



# ESSEX COUNTY ARTS COUNCIL

## Cultural Assistance Program (CAP) Grant E-Application

Deadline: **Email received by March 15<sup>th</sup>**

**Please note we no longer accept applications through the US mail.**

(Check One) **Project Funding**

**General Operating Support**

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

Organization's Address: \_\_\_\_\_ zip \_\_\_\_\_

Organization's Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Address: \_\_\_\_\_ zip \_\_\_\_\_

Contact Person's Telephone: \_\_\_\_\_ email: \_\_\_\_\_

**\*\*For Project Support**

TITLE OF PROJECT: \_\_\_\_\_

CAP GRANT REQUEST FOR FUNDING: \$\_\_\_\_\_ (maximum \$750.00)

**\*\*For GOS Support**

GOS SUPPORT REQUESTED AMOUNT \$\_\_\_\_\_ (maximum \$1,000.00)

**We will confirm receipt of your application.**

**PLEASE USE THE CHECK LIST BELOW and CAP program guidelines to complete your application:**

**Applicants must submit in PDF format by email to [EssexCountyNYarts@gmail.com](mailto:EssexCountyNYarts@gmail.com):**

- Signed Application in PDF format (*If you believe your computer cannot make a PDF, please ask for help at your local library, Staples or UPS Store, or contact us if you need help.*)
- Operating budgets for this year and last year; this year's project budget if applicable
- List of Board of Directors, their locations and professional affiliations
- One or two promotional programs or press examples
- If not already submitted, organization's final report from the prior year
- ECAC Membership Form and payment (optional)

CAP grant awards are made possible through support of Essex County Board of Supervisors.

If you need assistance filling out this form please contact us by **February 28<sup>th</sup>**.

# ESSEX COUNTY ARTS COUNCIL

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

Preparer's Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION MUST BE TYPED.**

*Any materials over and above what is requested will not be reviewed*

Funding amount requested: \$ \_\_\_\_\_

1. Give a brief description of the applicant's history, purpose, programs and population served (1,000 words max)

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The following sections of this application are for PROJECT FUNDING APPLICANTS ONLY

Project Title: \_\_\_\_\_

2. Describe the project for which funds are being requested, the number of people and composition of those being served by the project, and the impact of the project on the community (500 words max)

3. Describe the promotional plans for the proposed project (250 words max)

4. How did you find out about CAP Grant?

Previous applicant

From the ECAC website.

Saw online announcement. (Where \_\_\_\_\_)

Saw a flyer. (Where \_\_\_\_\_)

Word of mouth

Other \_\_\_\_\_

# ESSEX COUNTY ARTS COUNCIL

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

Project Name (if applicable) \_\_\_\_\_

Project Budget (indicate In-Kind items in the appropriate column)

Earned Income	In-Kind	Cash	Personnel Expenses	In-Kind	Cash
Admissions/Tickets			Administrative		
Subscriptions			Technical		
Program Advertising			Artistic (please itemize)		
Concessions					
Tuitions and Fees					
Other (please describe)					
			<b>Operating Expenses</b>		
			Outside Professional Fees		
			Space Rental		
<b>Contributed Income</b>			Travel/Transportation		
Corporate			Advertising/Promotion		
Foundation			Postage		
Individual			Supplies		
Government			Royalties		
Other (please describe)			Insurance		
			Equipment Rental		
			Other (please describe)		
<b>Sub Total Income</b>			<b>Sub Total Expense</b>		
<b>CAP Grant Request</b>					
<b>Total Income</b>			<b>Total Expenses</b>		

Total Income and Total Expense should be equal.

**NOTE:** The Essex County Arts Council CAP Grants will fund a **maximum 50%** of the Total Expenses.