

**New Jersey State Council on the Arts**

**FY21 Coronavirus Relief Fund Grant Program Worksheet**

**For any yes or no question, please select your answer by highlighting the appropriate response.**

1. Are you currently a direct grantee of the Arts Council? **Yes / No**
2. Are you currently a regrantee of Council funds through your county arts agency? **Yes / No**
3. State your organization’s mission, and briefly describe the annual scope of programs offered, and the communities served/impacted (*250 word limit*).
4. Has your organization’s budget been negatively impacted as a result of the COVID-19 pandemic? **Yes / No**
5. What is your organization’s total actual and projected revenue loss due to pandemic-related interruptions, based on actual board-approved expenses and plans, accrued during the time period March 1, 2020 to December 31, 2021?

Actual $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (March 1, 2020 to June 23, 2021)

Projected $\_\_\_\_\_\_\_\_\_\_\_ (June 24, 2021 to December 31, 2021)

Total revenue loss $\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your organization’s total actual and projected unanticipated expenses due to the pandemic?

Actual $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (March 1, 2020 to June 23, 2021)

Projected $\_\_\_\_\_\_\_\_\_\_\_ (June 24, 2021 to December 31, 2021)

Total unanticipated expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you received any assistance through other COVID-19 recovery funds? Examples include but are not limited to recovery grants/loans received from the National Endowment for the Arts, Mid Atlantic Arts Foundation, NJ Council for the Humanities, other State Arts Council CARES funds, other state, county or local municipality sources, other foundations and corporations, NJ Economic Development Authority, SBA Paycheck Protection Program (PPP), SBA Economic Injury Disaster Loan (EIDL), etc.? **Yes / No**

If your organization received COVID-19 recovery funds, please detail the following:

**COVID-19 RECOVERY FUND CHART**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source/Name of Funding** | **Amount Received** | **Date Received** | **Grant Period, if applicable** | **Description of Funding**(i.e.: funds covered purchase of PPE, contract agreements, etc.) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL RECEIVED:** |  |  |  |  |

1. Please calculate the total amount your organization has not recouped based on your total projected losses and unanticipated expenses less any assistance received.

If your organization received assistance, please subtract the total received (COVID-19 RECOVERY CHART) from the figures you provided in questions 5 and 6 to avoid duplication of benefits. If your organization did not receive any assistance, please enter the combined actuals and projections you provided in questions 5 and 6.

Total revenue loss: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Total unanticipated expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_

 Less Total assistance received: $ \_\_\_\_\_\_\_\_\_\_\_\_

CRF Grant Program Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important: You will enter this “CRF Grant Program Request” figure in the “Request Amount” field in the NJSCA 2021 Application – Application Short Form’s “Application Short Form Attachments” page.**

*NOTE: CRF Grant Program awards will be based on number of applicants, scope off loss, and demonstrated need.*

*Should your organization receive a CRF Grant Program award, you will need to detail how your organization intends to spend the funds in the contract and report on the expenditure of those funds in the final report.*

Please answer the following questions to assist the Art Council in serving the arts sector moving forward:

As you build out your organization’s budget for the next year and beyond, what expenses are you forecasting that you think will be particularly challenging given the circumstances?

*(Please add your own categories in the blank sections, if appropriate.)*

Marketing $\_\_\_\_\_\_\_\_\_\_ Brief Description:

Technical Needs $\_\_\_\_\_\_\_\_\_\_ Brief Description:

Programmatic $\_\_\_\_\_\_\_\_\_\_ Brief Description:

Capital Expenditures $\_\_\_\_\_\_\_\_\_\_ Brief Description:

Staffing $\_\_\_\_\_\_\_\_\_\_ Brief Description:

Debt Reduction $\_\_\_\_\_\_\_\_\_\_ Brief Description:

 $\_\_\_\_\_\_\_\_\_\_ Brief Description:

 $\_\_\_\_\_\_\_\_\_\_ Brief Description:

 $\_\_\_\_\_\_\_\_\_\_ Brief Description:

 $\_\_\_\_\_\_\_\_\_\_ Brief Description:

Did your organization apply to the SBA/Shuttered Venue Operators Grant opportunity? **Yes / No**

If yes, what was the amount you requested through that application? $\_\_\_\_\_\_\_\_\_\_\_\_

What challenges/needs do you wish to communicate to the Arts Council (*250 word limit*)?