

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
**DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS**  
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**SPECIAL COMMUNITY PROJECTS APPLICATION FORM**

PLEASE CHECK ALL APPROPRIATE FIELDS IN QUESTIONS NUMBER 01 THRU 03.

1. Please check all categories that are applicable to your applied for project:

- Arts Education/504                       Literary/Media Arts                       Performing Arts  
 Visual Arts                                       Technical Assistance (no funding requesting)  
 Travel/Touring

2. Is this application in request of more than \$1,500.00 in funding?

*(If you answered "Yes", see "Guidelines for Major Grant Application Request" at the end of this application form).*

3. Is your project scheduled to begin 45 days or more after the quarterly submission deadline dates?  
*(Dates noted below).*

*(If you answered "No" to this question, your application will not be reviewed until the next grant application review).*

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Quarterly Application Submission Deadline/Dates:

October 15	For projects beginning in or after December
January 15	For projects beginning in or after March
April 15	For projects beginning in or after June
July 15	For projects beginning in or after September

Application Requirements:

- 1.) Completed signed application form \_\_\_\_\_  
2.) Narrative (written description of projects, not less than one full page) \_\_\_\_\_  
3.) Budget (clear breakdown of cash expenditures, donations of goods, funds, space, etc.) \_\_\_\_\_

4.) All applicants must comply with the physical accessibility requirements of Section 504 of the Rehabilitation Act and the Americans with Disability Act. \_\_\_\_\_

**Note:** Application that is missing any of the above required application items will not be reviewed. It is the responsibility of the applicant to ensure that all required fields of the Application Form are completed properly and all applications are submitted by the respective quarterly review deadline.

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All fields indicated by a asterisk (\*) are required fields and must be completed.  
*Please type or print clearly.*

\*Name/Title of Projects: \_\_\_\_\_

\*Project Start Date: \_\_\_\_\_ \*Project End Date: \_\_\_\_\_

\*Project Day(s)/Time(s): \_\_\_\_\_

\*Project

Location(s): \_\_\_ P \_\_\_\_\_

\*Name of Project Coordinator(s): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Additional Contact: Person (*if different from coordinator(s)*): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**FOR ARTS EDUCATION APPLICATION ONLY:**

*(Arts Education Application include those that take place during school hours, activities on school campuses during or after school hours that involve youth, projects off of school campuses that involve students and that have been arranged with school officials, supplementary arts program for schools, etc.)*

\*School(s): \_\_\_\_\_

\*Principal's Name: \_\_\_\_\_

\*School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

\*Participating Teacher(s): \_\_\_\_\_  
\_\_\_\_\_

\*Participating Artist(s): \_\_\_\_\_  
\_\_\_\_\_

\*Grade Level(s) of Students: \_\_\_\_\_

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\*Who will the target audience or beneficiaries of this project be?  
\_\_\_\_\_

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\*Amount of Funding requested from the CCAC for this project: \$ \_\_\_\_\_

\*Amount of Funding provided by sources other than CCAC: \$ \_\_\_\_\_

\*Estimated amount of in-kind donations towards this Project: \$ \_\_\_\_\_

\*Name of Payee (*full individual or organization name*): \_\_\_\_\_

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All fields indicated by an asterisk (\*) are required fields and must be completed.

**SIGNATORY PAGE**

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\*Signature of Project Coordinator

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\*Signature of Contact Person/Additional Co.

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\*Signature of Participating Artist  
(if other than Coordinator)

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\*Signature of Participating Artist  
(if other than Coordinator)

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\*Signature of Principal  
(for Arts Education Application Only)

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\*Signature of Teacher  
(for Arts Education Application Only)

(For Office Use Only)

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**FOR MAJOR GRANT APPLICATION REQUESTS (\$1500-\$5000)**

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Signature of CCAC Review Panel Chairperson

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Signature of CCAC BOD Chairperson

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Signature of Executive Director, CCAC

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Signature of Arts Coordinator, CCAC

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Application Action:                      ( ) Approved                      ( ) Disapproved

Amount Approved for Funding:        \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **ADDITIONAL GRANT APPLICATION INFORMATION**

### **Funding Limitation and Review/Action Procedures:**

Application may request up to \$1,500.00 for smaller community arts and arts education projects. These applications will be reviewed after the submission deadline by CCAC Program Staff and Executive Director. Applications will be contacted in writing two weeks of the deadline regarding the status of or specific action (Approval/Disapproval) that was taken on their application.

Applications may request up to \$5,000.00 for projects in the “Major Grant Application Request” category. Such applications must be turned in by of the quarterly deadline date(s), however, the review process for these applications includes a preliminary review by CCAC Staff, a detailed review by the CCAC Review Panel, who in turn makes recommendations on action to the CCAC Board of Directors. The CCAC BOD will then make a final determination on funding support for this project. This process will take approximately eight working weeks. “Major Grant Application Requests” are made available for in-depth projects that involve extensive “long-term” planning. Proposed projects dates should be 90 days or more after the deadline submission date for which the grant was submitted.

### **Additional Requirements for Major Grant Request:**

1. A minimum of 40% matching cash funding towards the project is required. Amounts and sources must be noted in the budget. Contact names and phone numbers for the sources of matching must be noted on the budget page.
2. Bio-data/Resume(s) additional detailed information must be included for all of the principal coordinators and artists involved in the proposed project.
3. In-kind donations and sources of the donations must be included on a detailed sheet to accompany the application.
4. Any supplementary materials that may support or enhance understanding of the project should be submitted (*samples, support letters, reports of similar past projects, etc.*)

**Note:** *Major Grant Application Requests that involve any significant coordination by Individuals/Organization that have not submitted final reports for previous CCAC grants will not receive review or action.*

### **FINAL REPORT REQUIREMENTS FOR ALL APPROVED APPLICANTS:**

A report of the project must be submitted to the CCAC no later than 30 days following the completion date for the project, noted in the application. Should reports not be received, the Project Coordinator will be liable for the repayments of all granted funds and/or will be ineligible for future CCAC grants.

#### **Reports must include the following:**

1. Summary of Activity (*two pages minimum*). Include any problems that occurred and how they were resolved (*if this is the case*), the most positive aspects of the project, how goals initially set forth in your application narrative were met, etc.
2. A list of all of the participants.
3. A minimum of photographs taken during the activity.
4. If artist or other were paid, submit a timesheet signed by the payee(s).
5. Copies of any pic’s releases, newspaper articles, poster, flyers or other promotional materials.