



DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS  
Commonwealth Council for Arts and Culture  
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## RECOVERY GRANT APPLICATION FORM

PLEASE CHECK ALL APPROPRIATE FIELDS IN QUESTIONS NUMBER 01.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Arts Education/ 504  | <input type="checkbox"/> Contemporary Arts & Crafts |
| <input type="checkbox"/> Visual Arts          | <input type="checkbox"/> Traditional Arts           |
| <input type="checkbox"/> Folk Arts            | <input type="checkbox"/> Performing Arts            |
| <input type="checkbox"/> Literary/ Media Arts |   |

2. Applicants may request up to \$5,000.00 for smaller community arts and arts education projects. These applications will be reviewed after the submission deadline by CCAC Program Staff and Executive Director. Applicants will be contacted in writing (2) weeks of the deadline regarding the status of or specific action (approval/disapproval) that was taken on their application.

3. Applicants may request up to \$5,000.00 for projects in the Recovery Grant Application Request" category. Such applicants must be turned in by the quarterly deadline date(s), however the review process for these applications includes a preliminary review by the 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 (8) working weeks. Recovery Grant Application Requests" are made available for in-depth projects that involve extensive "long-term" planning. Proposed project dates should be 90 days or more after the deadline submission date for which the grant was submitted.

Application Requirements for Recovery Grant Requests: The National Endowment for the Arts' funds must be designated to organizations and artists and used to support expenses already allowed for in Arts Endowment grant-making activity such as:

## **POLICY SUMMARY**

The Commonwealth Council for Arts and culture will prepare and maintain a Recovery Grant Application Guide that will provide Recovery Grant applicants with the necessary information for Recovery Grant applications, utilization, accountability and reporting

All recovery grant sub-recipients will be issued a copy of the Recovery Grant Application Guide, instructed on the requirements related to the Recovery Grant received and monitored for compliance.

## **ADDITIONAL RECOVERY GRANT APPLICATION INFORMATION**

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

**Note:** Recovery Grant Application Requests for Payment Reimbursement.

- A. Completed signed application form, Narrative (written description of lost items, not less than one full page) Proof of residency.
- B. Bio-data/Resume(s) additional detailed information must be included for all of the Principal coordinators and artists involved in the proposed project.
- C. Projects and activities judged to have artistic excellence and artistic merit and produced in alternate locations due to damage to existing performance space, exhibition venues, auditoriums, concert hall, offices, and other spaces.
- D. Rental of equipment in place of destroyed items.
- E. Purchase of replacement supplies and equipment for administrative and artistic purposes. Equipment with a unit cost more than \$5,000.00 must be identified and submitted to the Arts Endowment for prior-approval; the applicant may not just say "equipment".
- F. Salaries, wages, and fringe benefits for non-profit organizational staff as result of business disruption. If and organization provides benefits that includes unemployment, and the staff is eligible to file for unemployment benefits, the Arts Endowment cannot provide funds for such.
- G. Repair and conservation of artistic and cultural materials including costumes, performance sets, instruments, artwork, ect.
- H. Design fees related to schematics and plans for construction or restoration of spaces owned by the organization, IMPORTANT: The Arts Endowment does not support the construction, purchase or renovation of facilities, thus costs associated with these items can't be included.
- I. Marketing, promotion, and publications expenses related to disaster recovery.
- J. Access accommodations such as sign language interpreters, assisted listening devices, print materials in alternative formats, such as large print brochures/labels/signs, etc. Support is not allowed for construction or renovation to come into accessibilities compliance, e.g., we won't pay for a ramp to be built.
- K. List of all sub-awardee names (organizations and individuals), amount of sub-awards, purpose of sub-awards, and description/photograph of damage/breakdown of materials lost. (Include photos)

L. Any supplementary materials that may support or enhance understanding of the project should be submitted

(samples, support letters, reports of similar past projects, etc.)

**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. The Project Coordinator will be liable for the repayments of all granted funds and/or will be ineligible for future CCAC Grants. The applicants will be ban from future grant with CCAC and reported to office of investigator general.

**Reports must include the following:**

1. A lists of all of the participants.
2. A minimum of photographs taken during the activity.
3. If Artist or other were paid, submit a timesheet or invoice signed by the payee(s).
4. Is this application in request of more than \$2,500.00 in funding?
5. (If you answered "yes", see "Guidelines for Recovery Grant Application Request" at the end of this application form).

**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 are met.**

**All fields indicated by an 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): \_\_\_\_\_
- Name of Project Coordinator(s): \_\_\_\_\_
- \* DUNS number: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Home Phone: \_\_\_\_\_

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- Work Phone: \_\_\_\_\_
- E-Mail Address: \_\_\_\_\_

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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 official supplementary arts program for schools, etc)

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- School(s):  
\_\_\_\_\_
  
- Principal's name:  
\_\_\_\_\_
  
- School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_
  
- Participating Teacher(s):  
\_\_\_\_\_  
  
\_\_\_\_\_
  
- Participating Artist(s):  
\_\_\_\_\_  
  
\_\_\_\_\_
  
- Grade Level(s) of Students:  
\_\_\_\_\_
  
  
- Who will the target audience or beneficiaries of this project be?  
  
\_\_\_\_\_  
  
\_\_\_\_\_
  
  
- Amount of Funding requested from the CCAC/NEA for this project: \$ \_\_\_\_\_
  
- Amount of Funding provided by sources other than CCAC: \$ \_\_\_\_\_ N/A \_\_\_\_\_
  
- Estimated amount of in-kind donations toward this Project: \$ \_\_\_\_\_ N/A \_\_\_\_\_

\*\*\*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)



**NOTE: Due to Covid-19 and all social distancing orders from our government, Payment options: Check or electronically disbursed (direct deposit). Please fill out the following information below to allow Treasury to make deposit to your bank account from your approved grant application. If Check to be cut, please mark check on #4 Colum. All your information is kept confidential with CCAC and the Department of Finance and will be used for this purpose ONLY.**

**ARTIST(S) INFORMATION**

1. Name of Artist(s) \_\_\_\_\_
2. Street Name Address of Artist(s)-Not P.O.Box) \_\_\_\_\_
3. Email Address \_\_\_\_\_
4. Check (     ) \_\_\_\_\_

**BANK INFORMATION**

1. Name of Bank \_\_\_\_\_
2. Physical Address of Bank \_\_\_\_\_
3. Bank Routing Number and/or SWIFT Code \_\_\_\_\_
4. Beneficiary's Account Number \_\_\_\_\_
5. Type of Account (Checking or Savings) \_\_\_\_\_