



Caroline County Council of Arts (CCCA) Community Arts Development (CAD) Mini-Grant Guidelines and Application

The CCCA MINI-GRANT program is intended for the following purposes:

To provide financial assistance to Caroline County non-profit organizations and local government agencies in offering special arts activities and to support small cultural programs in Caroline County.

Please note:

For the purpose of this program, “Arts” are defined as music, dance, drama, literature, film/media arts, traditional and multi-disciplinary arts, and visual arts.

Caroline County Council of Arts will be referred to as CCCA throughout this document.

CCCA’s Fiscal Year is July 1 – June 30

REQUIREMENTS:

An Organization may apply for these funds only once during the fiscal year. Priority will be given to new projects.

1. Proposed project must be sponsored or presented by a non-profit, tax-exempt organization incorporated in Maryland, or a government related organization, such as a school, library, or recreation and parks department, located in Caroline County. Out of county applicants will be considered if the project occurs in Caroline County.
2. Projects already completed will not be considered.
3. Project must be open to the general public, beyond the organization, without discrimination on the basis of race, color, national origin, sex, gender identity, or age.
4. Site of project must be accessible to persons with disabilities.
5. Applicant must match CCCA granted funds at least one-for-one. Earned income from the project and other grant money may be used. Donated goods or in-kind services may not constitute part of the match. **Grant funds awarded will not exceed \$1500.**
6. 50% of the CCA grant funds will be funded up front upon a signed agreement. The remaining 50% of the funds will be awarded after the event has been completed and the final report submitted.
7. In the event of cancellation, grantee must notify CCCA immediately and grant funds received must be returned within 30 days of the notice of cancellation
8. In the event of any major change in the project as described in the grant application, grantee must notify CCCA in writing and request re-approval. If the request for re-approval is denied, grant funds received must be returned within 30 days of the notification.

9. If a project is to be rescheduled beyond the fiscal year (June 30), the grantee must request an extension for re-approval. If the request for re-approval is denied, grant funds received must be returned within 30 days of the notification.
10. Grantee must extend an invitation for two CCCA representatives to attend the event and reserve seating for two, if applicable.
11. Credit for the grant must be given to CCCA and the Maryland State Arts Council in all brochures, programs, public service announcements, press releases, and advertising. Logo of the CCCA must be included in all promotional printed materials. Failure to acknowledge the Council as a funding source will disqualify future requests. Also, the CCCA poster or banner must be displayed at the project site, when applicable. This poster is available for pick-up at the Foundry.
12. The grantee will complete and submit to the CCCA office a final report within 30 days after completion of the project. The final report must include at least two digital photographs (with grantee's permission for CCCA use in future publications), copies of all brochures, programs, public service announcements, press releases, and advertising, and copies of grantee's letters sent to local officials (see example). Future grant requests will not be considered until final reports are received.
13. Grantee is strongly encouraged to become a member of the CCCA. A membership application is included with this application and is also available on-line at www.carolinearts.org/join/, emailing info@carolinearts.org, or by calling 410-479-1009.

ELIGIBLE EXPENDITURES:

1. Artist expenses which include:
 - a. Artist/Performer/Instructor fees
 - b. Art-related supplies and materials
 - c. Art-related equipment rental
 - d. Artist's travel, food, and lodging

RESTRICTIONS FOR CCCA MINI-GRANTS:

1. Grants may not be used for capital expenditures, construction, renovations, general operating expenses, marketing, social functions, parties, receptions, non-artist travel, hotel, or uniforms.
2. Grants may not be used to fund a project whose sole purpose is to raise funds for the sponsoring organization beyond the cost of the event. All grant money must be used for the artistic component of the event.
3. Grants may not be used to promote any political or religious outlook, or to proselytize any political or religious belief or action.

APPLICATION INSTRUCTIONS AND DEADLINES:

1. All applicants must complete and submit an official application. The application form is available for downloading from our website www.carolinearts.org.
2. Application deadlines are May 1 for programs held July 1 – December 31, and November 1 for programs held January 1 – June 30.
3. Completed application and any attachments must be emailed to CCCA at info@carolinearts.org.

4. All applications will receive responses within 30 days of the application deadline.
5. If applicant is awarded a CCCA Mini-Grant, a check for half the amount will be included with the signed agreement. The final payment will be sent after the event has been completed and the final report submitted.
6. Grantee Is requested to add CCCA to its mailing lists.
7. A verbal presentation to the Grants Review Committee may also be required.

MINI-GRANT REQUEST REVIEW PROCEDURE:

1. Mini-Grant requests will be reviewed by the CCCA Executive Director and then submitted to the Grants Review Committee.
2. The Grants Review Committee will make recommendations to the Board of Directors, which makes the final funding decision.
3. The Board of Directors delegates to the Executive Committee the authority to endorse Mini-Grants, on the recommendation of the Grants Review Committee.
4. Applicant will receive a letter stating the final decision within 45 days of the grant deadline.
5. The Grants Review Committee uses the following criteria when evaluating grant requests:
 - a. Financial need: Are grant funds truly needed, or can this program support itself?
 - b. Artistic merit: Does this project enhance the cultural activities of the area?
 - c. Financial Feasibility of the project: Is the organization financially viable and the project realistically projected in the budget?
 - d. Service to the community: Does project meet the community service goals of CCCA? (Refer to the list of current CCCA community service goals attached to these guidelines.)
6. Extra points will be awarded for the following:
 - a. Use of Caroline County artists: Does the applicant propose to use any Caroline County artist(s) for the project? (Refer to the CCCA online artist directory at <https://carolinearts.org/meet-our-artists/> for a list of potential artists).
 - b. Additional partner(s): Does applicant collaborate with other Caroline County entities in this project?
 - c. Matching funds: Does this project leverage more than the required match?



Caroline County Council of Arts (CCCA) Community Service Goals

- Make public art activities accessible to all people
- Ensure commitment and excellence in quality in the arts experiences
- Ensure the responsible stewardship of our resources
- Make the arts an integral part of lifelong learning
- Affirm and support diversity
- Address the top three priorities determined from the 2017 CCCA PublicSurvey
 - Art Classes and workshop
 - Youth Programs
 - Community Performances

List of Caroline County, State and Local Officials (2021)

State Senators

Senator Stephen S. Hershey, Jr. (District 36)
James Senate Office Building, Room 420
11 Bladen St., Annapolis, MD 21401
(410) 841-3639, (301) 858-3639
1-800-492-7122 ext. 3639 (toll free)
e-mail: steve.hershey@senate.state.md.us

Senator Adelaide C. Eckardt (District 37)
James Senate Office Building, Room 322
11 Bladen St., Annapolis, MD 21401
(410) 841-3590, (301) 858-3590
1-800-492-7122 ext. 3590 (toll free)
e-mail: Adelaide.eckardt@senate.state.md.us

State Delegates

Delegate Steven J. Arentz (District 36)
House Office Building, Room 308
6 Bladen St., Annapolis, MD 21401
(410) 841-3543, (301) 858-3543
1-800-492-7122, ext. 3543 (toll free)
e-mail: steven.arentz@house.state.md.us

Delegate Jefferson L. Ghrist (District 36)
House Office Building, Room 410
6 Bladen St., Annapolis, MD 21401
(410) 841-3555, (301) 858-3555
1-800-492-7122, ext. 3555 (toll free)
e-mail: jeff.ghrist@house.state.md.us

Delegate Jay A. Jacobs (District 36)
House Office Building, Room 321
6 Bladen St., Annapolis, MD 21401
(410) 841-3449, (301) 858-3449
1-800-492-7122, ext. 3449 (toll free)
e-mail: jay.jacobs@house.state.md.us

State Delegates, Continued

Delegate Christopher T. Adams (District 37B)
House Office Building, Room 326
6 Bladen St., Annapolis, MD 21401
(410) 841-3343, (301) 858-3343
1-800-492-7122, ext. 3343 (toll free)
e-mail: christopher.adams@house.state.md.us

Delegate John F. Mautz VI (District 37B)
House Office Building, Room 326
6 Bladen St., Annapolis, MD 21401
(410) 841-3429, (301) 858-3429
1-800-492-7122, ext. 3429 (toll free)
e-mail: johnny.mautz@house.state.md.us

Maryland State Arts Council

Steven Skerritt-Davis
175 W. Ostend Street, Suite E
Baltimore, Maryland 21230
(410) 767-6494
E-mail: Steven.skeritt-davis@maryland.gov

Caroline County Commissioners

Commissioner Larry Porter
109 Market Street Room 109
Denton, MD 21629

Commissioner Dan Franklin
109 Market Street Room 109
Denton, MD 21629

Commissioner Wilbur Levensgood
109 Market Street Room 109
Denton, MD 21629



401 Market Street
 PO Box 292
 Denton, MD 21629
 410-479-1009
info@carolinearts.org
 website: carolinearts.org



Note: complete all lines. Indicate “N/A” if not applicable

| | |
|----------------------------|--------------------------|
| _____ ORGANIZATION NAME | _____ CONTACT PERSON |
| _____ ADDRESS | _____ PHONE NUMBER |
| _____ CITY/STATE/ZIP | _____ E-MAIL ADDRESS |
| _____ PROJECT NAME | _____ PROJECT DATE(S) |
| _____ PROJECT LOCATION | _____ PROJECT TIME(S) |

SUMMARIZE THE PROJECT AND ITS PURPOSE (see grant guidelines to ensure compatibility):

Attach a detailed description of your project. Be sure to include why the project is needed and the project plan (including scope of work w/ timetable, budget descriptions and funding information).

Are you a non-profit tax exempt Maryland incorporated organization or government entity? Yes No
 Has your organization ever received a CCCA grant before? Yes No
 Is this a new or existing project? New Existing – Since _____
 Is the project location handicapped accessible? Yes No Projected Attendance _____
 How many people will benefit from this project? _____
 What age groups will benefit? _____
 How many artists will directly benefit? _____
 Will you be collaborating with or hiring Caroline County artists? Yes No
 If yes, please list other artist names: _____

I certify that the information contained in the grant application and attachments are true and accurate.

Signature of Organizations Authorized Official: _____ Date: _____
 Printed Name of Signer: _____ Title: _____

ORGANIZATION NAME

PROJECT NAME & DATES

PROJECTED INCOME AND EXPENSES FOR THIS PROJECT
(Please do not include in-kind donations in these figures)*

Project Specific Expenses:

Project Specific Income:

| | | | |
|---|----|---|----|
| Artist/Performer Fees | \$ | Amount requested of CCCA | \$ |
| Rental of Artist/Performance Equipment | \$ | Matching Funds from: | |
| Artist/Performer Supplies/Materials | \$ | Tickets and/or Registration Fees | \$ |
| Artist/Performer Lodging | \$ | Organizational Funds | \$ |
| Artist/Performer Travel | \$ | Cash Contributions | \$ |
| Other Art related expenses | \$ | Non-State Grants | \$ |
| Total Art Related Expenses** | \$ | Other Income Sources | \$ |
| Maximum allowable CCCA grant (50% of above) | \$ | Total Income for Art Related Expenses** | \$ |

*In-kind donations are those services which are contributed to your organization, for which you normally have to pay.

**The total for the expense column must match the total for the income column

Please list your other art related expenses:

| | | | |
|---------|----------|---------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| Expense | Amount | Expense | Amount |
| _____ | \$ _____ | _____ | \$ _____ |
| Expense | Amount | Expense | Amount |
| _____ | \$ _____ | _____ | \$ _____ |
| Expense | Amount | Expense | Amount |

Please list your non-state grants and other income sources:

| | | | |
|--------|----------|--------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| Source | Amount | Source | Amount |
| _____ | \$ _____ | _____ | \$ _____ |
| Source | Amount | Source | Amount |
| _____ | \$ _____ | _____ | \$ _____ |
| Source | Amount | Source | Amount |

(Office Use Only)

| | | | |
|---------------------------------|--|-----------------------------|--|
| Application Received Date: | Grants Committee Review Date: | Board Action: Date/Amount: | Organization Notified Date: |
| Signed Agreement Received Date: | 1 st Payment Date/Check No. | Final Report Received Date: | 2 nd Payment Date/Check No: |



401 Market Street
 PO Box 292
 Denton, MD 21629
 410-479-1009
info@carolinearts.org
 website: carolinearts.org



CCCA Mini-Grant Final Report
 (Due within 30 days after project completion)

 APPLICANT NAME

 NAME & DATE OF PROJECT

ACTUAL INCOME AND EXPENSES FOR THIS PROJECT
 (CCCA doesn't count in-kind donations* as income)

| | | | |
|---|----|---|----|
| Artist/Performer Fees | \$ | Amount requested of CCCA | \$ |
| Rental of Artist/Performance Equipment | \$ | Matching Funds From: | |
| Artist/Performer Supplies/Materials | \$ | Tickets and/or Registration Fees | \$ |
| Artist/Performer Travel/Lodging | \$ | Organizational Funds | \$ |
| Artist/Performer Transportation | \$ | Cash Contributions | \$ |
| Other Art Related Expenses | \$ | Non-State Grants | \$ |
| Total Art Related Expenses** | \$ | Other Income Sources | \$ |
| Maximum allowable CCCA grant (50% of above) | \$ | Total Income for Art Related Expenses** | \$ |
| Total Non-Art Related Expenses | \$ | Total Non-Matching Funds | \$ |
| Total Project Expenses** | \$ | Total Project Income | \$ |

*In-kind donations are those services which are contributed to your organization, for which you would normally have to pay.

**the total for the expense column must match the total for the income column

Number of Artists Participated: _____ Attendance: Adults _____ Children _____

How much of the total Non-Matching funds above are State Funds? \$ _____

If the program involved ticket sales/registration fees, please indicate the amount charged in each category:

Member \$ _____, Regular \$ _____ Senior \$ _____ Student \$ _____ Child \$ _____, Other \$ _____

Please list your non-state grants and other income sources:

| | | | | |
|--------|----------|--------|--------|----------|
| _____ | \$ _____ | Source | _____ | \$ _____ |
| Source | Amount | Source | Amount | |
| _____ | \$ _____ | Source | _____ | \$ _____ |
| Source | Amount | Source | Amount | |
| _____ | \$ _____ | Source | _____ | \$ _____ |
| Source | Amount | Source | Amount | |

Please briefly describe how your project met or did not meet its goals and anything else you learned from this experience.

Please share a story from this program, or a personal story of someone who benefited from this program.

Please attach the following documents:

1. Copies of eligible art related expense receipts. ____
2. Copies of promotional materials (including acknowledgment of CCCA support). ____
3. At least 2 digital photographs of the project, hereby authorizing CCCA to use in future publications. ____
4. Copies of letters to officials (listed on back of the CCCA Grant Guidelines, acknowledging our support. ____

I hereby certify that this information is true and accurate.

Signature: _____ Date: _____

Name: _____ Title: _____

**You must submit this final report, along with all required attachments, within 30 days of project completion.
The CCCA reserves the right to withhold payment from grantees failing to comply with the grant requirements**

(Office Use Only)

| | | |
|-------------------------------|---------------------------------|---|
| Project Completion Date: | Final Report Received Date: | All Requirements Met Signature: |
| Grants Committee Review Date: | Approved for Payment Signature: | 2 nd Payment Date/Check No.: |