



**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**

# **TECHNICAL ASSISTANCE RE-GRANT APPLICATION**



## **Technical Assistance 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.

	Technical Assistance Checklist
	Signature Page
	Proof of Non-Profit or Tax-Exempt Status
	Professional Standards Checklist
	Technical Assistance Offerings
	Budget
	Budget Narrative
	Project Narrative
	Staff/Volunteer Resumes
	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 Technical Assistance Grants:**

**\$1,000**

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

## 2025 Technical Assistance 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>		
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.

## Professional Standards Checklist

Does your organization have a board approved ADA Plan?

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?

Yes  No

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?

Yes  No

Explain:

## **Technical Assistance Offerings**

Technical Assistance Grants are limited to specific categories. Please choose from the list below which project type you are applying for.

	<p><b><u>Start-Up Fees</u></b> Organizations seeking to achieve non-profit status may apply for this grant to offset the start-up costs associated with becoming a legal and registered non-profit. This includes registration fees, legal assistance, administrative support, etc.</p>
	<p><b><u>Training and Professional Development</u></b> Organizations may apply for this grant to offset the cost of arts related professional development or training in the areas of management, administration, etc. This is particularly for board members and key staff/volunteers.</p>
	<p><b><u>Marketing and Promotion of Local Arts</u></b> Potential projects include video or photography advertisement, website development, signage, etc. Please refer to the grant guidelines for other eligible expenses.</p>
	<p><b><u>Planning and Policy</u></b> Organizations may apply for this grant to assist in the development of organization plans; ADA, Long Range, Disaster Preparedness, etc. This grant may also assist to offset the cost of developing organization policies; Personnel, Grievance, By-Laws, etc.</p>

# Budget

## Project Expenses

Category of Expenditure	SCCHC Grant Funds	Organization Funds		TOTAL
		Cash*	In-kind**	
<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				
Hospitality				
Other (list)				
<b>TOTAL</b>				

**There is no matching requirement for technical assistance grants. However, it is imperative that you record any funds that your organization is matching, cash or in-kind, to demonstrate the value of your project.**

\*Organization Cash Funds are funds that your organization is spending out of its own operating budget towards the project.

\*\*In-Kind contributions are donated goods and services, for which your organization does not pay cash, but which have documentable cash value. The current rate for the value of volunteer time is \$29.00.



Project Income

Description	Cash	In-kind*	TOTAL (Cash & In-Kind)
<b>Earned Income</b>			
Admission fees, ticket sales, registrations			
Merchandise, concession, ad sales			
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 (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>			
<b>SCCHC Grant</b>			
<b>TOTAL PROJECT INCOME</b>			

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

## **Technical Assistance 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.

## Technical Assistance 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.)