



# OCEAN COUNTY CULTURAL & HERITAGE COMMISSION

## 2011 Local Arts Program Grant

### DECLARATION OF INTENT TO APPLY FORM

Deadlines  
 Intent to Apply Form: Thursday, August 19  
 Grant Application: Thursday, September 16

Prospective applicants must file a Declaration form. Read the Guidelines before completing this form. The form must be postmarked or received at the Ocean County Cultural & Heritage Commission office by **August 19, 2010**. **NEW: This form may be submitted via FAX (732.288.7871)**. Mail, Fax or deliver to Ocean County Cultural & Heritage Commission, 14 Hooper Avenue, PO Box 2191, Toms River, NJ 08754-2191. **IF A NON-PROFIT ORGANIZATION, ATTACH YOUR 501 © 3 LETTER TO THIS FORM.**

#### Applicant Information

<b>Organization Name:</b>	
<b>Organization Tel. No:</b>	
<b>Organization Email:</b>	
Organization's Address :	
PO Box, Apt. #::	
City, State, Zip Code:	
<b>Contact Person's Name:</b>	
Contact's Email :	
Contact's Phone:	

#### Grant Request

Based on my review of the Grant Guidelines and eligibility criteria, I will be applying for:

Special Project Support (SP)     General Operating Support (GOS)     Special Out-Reach Project Supp. (SORP)

Please give a brief description of the project (for SP and SORP grant applications), or the details of the way the money will be spent (for GOS grant applications):

  
  
  
  
  
  
  
  
  
  

**Estimate of total grant request amount:**

\$

# Ocean County Cultural & Heritage Commission

## Declaration of Intent to Apply Form, Cont. 2011 Local Arts Program Grant

**Project Budget**

Please indicate your proposed project budget below. The amount of income should be less than the amount of expenses so as to reflect the need for supplemental grant funding for the proposed Special Project or GOS funding. If applying for **SP/SORP**, provide an estimate of your organization's cash income & expense that would be dedicated to **the project only**. **Municipalities:** List the budget for the proposed project only. If applying for a **GOS** grant, list the most recent fiscal year total annual budget. \* *Note: You will have to demonstrate evidence of a match in final report paperwork, due at the end of the grant cycle. Please refer to the Grant Guidelines for a full explanation of the match.*

Total Cash Income:  Total Cash Expenses:   
 (not including grant request or in-kind \$)

**Applicant Eligibility**

**You must answer "Yes" to the following criteria in order to apply for funding:**

Is your organization based in Ocean County and in existence for at least one year prior to this application? \_\_\_Yes \_\_\_No

Is your organization incorporated in the State of New Jersey as a non-profit organization, unit of local government or institute of higher education? \_\_\_Yes \_\_\_No

If a non-profit organization, does your organization have an approved IRS tax-exemption 501 © 3 or 4 certificate \_\_\_Yes \_\_\_No  
*A COPY MUST BE PROVIDED WITH THIS FORM.*

**Check off which best fits your organization's description:**

- Arts organization (mission devoted exclusively to the arts) based in Ocean County which can demonstrate documentation of prior quality arts programming.
- Non-profit organization (not exclusively arts; can be any type of non-profit) based in Ocean County which can demonstrate documentation of prior quality arts programming.
- Governmental agency or commission under a municipality (borough or township) based in Ocean County which can demonstrate a past ability to provide or present quality arts programming.
- Institution of higher education based in Ocean County which can demonstrate documentation of prior quality arts programming.

**Grant Workshops**

**First time applicants must attend. Attendance is strongly encouraged, but not mandatory for repeat applicants.** Grant workshops will be held in order to notify applicants of updates and best practices, review the application process, and provide answers to questions. ADA requirements will also be discussed.

**Workshops will be held on Thursday, August 19, 2010 at Jake's Branch County Park in Berkeley Township. Please see the introductory memorandum for exact location and directions.**

Please indicate which workshop you or a representative from your organization will be attending:  
 3:00pm – 4:30pm (AFTERNOON)  7:00pm – 8:30pm (EVENING)

**Authorization of Person Filing this Declaration IF A NON-PROFIT ORGANIZATION, ATTACH A 501 © 3 LETTER TO THIS FORM.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_