



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

SPECIAL PROJECT

RE-GRANT APPLICATION



Special Project 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.

	Special Project Checklist
	Signature Page
	Proof of Non-Profit or Tax-Exempt Status
	ADA and Professional Standards Checklist
	Budget
	Budget Narrative
	Project Narrative
	Staff/Volunteer Resumes
	ADA Plan (If applicable)
	Discrimination Policy (if applicable)
	Support Materials

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 Special Projects:

\$25,000

Application Due Date: October 10th, 2024

2025 Special Project Grant

Signature Page

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

PROJECT/PROGRAM SUMMARY (100 words or less)

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

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

** 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.

Accommodation	Check if you will provide accommodation or service without prior request	Check if you will provide accommodation upon request. If so, include length of advance notice required	Check if not applicable for this type of program or project.
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 (see Self-Assessment Survey – Management Practices Section/Policies)? 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 adhere to standards (local, state, federal, organizational) regarding collections care, maintenance, historical research etc.

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

Project Expenses

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

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.

Project Income

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

*In-kind contributions must equal in-kind expenses outlined above.

Special Project Budget Narrative

Discuss the projects finances. 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 project presented. For example, if you are allocating \$500 for printing, describe the materials that will be printed (1,000 color brochures @.50/each). Also discuss how you came to your projected income totals.

Project 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 the mission statement and a brief history of your organization – when was it founded, what noteworthy things has it accomplished? What about your organization’s work is unique or exciting? If you are a municipal government, school, or non-arts organization address how your arts program figures within the larger scope of your work.

2. Describe your project, its goals, purpose, activities, and content. Which of the NJSCA priorities and concerns does it address?

3. Explain why your project is important and describe its public benefit/value (education, preservation, entertainment, etc.). How will your project broaden, deepen, and /or diversify participation in the arts?

4. Describe your intended audience/s. How many people so you intend to engage/reach with your project? What is the anticipated demographic composition of your audience? How do you intend to meet the needs of and engage with special constituents? (minorities, handicapped, seniors, etc.)

5. Who are the key staff/volunteers responsible for planning and implementing the project? What outside professional speakers, consultants, or services do you plan to engage for this project? Describe the qualifications of each participating individual to demonstrate why they are the best candidates to conduct work for this project. *Be sure to attach biographies and resumes of key personnel and/or consultants.*

6. How will you define success? What methods will you use to evaluate your project beyond attendance statistics? (surveys, independent reviews, etc.) How will your organization use this data?

7. What is your organizations plan for publicity and marketing of this project? Note how and when you will credit the SCCHC and NJSCA. You may reference past strategies for publicity and marketing and why they were effective in reaching and growing your audience.

8. Describe any noteworthy partnerships or collaborations on this project. Will you be engaging in any non-traditional partnerships?

9. Does your project address or relate to any contemporary issues?

10. Provide a timeline for your project. Include all stages of your project: planning, publicity, construction, printing, assembly, evaluation etc.

Additional Attachments

Be sure to attach:

1. Resumes/Bios of key staff and personnel
2. ADA Plan (if applicable)
3. Discrimination Policy (if applicable)
4. Support Materials (optional) – This refers to any additional materials that you feel could help support your project proposal (brochures, pamphlets, programs, flyers, data sheets, etc.)