



## Salem County Cultural and Heritage Commission

### Department of Cultural Affairs and Tourist Information Services

ADMINISTRATION BUILDING, 110 5th Street, SALEM, NEW JERSEY 08079 856.935.7510 x 8384

# New Jersey State Council on the Arts Local Arts Program

2025

# GENERAL OPERATING SUPPORT RE-GRANT APPLICATION



## **General Operating Support Checklist**

Each item included in this checklist is required to be submitted, in the order listed. Please review before submitting and use this checklist to ensure that you have all required materials.

	General Operating Support Checklist
	Signature Page
	Proof of Non-Profit or Tax-Exempt Status
	ADA and Professional Standards Checklist
	Budget
	Budget Narrative
	Organizational Financial Overview
	General Operating Support Narrative
	Staff/Volunteer Resumes
	List of Board Members
	ADA Plan (if applicable)
	Discrimination Policy (if applicable)
	Audit or Financial Review
	Board Approved Long Range Plan (if applicable)
	Disaster Preparedness Plan (if applicable)

**Before completing this application, you MUST read through the Re-grant Guidelines in entirety. Important information such as deadlines, eligibility requirements, eligible and ineligible expenses, review, and payment processes are included.**

**Maximum Request for 2025 General Operating Support:**

**\$25,000**

**Application Due Date: October 10<sup>th</sup>, 2024**

## 2025 General Operating Support Grant

### Signature Page

<b>APPLICANT ORGANIZATION</b>					
<b>ADDRESS</b>					
<b>PHONE #</b>		<b>FAX</b>		<b>E-MAIL</b>	
<b>WEBSITE</b>					
<b>CONTACT PERSON</b>			<b>TITLE</b>		
<b>ADDRESS</b>					
<b>PHONE #</b>		<b>FAX</b>		<b>E-MAIL</b>	
<b>FEDERAL TAX EXEMPTION #</b>					
<b>NJ CHARITIES REGISTRATION # **</b>					

<b>PROJECT/PROGRAM SUMMARY (100 words or less)</b>

<b>GRANT REQUEST SUMMARY</b>	
Total Grant Request	<b>\$</b>
Total Expected Cash Match	<b>\$</b>
Total Expected In-Kind Support	<b>\$</b>
<b>Total Project Value</b> (sum of above figures)	<b>\$</b>

<b>AUTHORIZING SIGNATURE</b>		
<b>I/We hereby certify that the information in this application is true and correct and authorize its submission.</b>		
<b>Name and Title</b>	<b>Signature</b>	<b>Date</b>

\*\* New Jersey non-profit organizations raising more than \$10,000 a year must register with the NJ Division of Consumer Affairs, Charities Registration Bureau, 124 Halsey St., PO Box 45021, Newark, NJ 07101  
<http://www.state.nj.us/oag/ca/charity/charfrm.htm>

**Proof of Non-profit or Tax-Exempt Status**

Please attach an IRS Form 990, or other physical proof of non-profit or tax-exempt status here.

## ADA and Professional Standards Checklist

Does your organization have a board approved ADA Plan? **If yes, attach a copy.**

Yes  No

If no, please explain what you are doing to develop or update your plan below.

Is the facility you are using for your project accessible to people with disabilities? Yes  No

If yes, we can assure this because...

- Our organization conducted a comprehensive survey of the facility.
- A qualified architect or other professional conducted a comprehensive survey of the facility.
- We have received a completed physical assessment from the venue we are using, which indicated that the site is accessible.
- Other – Explain:

Please list the name and title of your organization's access coordinator:

If no, how is the venue offering reasonable accommodations to provide accessibility?

Please check which programmatic and marketing accommodations your organization will make.

<b>Accommodation</b>	<b>Check if you will provide accommodation or service without prior request</b>	<b>Check if you will provide accommodation upon request. If so, include length of advance notice required</b>	<b>Check if not applicable for this type of program or project.</b>
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 for programmatic and service access accommodations? Note that you may use grant funds for cost of accommodations, except those related to facility renovation/construction or purchase of equipment.

Yes  No

If no, please explain why budgeting is not required.

Does your organization have a board-approved policy that states it will not discriminate against potential staff, volunteers, artists based on race, color, religion, sex, national origin, age, disability, or genetic information? **If yes, please attach a copy.**

Yes  No

Have/will key personnel having contact with the public been/be provided with appropriate information/training in disability awareness and service to audiences with disabilities? If yes, date of last training

Yes  No

\_\_\_\_\_

Does your organization have a procedure for addressing grievances or complaints?

Yes  No

Explain:

Do the key staff members or volunteers overseeing your project engage in professional development?

Yes  No

Explain:

Does your organization have a procedure for vetting qualified board members? Does your organization abide by standards (local, state, federal, organizational) for non-profit management? Please attach a list of qualified board members, titles, and terms.

Yes  No

Explain:

Does your organization have a board approved long-range plan? **If yes, please attach a copy.**

Yes  No

Does your organization have a written disaster preparedness plan? **If yes, please attach a copy.**

Yes  No

# Budget

## Expenses

Category of Expenditure	SCCHC Grant Funds	Organization Funds		TOTAL
		Cash	In-kind**	
<b>Personnel</b>				
Administrative salaries				
Speaker/Other Salaries/Fees				
Technical/Production salaries				
Fringe Benefits				
<b>Outside Fees and Services</b>				
Artistic/Speakers				
Other				
<b>Equipment Purchased (list; insert rows as needed) (See restrictions)</b>				
<b>Operating Expenses</b>				
Space rental				
Marketing (includes advertising, public relations, etc.)				
Travel/Transportation				
Phone				
Postage				
Printing				
Insurance				
Rentals				
Supplies/Materials				
Utilities				
Hospitality				
Other (list)				
<b>TOTAL</b>				

**\*Organizations must match their total requested grant amount by 0% through any combination of cash and in-kind expenses.**

\*Organization Cash Funds are funds that your organization is spending out of its own operating budget towards the project. If your total grant amount is \$1,000, but your organization is spending an additional \$200, this amount should be listed in the Cash column. Please list all additional expenditures.

\*\*In-Kind contributions are donated goods and services, for which your organization does not pay cash, but which have documentable cash value. An example of this would be the cash value of a volunteer's time. The current rate for volunteer time is \$29.00. It is vital that you document your In-Kind contributions as it demonstrates the overall time, energy, and resources that have been put into this project.

Income

Description	Cash	In-kind*	TOTAL (Cash & In-Kind)
<b>Earned Income</b>			
Admission fees, ticket sales, registrations			
Merchandise, concession, ad sales			
Membership dues			
Fundraising activities, events			
Other (list)			
<b>Corporate Contributions (please itemize, insert rows as needed)</b>			
<b>Foundation Contributions (please itemize, insert rows as needed)</b>			
<b>Government Grants (other than SCCHC; please itemize, insert rows as needed)</b>			
<b>Other Income</b>			
Private Contributions			
Endowment, interest income			
Organization cash reserves			
<b>TOTAL ORGANIZATION INCOME</b>			
SCCHC Grant			

\*In-kind contributions must equal in-kind expenses outlined on previous page.



## **General Operating Budget Narrative**

Discuss the years projected operating expenses. Explain how grant funds will be spent. Tell us how you arrived at the amounts entered in the expense and income categories you completed. Also explain why your requested amount and proposed budget is realistic and appropriate for the projects or activities. For example, if you are allocating \$500 printing, describe the materials that will be printed (1,000 color brochures @.50/each). Also discuss how you came to your projected income totals.

# Organizational Financial Overview

## Cash Expenses

Category of Expenditure	2023 Actual	2024 Projected
<b>Personnel</b>		
Administrative salaries		
Artistic salaries		
Technical/Production salaries		
Fringe Benefits		
<b>Outside Fees and Services</b>		
Artistic		
Other		
<b>Equipment Purchased (list; insert rows as needed)</b>		
<b>Operating Expenses</b>		
Space rental		
Marketing (includes advertising, public relations, etc.)		
Travel/Transportation		
Phone		
Postage		
Printing		
Insurance		
Rentals		
Supplies/Materials		
Utilities		
Hospitality		
Other (list)		
<b>TOTAL EXPENSES</b>		

## Organizational Financial Overview Cont.

### Cash Income

Description	2023 Actual	2024 Projected
<b>Earned Income</b>		
Admission fees, tickets, registrations		
Merchandise, concession, ad sales		
Membership dues		
Fundraising activities, events		
Other (list)		
<b>Corporate Contributions (please itemize, insert rows as needed)</b>		
<b>Foundations (please itemize, insert rows as needed)</b>		
<b>Government Grants (Please itemize, insert rows as needed)</b>		
SCCHC Grant		
<b>Other Income</b>		
Private contributions		
Interest, endowment income		
Organization cash reserves		
<b>TOTAL INCOME</b>		
<b>TOTAL EXPENSE</b> <i>(Transfer from previous page)</i>		
<b>SURPLUS [DEFICIT]</b>		

Discuss your organization's financial health, especially any significant variations in income and/or expenses in your 3-year income and expense budgets. Discuss any surpluses or deficits, if applicable. If there have been deficits, how are they being addressed?

## **General Operating Support Narrative**

Please answer the following questions fully and in detail. Grant reviewers will use the information provided to evaluate the value of your project and determine an appropriate funding level. Please provide enough information to allow the panel to make a valid decision. Do not exceed 8 pages, 12pt. font.

1. Provide a history of your organization, including mission, goals, objectives, and major programming. How do your organization's activities relate to the NJSCA Funding Priorities? What makes your organization important?

2. Describe the programs and services you offered the public during the previous 12-month period and how they benefited your community. How do your programs and services broaden, deepen and/or diversify participation in the arts?

3. What are you planning for the upcoming grant year? Discuss in detail new programming and ways you are planning to improve current offerings and why.

4. Describe in detail the intended use for General Operating Support (GOS) funds. How will GOS funding advance your organization's mission, goals and objectives? How will it strengthen your programs and services?

5. Discuss the principal people involved in your organization/programs and their qualifications. Include staff, consultants and guest speakers?

6. Describe your audience. How many people have you served in the past 12 months and how many do you expect to serve during this grant period? What is the anticipated demographic composition of your audience? Be sure to describe how you reach and meet the needs of special constituencies (minorities, handicapped, seniors, etc.), including facilities access and special services. What strategies have you employed that have been successful in the past?

7. How do you define success? What methods do you use to evaluate your programs beyond attendance statistics (e.g. audience surveys, intercept interviews, on-line surveys, outside evaluators, independent critical reviews, etc.)? How do you utilize evaluative data?

8. Describe in detail your proposed publicity plan. Be specific about how and where you will credit the SCCHC and the NJSCA. Refer to examples of past publicity and why they were effective in growing your audience.

**9. Describe any noteworthy partnerships or collaborations (e.g. with other organizations, including social service agencies, educational institutions, businesses or government other than SCCHC) in which your organization is or will be involved. If you are not currently engaged in any collaborations, leave blank.**

## **Additional Required Attachments**

1. Staff/Volunteer Resumes
2. List of Board Members
3. ADA Plan (if applicable)
4. Discrimination Policy (if applicable)
5. Audit or Financial Review
6. Board Approved Long Range Plan (if applicable)
7. Disaster Preparedness Plan (if applicable)