



# WARREN COUNTY

## DIVISION OF CULTURAL & HERITAGE AFFAIRS

Shippen Manor  
8 Belvidere Ave.  
Oxford, NJ 07863  
(908) 453-4381



# Local Arts Program (LAP) Grant 2025

## PART 2. APPLICATION

Grant period is **January 1, 2025 through December 31, 2025**

<b>Technical Grant Workshop</b>	<p>All applicants will be required to attend a <b>virtual workshop</b> before submitting their LAP application.</p> <ul style="list-style-type: none"> <li>★ RSVP by <b>3pm on Mon., September 30, 2024</b> (Gina)</li> <li>★ Virtual Workshop on <b>Wed., October 2, 2024 from 2 to 4pm.</b></li> </ul>
<b>ADA Accessibility</b>	<p>Only ADA accessible arts projects will be funded. This includes physical, visual, auditory and cognitive disabilities, amongst others.</p>
<b>Methods of Submission</b>	<ul style="list-style-type: none"> <li>★ <b>Email</b> (<a href="mailto:grosseland@co.warren.nj.us">grosseland@co.warren.nj.us</a>) as a PDF [<b>preferred method</b>], or</li> <li>★ <b>Drop-Off</b> (original, <b>plus 3 color copies</b>) to Gina Rosseland at Shippen Manor. Please schedule with Gina for drop-offs. Do not leave applications outside.</li> </ul> <p><b>Faxed submissions will not be accepted.</b></p>
<b>Due Date</b>	<p>All applications with required materials are due to Gina <b>no later than 3pm on November 13, 2024.</b></p> <ul style="list-style-type: none"> <li>★ Late applications <u>will not</u> be accepted.</li> </ul>

### Questions?

Please contact **Gina Rosseland**, Assistant Administrator  
[grosseland@co.warren.nj.us](mailto:grosseland@co.warren.nj.us)  
(908) 453-4381, x. 223

*The Warren County Division of Cultural & Heritage Affairs received a grant from the New Jersey Council on the Arts, a division of the Department of State. All funding will be distributed through the Department of Land Preservation in conjunction with the Division of Cultural & Heritage Affairs.*

## LAP GRANT 2025 APPLICATION PACKET

### 2025 LAP GRANT PROGRAM SCHEDULE

August 2024	Release of applications with guidelines on <a href="http://Warren200.com">Warren200.com</a> Hardcopies are available upon request
Wed., Oct. 2, 2024 2-4pm	Technical assistance workshop (virtual) from <b>2-4pm</b> (required) <b>RSVP by 3pm on Monday, September 20, 2024</b> Meeting link will be emailed to all interested organizations.
Wed., Nov. 13, 2024 By 3pm	Application deadline <b>by 3pm on Wed., November 13, 2024.</b>
January – March 2025	Independent Panel Review & Assessment by WCCHA Approval by Bicentennial Cultural & Heritage Advisory Board Resolution authorized by Committee of County Commissioners
March to April 2025	Notification of Awards
April to May 2025	Approved re-grantees to submit grant agreements & payment documents. Due date for submission will be included in awards packet.
Wed., Oct. 22, 2025	Virtual technical workshop for final reports (required).
Fri., Dec. 19, 2025 By 3pm	Final reports with <u>all</u> supplementary materials (receipts/invoices, photographs, brochures/pamphlets/flyers, screenshots of Social Media/website, etc.) <b>by 3pm</b> . (Email PDF packet—preferable)
Wed., Dec. 31, 2025	All arts programming must be completed. Please email Gina once you have concluded your grant-funded programming for 2025.
February to March 2026	Final payments will be issued by the County once final reports have been accepted by the State of New Jersey. This may take several weeks.

*This grant schedule may change if meetings, reviews, and receipt of State funds are delayed.*

*In the event that there is a delay or change in the schedule, all applicants will be notified.*

## LAP 2025 APPLICATION CHECKLIST

*Type neatly in black ink.*

*Please type organization's name at top of all application pages.*

***Please submit only the following***

	<b>Checklist</b> (page 8)
	<b>Part 1: Organizational Information</b> (application page 9)
	<b>Part 2: Application Summary</b> (application page 10)
	<b>Part 3: Narrative Questions</b> (application pages 12-16)
	<b>Part 4: Budget (2024) &amp; Projected Budget (2025)</b> (application page 17)
	<b>Part 4-B: Other Support (application page 19)</b>
	<b>Part 5: Authorization</b> (application page 20)
	<p><b>ADA Plan/Policy:</b> Please provide a <b>copy</b> of your ADA policy or plan. If your organization does not have an ADA plan/policy, please write a short statement including prior &amp; current accommodations provided, accessibility of site, &amp; reasonable accommodations that have been provided and are available by your organization &amp; the site(s) they use for grant-sponsored events/programs.</p> <p>If your plan/policy is in process, please include a timeline for completion and provide a draft.</p>
	<p><b>Additional required documentation:</b></p> <ul style="list-style-type: none"> <li>• <b>Brief biographies of key personnel</b> (no resume or cv required): key artistic, administrative, or educational roles—whether paid staff, board members or volunteers.</li> <li>• <b>Lists of any awards, recognitions, interviews or other</b> that highlights your organization's arts programming (particularly grant-funded).</li> <li>• No more than <b>one (1) copy of support materials</b> (press clippings, program coverage, promotional materials, flyers, etc.)</li> </ul>
	<p><b>Itemized list for expenses (2025 project/program)</b>—please include amount for shipping and handling on any purchases paid for by LAP funding.</p> <ul style="list-style-type: none"> <li>• Include <b>invoices</b> from artists, musicians, special presenters, etc. on company letterhead.</li> <li>• Include <b>estimates</b> for any purchases (supplies, printing, etc.) on company letterhead.</li> <li>• Include <b>estimates</b> for promotions on company letterhead.</li> <li>• Include <b>other</b> cost estimates.</li> </ul> <p><i>* Company means those businesses, individuals, etc., <u>not</u> your organization.</i></p>

Any **amendments or alterations/corrections** to this application must be made by the applicant organization. The staff of Cultural & Heritage Affairs cannot make those changes on behalf of the organizations. Please check to ensure that all pages are completed as directed before submitting.

## PART 1: ORGANIZATIONAL INFORMATION

*Please type or print neatly*

Applicant Organization					
Street Address					
City, State, Zip					
Website Address					
US Congressional District		Legislative District		Federal ID # (FEIN)	

There must be **two (2) individuals** directly involved with this arts project.

Project Director			
Title			
Phone Number			
E-mail			
Authorizing Official			
Title			
Phone Number			
E-mail			

**Type of Organization**  
*Choose one*

	Non-profit organization
	Municipal Agency
	Library/School
	Other (describe)

<b>Funds Requested</b>	\$
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\*Requests must be **between \$2000 and \$15,000** for the FY 2025 cycle.  
\*\*Awards are based on independent panel review, WCCHA, & available funds.

***Please keep a copy of application for your records***

## PART 2: APPLICATION SUMMARY

*Please type neatly in black ink.*

### Artistic Discipline Code Number

*Choose discipline(s) that best applies to your project.*

<b>01. Dance</b> A. Ballet B. Ethnic/Jazz/Folk C. Modern	<b>02. Music</b> A. Band (not including jazz or popular) B. Chamber C. Choral D. New (includes experimental, electronic) E. Ethnic/Folk inspired F. Jazz G. Popular H. Solo/Recital I. Orchestral (includes symphonic)	<b>03. Opera/Music Theater</b> <b>04. Theater</b> <b>05. Visual Arts</b> <b>06. Design Arts</b> <b>07. Crafts</b> <b>08. Photograph</b> <b>09. Media Arts</b> <b>10. Literature</b> <b>11. Interdisciplinary</b> <b>12. Folk Arts</b> <b>13. Humanities</b> <b>14. Multi-Disciplinary</b>
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**CODE No.** (Include all that apply, number and letter—i.e. 01. A, 02. B...)

### Funding History

Has your organization previously received funds from the NJSCA or WCCHA?  
 If yes, please list grants, amounts and years received below.

<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
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***Please keep a copy for your records***

## PART 3: NARRATIVE QUESTIONS

*Applicants will need to complete a written narrative that addresses the following questions. Respond to each question and give specific details. Type responses neatly in the boxes provided. Please make the font large enough to be readable (medium-size).*

### Organization Narrative

***A-1. Organization’s Mission Statement, organization’s goals & purpose as they relate to the Arts.***

***A-2. Organization’s proposed arts project expected impact on the community.***

***A-3. How does the organization ensure ADA compliance?***

Name of Organization \_\_\_\_\_

**ARTS PROJECT NARRATIVE**

*B-1. Describe the proposed arts project.*

[Empty space for B-1 description]

*B-2. Provide dates & times, location, who will be involved & description of arts events.*

[Empty space for B-2 details]

**ARTS PROJECT FUNDING**

***C-1. How are requested art grant funds to be spent?***

**ADMINISTRATION/PARTICIPATING ARTISTS**

***D-1. Describe how the project will be administered.***

***D-2. Write a brief description of participating artists and their contact information.***

***DO NOT SEND PRINTED WEB PAGES OR BROCHURES.***

***If you haven't finished planning your program, please insert (TBD) and be sure to send your schedule as soon as it is completed.***



**MARKETING PROPOSAL & EVALUATION**

***E-1. Describe how the art project will be promoted.***

***E-2. Describe the audience to be served.***

***E-3. How will the proposed art project be evaluated?  
(Please provide a copy of your assessment tool.)***

**CONTINGENCY PLANS***Please answer BOTH question A and B*

***Anticipated funding may not meet your organization's expectations, or your request may be only partially funded. Describe what other options or contingency plans your organization has explored to enable it to move forward with proposed programming or project plans.***

***Over the past few years, events have limited access to in-person programming (e.g. Covid-19, hurricanes and other natural disasters). Please describe your contingency plan for such a situation.***

Please include **up to four (4) recent support material(s)** such as press clippings, program coverage, promotional materials, flyers, etc. Please **DO NOT** send printed web pages or brochures.

Please note that all support material should include the following statement in a legible font size, "**Funding has been made possible, in part, by the Warren County Division of Cultural & Heritage Affairs.**"

Use of logo is also permitted for use on websites, social media, and print materials.

***Please keep a copy for your records***

**PART 4: BUDGET**

*This is required for organizations/groups applying for the Local Arts Program Grants, only.*

CATEGORY DESCRIPTIONS INCOME SOURCES	ACTUAL BUDGET A: <u>FY 2023</u> ARTS PROGRAMS INCOME	ACTUAL BUDGET B: <u>FY 2024</u> ARTS PROGRAMS INCOME	BUDGET C: <u>FY 2025</u> PROJECTED USE OF WCCHD ART GRANT FUNDS	BUDGET D: <u>FY 2025</u> SINGLE ART PROJECTED INCOME	BUDGET E: <u>FY 2025</u> ARTS ORGS. & MULTIPLE PROJECTS' PROJECTED INCOME
<b>INCOME</b>					
1. ADMISSIONS			N/A		
2. SALES			N/A		
3. OTHER SUPPORT *			N/A		
4. TOTAL INCOME			N/A		
5. CASH ON HAND			N/A		
6. WCCHC GRANT			\$		
7. TOTAL FUNDS			N/A		
<b>EXPENSE SOURCES</b>					
8. ARTS ORGS.					
9. ARTISTIC FEES					
10. OTHER FEES *					
11. RENTALS					
12. MARKETING					
13. OFFICE EXPENSE					
14. MISC. *					
15. CASH ON HAND			N/A		
16. TOTAL EXPENSES					
17. TOTAL FUNDS (Line #7)			N/A		
18. SURPLUS			N/A		
19. TOTAL IN-KIND + (not required)			N/A		

All entries with (\*) asterisk(s) must be addressed in Part IV, "Budget Instructions"

***Please keep a copy for your records.***

## BUDGET FORM EXPLANATION

### INCOME

1. **Admissions:** funds received from admission charges
2. **Sales:** Money received through sales of goods or services
3. **Other Support** (See Part 4B)
4. **Total Income:** Total lines 1 + 2 + 3
5. **Cash on Hand:** Available funds, usually surplus from previous year
6. **WCCHA Grant** (Actual Budget A & B): Funds received in previous years
7. **Total Funds:** Total lines 4 + 5 + 6

### EXPENSES

8. **Arts Organizations' Personnel:** Salary & wage costs for permanent employees of your arts organization (i.e. paid director, officers, etc.)
9. **Artistic Fees:** Fees paid to artists for professional services
10. **Other Fees** (See Part 4B)
11. **Rentals:** For artistic programming (lights, sound system, space, etc.)
12. **Marketing:** Advertisement/promotional costs
13. **Office Expense:** Non-salaried office expenses such as phone, mail, ink, copies, etc.
14. **Misc.** (See Part 4B)
15. **Capital:** Capital expenses for artistic programming may be used as part of your match; grant funds may not be used for capital expenses.
16. **Total Expenses:** Total lines 8 + 9 + 10 + 11 + 12 + 13 + 14 + 15
17. **Total Funds:** Amount from Line 7 above "Total Funds"

**Surplus/Deficit:** Compare lines 16 & 17 to determine if surplus or deficit; if budget is in balance, this will equal zero.

<b>PART 4-B. ASTERICK(S)</b> <i>Budget form addendum for further information.</i> <i>If more space is needed, include an addendum on a separate page.</i>		
<b>3. OTHER SUPPORT (2025)</b>		
<b>TYPE OF SUPPORT</b>	<b>IDENTIFY &amp; EXPLAIN</b>	<b>VALUE (\$)</b>
Individuals		
Businesses		
Memberships		
Other		
<b>10. OTHER FEES (2025)</b>		
<b>TYPE OF FEES</b>	<b>IDENTIFY &amp; EXPLAIN</b>	<b>VALUE (\$)</b>
Tech Support		
Transportation		
Hospitality		
Other		
<b>14. OTHER EXPENSES (2025)</b>		
<b>TYPE OF EXPENSE</b>	<b>IDENTIFY &amp; EXPLAIN</b>	<b>VALUE (\$)</b>
<b>19. IN-KIND CONTRIBUTIONS (2025)</b>		
<b>TYPE OF FEES</b>	<b>IDENTIFY &amp; EXPLAIN</b>	<b>VALUE (\$)</b>
Volunteer Hours		
Services		
Site		
Other		

**PART 5. AUTHORIZATION**

Please sign below to declare that, to the best of your knowledge, the Application, the Budget (page 11 & 13), and all reported information is thereby accurate.

I, \_\_\_\_\_, understand these pages constitute this application.

*I certify that all statements in this application are true to the best of my knowledge; and I hereby release the Board of County Commissioners, Warren County Bicentennial Cultural & Heritage Advisory Board, the Warren County Division Cultural & Heritage Affairs and the Warren County Department of Land Preservation, their employees and agents from any liability and/or responsibility concerning any submission of materials to the program. I further certify any funds received under the Warren County Cultural & Heritage Arts Grants Program will be used exclusively for the purpose set forth in this application, and I will notify the Warren County Division of Cultural & Heritage Affairs immediately in the event my organization receives funding for the year 2025 directly from the New Jersey State Council on the Arts. I understand and agree submission of an application signifies intention to comply with Title VII of the Civil Rights Act of 1964 (PL 88-352), with Labor Standards under Section (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.*

**Names and signatures below must match those of page 4 (Part 1: Organizational Material) of this application.**

<b>Organization Name</b>	
<b>Project Director (print)</b>	
<b>Project Director (signature)</b>	
<b>Project Director (actual title)</b>	
<b>Date</b>	
<b>Authorizing Official (print)</b>	
<b>Authorizing Official (signature)</b>	
<b>Authorizing Official (actual title)</b>	
<b>Date</b>	

**Please keep a copy for your records**