



# ESSEX COUNTY ARTS COUNCIL

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

**Deadline: Email must be received by March 15, 2021.**  
**Please note we no longer accept applications through the US mail.**

Please note: Several changes have been made to the CAP Grant application for 2021. The options for Project and GOS have been eliminated. The maximum award is \$1,000. Please refer to the CAP Grant COVER SHEET for instructions and guidelines.

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

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

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

Organization's Total Operation Expenses: Current Year \$ \_\_\_\_\_  
Last Year \$ \_\_\_\_\_  
(not applicable for municipalities)

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

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

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

CAP GRANT PROGRAM TITLE: \_\_\_\_\_

CAP GRANT REQUEST: \$ \_\_\_\_\_ (Maximum Award \$1,000)

**Applicants must submit in PDF format by email to admin@essexcountyarts.org.**

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

CAP grant awards are made possible through support of Essex County Board of Supervisors.  
If you need assistance filling out this application please contact us by **March 1<sup>st</sup>**.

# ESSEX COUNTY ARTS COUNCIL

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

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

Preparer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

***Any materials over and above those requested will not be reviewed.***

1. Describe fully the applicant's history, purpose, programs and population served (1,000 words max).

2. Describe the purpose of the requested funds. Please be specific. Please include the number of people and composition of those being served and the impact of the program on the community (500 words max). Refer to Scoring Criteria on COVER SHEET for guidance.

*For organizations located outside of Essex County, please describe how your project will serve Essex County residents.*

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**3. Describe the promotional plans for the proposed CAP request (250 words max).**

**4. Create a statement of up to 125 words, briefly summarizing your history, mission and programs (in this order) that can be used for promotional purposes should your application be awarded.**

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**Organization Name:**

**CAP Grant Program Title:**

**Budget for Requested Funds (indicate In-Kind items in the appropriate column)**

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

**Fill in line items that apply to your project**

<b>Earned Income</b>	<b>In-Kind</b>	<b>Cash</b>	<b>Personnel Expenses</b>	<b>In-Kind</b>	<b>Cash</b>
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.**

For reference, a **SAMPLE PROJECT BUDGET** is available on the ECAC website: [LINK: SAMPLE PROJECT BUDGET](#)