


**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**
**Department of Community and Cultural Affairs, DCCA**
**Commonwealth Council for Arts and Culture, CCAC**
**P.O. Box 5553 CHR, Saipan MP 96950**
**Telephone No.: (670) 322-9982/3 Fax No.: (670) 322-9028**


## SPECIAL COMMUNITY PROJECT APPLICATION FORM

### • 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.) Matching Fund \_\_\_\_\_

**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.**

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

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

Arts Education/504       Visual Artist       Crafts       Dance  
 Music       Media Arts       Literary Art       Design Art  
 Opera/Musical Theatre       Folk/Cultural Arts

2. Is this application in request of more than \$5,000.00 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).

### • QUARTERLY APPLICATION SUBMISSION DEADLINE/DATES:

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

---

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

*Please print or type 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: \_\_\_\_\_ \* Work Phone: \_\_\_\_\_
- \* Fax No.: \_\_\_\_\_ \* Email Address: \_\_\_\_\_
- \* Additional Contact Person (if different from coordinator(s)): \_\_\_\_\_
- \* Telephone: \_\_\_\_\_ \* Fax: \_\_\_\_\_

---

**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 programs for schools, etc.)

- \* Name of 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 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): \_\_\_\_\_

---

Please print clearly!

---

**SIGNATORY PAGE (all fields indicated by an asterisk (\*) are required and must be completed)**

\_\_\_\_\_  
• \* Signature of Project Coordinator

\_\_\_\_\_  
\* Signature of Contact Person/Additional Co.

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

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

\_\_\_\_\_  
• Signature of Principal  
(for Arts Education Application Only)

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

(For Office Use Only)

---

**FOR MAJOR GRANT APPLICATION REQUESTS (\$5000 or more)**

\_\_\_\_\_  
Signature of CCAC Review Panel Chairperson

\_\_\_\_\_  
Signature of CCAC BOD Chairperson

\_\_\_\_\_  
Signature of Executive Director, CCAC

\_\_\_\_\_  
Signature of Arts Coordinator, CCAC

Application Action:

( ) Approved

( ) Disapproved

Amount Approved for Funding:

\$ \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

## ADDITIONAL GRANT APPLICATION INFORMATION

### Funding Limitation and Review/Action Procedures:

Applicant may request up to \$1,500.00 for smaller community arts and arts education project. These applications will be reviewed after the submission deadline by CCAC Program Staff and Executive Director. Applicants will be contacted in writing two (2) weeks of the deadline regarding the status of or specific action (Approval/Disapproval) that was taken on their application.

Applicants may request up to \$5,000.00 for projects in the "Major Grant Application Request" category. Such applications must be turned in by 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 Board of Directors will then make a final determination on funding support for this project. This process will take approximately eight (8) 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 all 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 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.)*
5. *Valid Business License.*
6. *In-Kind Contribution Report (see attached form).*

**NOTE: Major Grant Application Requests that involve any significant coordination by individuals/organizations 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. **Payment of remaining 60% is dependent upon the submission of your final report requirements and also dependent of grant obligation. 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 projects, 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 picture's releases, newspaper articles, poster, flyers or other promotional materials.
6. Evaluation of both artist and audience.