

OCEAN COUNTY CULTURAL & HERITAGE COMMISSION
A Division of the Ocean County Department of Parks and Recreation

LOCAL HISTORY PROGRAM



GRANT APPLICATION

JULY 1, 2010 – JUNE 30, 2011

Application Deadline: September 7, 2010

Read the Guidelines *before* completing this application. Please TYPE all information. Complete one application per funding request (grant category). Copy this form for each grant request submitted.

■ APPLICANT INFORMATION

Complete all information requested in this section.

Applicant Organization _____

Organization's Mailing Address _____

Contact Person's Name _____ Contact's Telephone # _____ Organization's Telephone # _____

Contact Person's Mailing Address _____

Preferred Mailing Address (*check one only*): Organization's Address Contact Person's Address

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FEI (Federal Employer's ID#)

Date Incorporated _____ Congressional District _____ N.J. Legislative District _____

Organization's Web Site _____ E-mail address (of organization or contact person) _____

Check one: Private, Non-profit organization Government (municipal or county) Agency

- GRANT CATEGORY (check one only) General Operating Support [GOS]
 Special Project [SP]
 Special Out-Reach Project [SORP]

■ GRANT AMOUNT REQUEST
Complete pages 4-6 first; then, fill in amount from page 6 A \$ _____

■ MATCH (CASH + IN-KIND)
Complete pages 4-6 first; then, fill in amount from page 6 B \$ _____

■ ANNUAL EXPENSES
Complete pages 4-6 first; then, fill in amount from page 4 C \$ _____

TYPE OF ORGANIZATION

Check the appropriate box(es) that best describe(s) the organization. More than one box may be checked.

- Historical society
- Historical museum
- Historic site
- Library/Archive
- Municipal/County agency
- Other _____

■ **SPECIAL CONSTITUENCY**

Please check this box only if your organization *specifically* serves a special constituency.
[See definition in the Glossary, page 10 of Guidelines]

■ **PRIVATE, NON-PROFIT ORGANIZATIONS (MUST COMPLETE THIS SECTION)**

- Our organization is current with its annual filings to the NJ Div. of Revenue, Business Services Off. Yes No
- Our organization is current with its annual filings to the NJ Charities Registration Section Yes No
- Our organization is current with its State of New Jersey and federal payroll tax payments Yes No

■ **CERTIFICATION**

We, the undersigned Authorizing Official and Chief Financial Officer, certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of our knowledge. We also certify that the applicant will comply with federal and state regulations specified in the Guidelines (page 3) under Applicant Eligibility (item 4).

Authorizing Official (Chief Officer): **Please sign original using blue ink**

X _____
Signature _____
Date

_____ _____
 Mr. Ms. Name (type) Telephone

Chief Financial Officer: **Please sign original using blue ink**

X _____
Signature _____
Date

_____ _____
 Mr. Ms. Name (type) Telephone

■ **YOUR ORGANIZATION'S FISCAL YEAR**

From: _____ To: _____

■ **GRANT WRITING WORKSHOP**

Did a representative from your organization attend the grant writing workshop sponsored this year by the Ocean County Cultural & Heritage Commission?

Check one: Yes No

■ **BUDGET: ORGANIZATION or PROJECT EXPENSES**

Anticipated Expenses: List all projected applicable expenses. *Round all dollar figures to nearest \$10*

	<u>Prior Grant Year 7/1/09 – 6/30/10</u>	<u>Projected Grant Year 7/1/10 – 6/30/11</u>
Staff	_____	_____
Outside Consultants' Fees	_____	_____
Capital Expenditure (not funded by NJHC grant)	_____	_____
Mortgage Payments	_____	_____
Space Rental	_____	_____
Marketing (advertising, publicity, etc.)	_____	_____
Travel/Transportation	_____	_____
Telephone	_____	_____
Utilities	_____	_____
Postage	_____	_____
Facility Maintenance	_____	_____
Rentals (other than space)	_____	_____
HVAC	_____	_____
Insurance	_____	_____
Supplies	_____	_____
Program Access Accommodation (itemize)	_____	_____
_____	_____	_____
_____	_____	_____
Other (itemize if greater than 5% of total expenses)	_____	_____
_____	_____	_____
_____	_____	_____
Repayment of Loans (interest)	_____	_____
TOTAL ANNUAL EXPENSES	_____	_____
[Copy this amount into Box C on page 1]		C

■ **BUDGET: ORGANIZATION INCOME**

Anticipated Revenue: List by source the estimated amounts of all income. Use actual and/or projected figures for the organization's fiscal year. *Round all dollar figures to nearest \$10*

	Prior Grant Year <u>7/1/09 – 6/30/10</u>	Projected Grant Year <u>7/1/10 – 6/30/11</u>
CASH INCOME		
Membership dues	_____	_____
Admissions Income	_____	_____
Ticket Sales	_____	_____
Seminar, Workshops, Class Fees	_____	_____
Grants (Identify source and amount; do <u>not</u> include <u>this grant</u> .)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Cash Donations	_____	_____
Advertising Income	_____	_____
Other (Identify source and amount; Include carry-forward cash.)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL CASH INCOME	_____	_____*
IN-KIND SUPPORT (List source and value of all materials and/or services provided by volunteers or outside parties at <i>no cash cost</i> to the organization)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL IN-KIND SUPPORT	_____	_____**
TOTAL INCOME (*Total Cash Income + **Total In-Kind Support)	_____	_____

■ **GRANT AMOUNT REQUEST AND MATCH**

■ **Grant Amount Request.**
May be up to one-half (1/2) the total expenses (page 4). _____ A
[Copy this amount into Box A on page 1]

■ **Match**
Must be equal to or greater than the Grant Amount Request (above)

Cash
[For GOS & SP, at least 50% of the match must be in cash]
[For SORP, 25% of the match must be in cash] _____

In-Kind Contributions
The remaining match may be in-kind (non-cash) support..
[No more than 50% if GOS or SP] _____
[No more than 75% if SORP]

Total (Cash + In-Kind) _____ B
[Copy this amount into Box B on page 1]

- **GRANT WRITING WORKSHOP** (see page 3)
Please explain reason not to attend workshop on August 12.

■ **APPLICATION CHECKLIST**

In addition to the original, make four copies of the completed Application form (pages 1 – 6), narrative, and support material. Use this checklist when assembling your application packages. The items should be sequenced in the order of the checklist. Be sure that the organization name is typed at the top of each item. Check off each item as it is assembled. Each application package must be clearly labeled (upper right hand corner of Grant Application form):

Original Copy #1 Copy #2 Copy #3

Retain the fourth copy for your organization’s file.

Staple items in the upper left hand corner. Application and support materials may be organized in pocket folders. **Do not use loose-leaf ring binders.** Organize your application packet in the following order:

Original & three copies

- Local History Program Grant Application form (pages 1 – 6)
- Narrative (up to 6 pages) – see pages 6 – 8 of the Guidelines
- Board of directors list
- Resumes of key staff
- Support Material (5-piece limit, such as marketing plans, press clippings, flyers, reviews, program brochures)

Attach to or include with Original packet only

- Application Checklist (this page)
- ADA Plan (or Facility & Program Accessibility Survey)
- Long-Range Plan

Mail or deliver an original and three (3) copies of application packet to:

Ocean County Cultural & Heritage Commission
14 Hooper Avenue
P.O. Box 2191
Toms River, NJ 08754-2191

DUE

**Thursday, September 7, 2010
4:00 P.M.**

No Exceptions

Electronic transmissions are not permitted