



Mercer County Cultural and Heritage Commission Local Arts Program Grant Application FY2010 Organizational Profile Form

Applicant Information

Applicant Organization (add to header so that this prints on all subsequent pages)

FEI (Federal Employers ID #)

CH

Address

Charities Registration #

City State Zip + four

Municipality

Executive Director or **Primary Contact** for all MCC&HC correspondence

E-mail address

Daytime Phone Fax

Website

Project Director Phone

E-mail address

Board President or Chairman Phone

E-mail address

Congressional District of Applicant (see chart in guidelines)

State Legislative District of Applicant (see chart in guidelines)

Date of Incorporation //

Fiscal Year Ends Month/Day /

Applicant Organization is primarily (check one):

- Producing Organization:** prepares, creates or interprets, and performs a public performance or exhibition (e.g. theatre and dance companies, symphony orchestras, museums, chorales, literary center).
- Performing Arts Presenting Organization:** selects performing artists and companies, engages them to perform, compensates them for performance and/or services, and brings them together with audiences and communities (e.g. performing arts center, cultural events series).
- Service Organization:** provides services to the arts community (e.g. local arts council, cultural alliance, discipline specific service organization).
- Unit of Municipal Government or Educational Institution**
- Other non-profit organization:** provides non-arts-based services to the community (e.g. historical societies, community centers, cultural, ethnic or heritage-based organization).

Organization is current with its annual filings to the NJ Division of Commercial Recording Yes No

Organization is current with its annual filings to the NJ Charities Registration Bureau Yes No

Organization is current with its State of New Jersey and federal payroll tax payments Yes No

Organizational Profile Form

The following information is requested to report on statistics nationally and is forwarded to the New Jersey State Council on the Arts, National Endowment for the Arts and National Assembly of State Arts Agencies. Please call the Mercer County Cultural and Heritage Commission office if you have any questions about the codes.

Applicant Discipline

Enter the discipline code which best describes your organization's overall primary area of work.

- | | |
|--------------------------|--------------------------------|
| 01 Dance | 03 Opera Music Theatre |
| A Ballet | A Opera |
| B Ethnic/Jazz | B Musical Theatre |
| Folk inspired | 04 Theatre |
| C Modern | 05 Visual Arts |
| 02 Music | 06 Design Arts |
| A Band-Does not include | 09 Media Arts |
| Jazz or popular | 10 Literature |
| B Chamber | 11 Inter-Disciplinary |
| C Choral | 12 Folklife/Traditional Arts |
| D New-Include | <i>reflective of authentic</i> |
| experimental, electronic | <i>traditions practiced by</i> |
| E Ethnic/Folk Inspired | <i>master artists</i> |
| F Jazz | A Dance |
| G Popular | B Music |
| H Solo/Recital | C Crafts and Visual Arts |
| I Orchestra-Include | D Oral Traditions |
| Symphonic | 14 Multi-Disciplinary |
| | 15 Non Arts/Non |
| | Humanities |

Composition of Organization

Applicant organizations should code themselves based on the predominant group of which their staff or board or membership (not audience) is composed.

Use the list below. Organizations should choose the one code that best represents 50 percent or more of their staff or board or membership:

- A: 50 percent or more Asian
- B: 50 percent or more Black/African-American
- H: 50 percent or more Hispanic/Latino
- N: 50 percent or more American Indian/Alaska Native
- P: 50 percent or more Native Hawaiian/Pacific Islander
- W: 50 percent or more White
- 99: No single group listed above represents 50 percent or more of staff or board or membership.

Applicant Institution

Enter the code which best describes your organization:

- | | |
|------------------------------|-----------------------------|
| 01 Individual-Artist | 28 Historical Society or |
| 02 Individual-Non-Artist | Commission |
| 03 Performing Group | 29 Humanities Council or |
| 04 Performing Group- | Agency |
| College University | 30 Foundation |
| 05 Performing Group- | 31 Corporation/Business |
| Community | 32 Community Service |
| 06 Performing Group for | Organization |
| Youth | 33 Correctional Institution |
| 07 Performance Facility | 34 Health Care Facility |
| 08 Museum-Art | 35 Religious Organization |
| 09 Museum-Other | 36 Senior Center |
| 10 Gallery/Exhibition Space | 37 Parks and Recreation |
| 11 Cinema | 38 Government-Executive |
| 12 Independent Press | 39 Government-Judicial |
| 13 Literary Magazine | 40 Government-Legislative |
| 14 Fair Festival | (House) |
| 15 Arts Center | 41 Government-Legislative |
| 16 Arts Council/Agency | (Senate) |
| 17 Arts Service Organization | 42 Media-Periodical |
| 18 Union/Professional | 43 Media-Daily Newspaper |
| Association | 44 Media-Weekly |
| 19 School District | Newspaper |
| 20 School-Parent/Teacher | 45 Media-Radio |
| Association | 46 Media Television |
| 21 School-Elementary | 47 Cultural Series |
| 22 School-Middle | Organization |
| 23 School-Secondary | 48 School of the Arts |
| 24 School Vocational | 49 Arts Camp/Institute |
| Technical | 50 Social Service |
| 25 Other School | Organization |
| 26 College/University | 51 Child Care Provider |
| 27 Library | 99 None of the Above |

Applicant Status

Enter the code that best describes your organization's legal status

- | | |
|---------------------------|-------------------------|
| 01 Individual | 06 Government-Regional |
| 02 Organization-Nonprofit | 07 Government-County |
| 03 Organization-Profit | 08 Government-Municipal |
| 04 Government-Federal | 09 Government-Tribal |
| 05 Government-State | 99 None of the Above |

LOCAL ARTS PROGRAM GRANT APPLICATION FORM FY2010

Organizational Profile Form

Type of Support Requested

Enter the one type of support you are requesting with this application.

GOS General Operating Support **SP** Special Project **TA** Technical Assistance

For **SP** and **TA**: Starting Date: _____ Ending Date _____ Project Director _____

Daytime phone # _____ Email _____

Panel Category

Enter the one category that best describes the nature of the activity for which funding is requested.

This will help direct panel selection to cover pertinent disciplines.

- | | | | |
|--------------------------|----------------|---------------------------|--|
| 01 Dance | 05 Visual Arts | 12 Folk Arts* | 14 Multidisciplinary* |
| 02 Music | 07 Crafts* | A. Dance | 17 Performing Arts Presenter |
| 03 Opera/Musical Theatre | 09 Media Arts | B. Music | |
| 04 Theatre | 10 Literature | C. Crafts and Visual Arts | * reflective of authentic traditions practiced by master artists |
| | | D. Oral Traditions | |

Please use Finance Charts for Income and Expense on pages 4-5 to calculate the below figures, and include charts with application.

GOS: Average Total Income from FY07 and FY08 \$ _____

Amount of Grand Funds requested (no more than 25% of above income figure) \$ _____

Budget Revenue \$ _____ **Budgeted Expenses** \$ _____ **Match** \$ _____

SP: Projected Project Income \$ _____ **Expenses** \$ _____ **Match** \$ _____

Amount of Grant Funds requested (no more than 50% of expenses) \$ _____

TA: Projected TA Income \$ _____ **Expenses** \$ _____ **Match** \$ _____

MATCH MUST BE 50% of request; at least 25% cash; 25% in-kind Grants from the Cultural Trust may not be used to match the MCC&HC LAP grant.

Purpose of Funding: For publication purposes state in 50 words or less what MCC&HC funding will help to support. This statement should illustrate both what will be made possible through the grant and its public benefit. GOS and SP applicants should encompass the entire operation or program. Project applicants should describe the entire project. It will be used in press releases and other public inquiries.

Percentage of activities presented within Mercer County

This MCC&HC grant will help support

Application Form FY10

The following information is requested to report on statistics nationally and is forwarded to the New Jersey State Council on the Arts, National Endowment for the Arts and National Assembly of State Arts Agencies. Please call the MCC&HC office if you have any questions about the codes.

Type of Activity

Enter the code that best describes the activities of this request:

- 02 Audience Services
- 04 Artwork Creation
- 05 Concert/Performance/Reading
- 06 Exhibition
- 08 Fair/Festival
- 09 Identification/Documentation
- 11 Operating Support
- 12 Arts Instruction: Include lessons, class and other means used to teach knowledge of and/or skills in the arts.
- 13 Marketing
- 15 Professional Support-Artistic
- 16 Recording/Filming/Taping
- 17 Publication
- 19 Research/Planning
- 22 Seminar/Conference
- 24 Distribution of Art (not broadcasting)
- 29 Professional Development/Training
- 31 Curriculum Development/Implementation:
Include the design, implementation, and distribution of instructional materials, methods, evaluation criteria, goals, and objectives.
- 33 Building Public Awareness: Activities designed to increase public understanding of or build public support for the arts.
- 34 Technical Assistance: with technical/administrative functions.
- 35 Web Site/Internet Development: includes creation or expansion of websites, development of digital art collections, databases, discussion areas or other interactive services delivered via the internet.
- 36 Broadcasting: via TV, cable, radio, the web or other digital networks.
- 99 None of the Above

Project Descriptors

Check which, if any, of the descriptors below comprise a significant portion (50% or more) of the grant's resources / activities. Check all that apply. If none apply, or if the below descriptors apply to a small or indeterminate portion of your funding/activities, leave this field blank. See Glossary for more information.

- | | |
|---|--|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> International | <input type="checkbox"/> Health/Healing |
| <input type="checkbox"/> Presenting/Touring | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Cultural Heritage Tourism |
| <input type="checkbox"/> Youth at Risk | |

Arts Education

Enter the codes that best describe the Arts Education activities of this request: -

- 01 50% or more of this project's activities are arts education directed to:
 - A. K-12 students
 - B. Higher education students
 - C. Pre-kindergarten children
 - D. Adult learners (including teachers and artists)
- 03 Less than 50% of this project's activities are arts education directed to:
 - A. K-12 students
 - B. Higher education students
 - C. Pre-kindergarten children
 - D. Adult learners (including teachers and artists)
- 99 None of this project involves arts education

Certification

I certify that to the best of my knowledge and belief the information in this application is true and accurate. I understand that submission of this application implies prior review of all representations therein by my organization's board or official governing body. I also understand and accept that in applying for this grant the organization is agreeing to comply with all grant contractual terms and conditions, and pertinent state and federal laws and regulations required of a grantee, including 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, and Section 504 of the Rehabilitation Act of 1973. I further certify that any funds received under Mercer County Arts Grant Program will be used exclusively for the purpose set forth in this application. I hereby authorize release of all public documents submitted as part of this application in accordance with state and federal laws regarding public access to information. I hereby release the Board of Chosen Freeholders of Mercer County, its employees, and agents from any liability and/or responsibility concerning and submission of materials to the program.

Authorizing Official's Signature

Printed Name Title Date

Authorizing Signature of Board

Printed Name Office Date

Finance Chart #1a — Expenses

Please use this Chart to calculate the cash expenses of the organization (GOS-operating budget), program or project (SP), and services to be provided (TA).

PERSONNEL	FY08 Actual (1/08—12/08)	FY09 Projected (1/09—12/09)	FY10 Projected (1/10—12/10)
Administrative			
Artistic			
Technical/Production			
Fringe Benefits			
OUTSIDE FEES & SERVICES			
Artistic			
Other			
CAPITAL EXPENDITURES <i>(not funded by MCC&HC grants)</i>			
Equipment and Acquisitions			
Maintenance and Repairs			
OTHER OPERATING EXPENSES			
Space Rental & Mortgage Payments			
Marketing (includes advertising, public relations, etc.)			
Travel & Transportation			
Phone & Postage			
Rentals			
Supplies & Materials			
Janitorial and other facility services			
Insurance			
Technical Production (non-personnel)			
Repayment of Loans			
Other			
TOTAL CASH EXPENSES			
TOTAL CASH INCOME (Chart #2a)			
Deficit or Surplus (income minus expenses)			
For Organizational Budget Only: Accumulated (Deficit)/Surplus			

Finance Chart #2a — Income

Please use this Chart to calculate the income of the organization (GOS), program or project (SP), and services to be provided (TA) for FY10 and prior years if the project has occurred in FY09 and/or FY08.

EARNED INCOME	FY08 Actual (1/08–12/08)	FY09 Projected (1/09–12/09)	FY10 Projected (1/10–12/10)
Admissions			
Contracted Service Revenue			
Other <i>(include sales and all investment income to be spent)</i>			
Subtotal Earned Income			
CONTRIBUTED INCOME			
Corporations			
Foundations			
Government - <i>Other than MCC&HC</i>			
Individuals & Other Private Sources			
Subtotal Contributed Income			
APPLICANT CASH <i>(include carry forward surplus, parent institution cash*, and other unearned and non-contributed income)</i>			
MCC&HC REQUEST - received '08, awarded '09, projected '10			
SUBTOTAL CASH INCOME			
Average FY08 and FY09 Income - GOS/SP only			
NJ Cultural Trust			
TOTAL CASH INCOME			

*Parent institution cash may include both any organizational line item appropriation for the project and the pro-rated value attributable to the program or project of any cash appropriated to the salary and operating accounts of the unit sponsoring the program or project.

Project Checklist For Accessibility (ADA)

To be completed and submitted by GOS, SP and TA applicants. GOS applicant organizations that submit complete ADA plan do not need to complete this checklist. Evidence of information contrary to what is presented on this Checklist could result in rescission of any grant award. See ADA Guidelines in the Glossary for further information.

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 NJ Arts Access Task Force and is available on the New Jersey State Council on the Arts website at www.njartscouncil.org or by calling the NJSCA at (609) 292-6130.

Throughout the checklist reference is made to sections of the self-assessment survey tool, where applicants can find very specific, helpful information about the various issues addressed in this checklist, such as the 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 to personnel can be quickly and easily accomplished with the resources provided in the self-assessment survey tool.

Facilities: Your organization is legally responsible for ensuring that the facilities in which you present your project comply with the accessibility requirements of all pertinent federal and state laws, regardless of whether you own, rent, or use them rent-free. (SEE NJ ARTS ACCESS SELF - ASSESSMENT SURVEY – FACILITIES SECTION)

- The facility(ies) we will use for this project is accessible to people with disabilities. We can assure this because:
- Organization conducted a comprehensive survey of the facility(ies)
- A qualified architect or other professional conducted a comprehensive survey of the facility(ies)
- We have received a completed physical assessment from the venue we are renting/borrowing, which indicates the site is accessible
- Other – explain:

ADA Project Checklist — Page Two

The facility(ies) we will use for this project is(are) not currently accessible, however we/the rented venue offer the following reasonable accommodations and we/the rented venue have an adequate ADA plan to make the facility accessible in a reasonable timeframe.

Describe 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 accommodation or service provided without prior request	Check accommodation provided upon request.	
		Y	<i>Length of advance notice</i>
Assistive Listening System			
Sign Interpretation			
Audio Description			
Open Captioning			
Tactile exhibits			
Braille publications			
Large Print publications			
Publications on audio cassette			
Other:			

Has your organization budgeted to provide programmatic and service access accommodations for this project? Yes No
 (Note: You may use MCC&HC 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.

Employment:

Organization has a board-approved policy that states it will not discriminate against potential staff, volunteers, artists or others due to a disability in the engagement for services. (SEE SELF-ASSESSMENT SURVEY – MANAGEMENT PRACTICES SECTION/EMPLOYMENT)

ADA Project Checklist—Page Three

Sensitivity Training:

Have/will key project personnel having contact with the public in conjunction with this project been/be provided with appropriate information/training in disability awareness and service to audiences with disabilities? Yes No
(SEE NJ ARTS ACCESS SELF-ASSESSMENT SURVEY – MANAGEMENT PRACTICES SECTION/POLICIES)

Grievance Procedure:

Organization has 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 ADA Coordinator

By submission of this part of the application we certify that to the best of our knowledge the information provided on this checklist is true and accurate. We understand that in accepting any grant funds from the Mercer County Cultural and Heritage Commission our organization must be in full compliance with all pertinent federal and state laws and regulations including the Americans with Disabilities Act and, if accepting a grant including federal funds, Section 504 of the Rehabilitation Act of 1973.

Release and Consent To Use of Photographs
To be used by Mercer County Cultural and Heritage Commission and/or
The New Jersey State Council on the Arts

1. _____ is referred to as "I", and the Releasor. The County of Mercer, Mercer County Cultural and Heritage Commission, and, State of New Jersey, and New Jersey State Council on the Arts, are referred to as "You" the Releasee. The photographs which are the subject of this Release are referred to as the "Photographs" and are attached to this Release and briefly described on and attached sheet of paper.
2. **I certify** that I, _____, who has supplied the Photographs to You, has the right to consent to your use of the Photographs as provided in this Release without violating the copyright, property rights or privacy rights of any person or entity. I hereby certify that I informed all persons depicted in the Photographs of their purpose, and they granted and I received permission to use their images and I will hold myself accountable, holding Mercer County Cultural and Heritage Commission harmless from any claims for damages.
3. **Release.** I release and give up any and all claims and rights which I may have against You resulting from your use, re-use, publication, and re-publication of the Photographs or reproductions thereof in color or otherwise, including any photographic image, trademark, and/or trade name depicted in the Photographs, made through any medium, and reproduced, published or distributed in whole, or in part, or composite, or distorted in character, in any and all media, now or hereafter, for illustration, promotion, advertising, trade or any other purpose whatsoever, including without limitation and claims for damages.
4. **Consent/License.** I hereby grant to You the right to copyright the Photographs in your name. Or the right to use the Photographs with appropriate copyright attribution to copyright holder. If copyright attribution varies, attach a numbered list of photographs showing the appropriate attributions. I waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other printed matter that may be used in connection with the Photographs, or the use to which you may apply them.
5. **Consideration.** I agree to waive any right to or accept whatever tangible or intangible benefit may result from your use of the Photographs. I agree that You are under no obligation to use the Photographs for any purpose whatsoever, and that I will not seek anything further including any payment from You.
6. **Who is Bound.** I am bound by this Release. Anyone who succeeds to my rights and responsibilities, such as my assigns, my heirs or the executor of my estate, is also bound. This Release is made for your benefit, the benefit of your agents, and all who succeed to your rights and responsibilities, such as any county agency, state agency, or instrumentality, which is your statutory predecessor and /or successor.
7. **Signatures.** I understand and agree to the terms of this Release. I certify that all foregoing statements made by me are true. I certify that I recognize this as a legal and binding document.

Witnessed or Attested by: Releasor

Name Date

Address State Zip Code

Application Checklist

The Checklist represents an entire Application package, and the order in which the materials should be packaged. All items are required unless noted as optional or applicable only to certain Grant Types.

- Profile Form
- Application Form
- Narrative
- GOS / SP: Program/Major Activities, 2 Finance Charts
- Original Application Form signed in blue ink
- Audit or financial review (required only of private nonprofits) – 2 copies
- Project Accessibility Checklist or copy of up-to-date ADA plan
- GOS / SP: Long range strategic plan – 4 copies
- Support Materials – no more than 15 pieces (each article, press clipping, letter of support, brochure, program, additional planning document, etc. counts as one item or piece)
- Return receipt confirmation for verification of receipt of mailed materials (optional)

Deadline for receipt of FY2010 Grant Application April 24, 2009

Large
Print

This application is available in Large Print.

If you are in need of any special accommodation in filing a Mercer County Cultural and Heritage Commission Local Arts Program Grant application, please contact the Office at 609-278-2712 (voice) or 609-989-6865 (TTY).

Callers with hearing or speech impairments can also use the NJ Relay Service to reach the MCC&HC and any party in the County by dialing 711.

To receive confirmation of the receipt of your Grant Application, please fill in the address below or write the name and email of the person to whom the confirmation of receipt should be sent.



Mercer County Cultural and Heritage Commission
McDade Administration Building
640 South Broad Street
PO Box 8068
Trenton, NJ 08650

Your mailed application materials have been received.
