORGANIZATION FINANCIAL BUDGET - INCOME**

Please give your organization's total budget for last year, this year, and the year in which you plan to use funds from this grant (January 1, 2012 – December 31, 2012). Non-Arts Organizations may prefer to use their own forms. If submitting your own forms, please include one copy only with the original application packet. (Audit is not necessary)

INCOME	2010/Actual	2011/Projected	2012/Projected
Earned Income			
Admissions			
Memberships			
Subscriptions			
Contracted Services			
Other (list)			
Unearned Income Sources			
Corporate/Business Support			
Foundation Support			
Other Private Support			
Government Support			
Federal			
State			
Local			
APPLICANT INCOME (subtotal)			
Grant received/requested from Union County Arts Grant Program			
Surplus from FY2010 LAP Grant			
TOTAL CASH INCOME			
LESS TOTAL CASH EXPENSES (from Financial Chart 2)			
Net Surplus/Deficit			
Cash on Hand OR (Deficit)			
Circle one			

Explain any major changes (plus or minus 20%) to any line item in your Financial Narrative.

Financial Chart 2

FINANCIAL DATA
ORGANIZATION FINANCIAL BUDGET - EXPENSES

Cash Expenses: Do not include depreciation or expenses relating to funds for capital improvements or acquisition. Non-arts organizations may prefer to use their own forms and if so, submit one copy only with the original application packet.

EXPENSES	2010/Actual	2011/Projected	2012/Projected
Personnel (Staff)			
Administrative			
Other			
List			
Outside Fees & Services			
Artistic			
Other			
List			
Operating Expenses			
Printing			
Postage			
Insurance			
Telephone			
Space Rental			
Supplies and Materials			
List			
Maintenance Costs			
Specify			
Rentals			
Specify			
Marketing			
Advertising			
Other			
List			
Other Expenses			
List			
TOTAL CASH EXPENSES			

TOTALS MUST AGREE WITH INCOME, YEAR-BY-YEAR
OR EXPLAIN.

Applicant: _____

FY 2012 SPECIAL PROJECT BUDGET

January 1, 2012 – December 31, 2012

GOS Applicants do not complete.

PROJECT EXPENSES	Grant Request A	Matching Cash B	Category Cash Total C	Matching In-Kind D
Personnel (Staff)				
Administrative	-0-	-0-	-0-	
Other List				
Outside Fees & Services				
Artistic				
Other, list				
Operating Expenses				
Printing				
Postage				
Insurance				
Telephone				
Space Rental				
Supplies and Materials List				
Maintenance Costs Specify				
Rentals Specify				
Marketing/Publicity				
Other, list				
Other Expenses				
List				
TOTAL EXPENSES	A	B	C	D

It is not necessary to have a figure on each line. Fill in where applicable.

(C= Total cost of Project)

PROJECT INCOME CASH (COLUMN B): This is where your cash match (column B) comes from. Your Project Income must *at least* equal Column B and may include funds from anticipated admissions, donations, memberships, registrations, other grants, your budget or other cash sources.

SOURCES: _____ Amount \$ _____

 Total \$ _____

Applicant: _____

IN-KIND CONTRIBUTIONS: All applicants please complete **whether or not you are using In-Kind to provide the match**. These are donated goods and services, which have a documentable cash value. Include donated space, administrative, maintenance, secretarial staff time and other volunteer time.

Nature of Contribution	Cash Value
_____	_____
_____	_____
_____	_____
Total In-Kind Contributions	\$ _____

Additional Information

- Are you currently or did you in the past receive grant funds from any other NJ County Arts Agency. If so, which county and what year(s)? _____
- It is strongly suggested that a re-grantee attend a minimum of one Union County Office of Cultural and Heritage Affairs technical assistance workshop within the grant year. Please list the workshop(s) and person who attended during 2010/2011.

IV. SUPPORT MATERIAL

List on a separate sheet of paper the required and optional support materials submitted with this application.

To help the Office serve you better, describe the types of workshops or other services you would like the Union County Office of Cultural and Heritage Affairs to offer.

