

**OCEAN COUNTY CULTURAL & HERITAGE COMMISSION**  
**A Division of the Ocean County Department of Parks and Recreation**  
**LOCAL HISTORY REGRANT PROGRAM**



**DECLARATION OF INTENT TO APPLY**  
**July 1, 2010 – June 30, 2011**

**Declaration Deadline: August 12, 2010**

Prospective applicants must file a Declaration of Intent. Complete one form for each grant category in which funding is requested. Copy the blank form for each Grant Application to be submitted. Read the Guidelines before completing this form. This form must be postmarked or received at the Cultural & Heritage Commission office by August 12, 2010, 4:00 p.m.

■ **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

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FEI (Federal Employer's ID#)

■ **TYPE OF ORGANIZATION**

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

- Historical society**
- Historical museum**
- Historic site**
- Library/Archive**
- Municipal /County agency**
- Other** \_\_\_\_\_

(identify)

■ **GRANT CATEGORY (check one only)**

Copy and complete one form for each grant application that will be submitted.

- General Operating Support [GOS]**
- Special Project [SP]**
- Special Out-Reach Project [SORP]**

■ **APPLICANT ELIGIBILITY**

Is the applicant:

- 1. Based in Ocean County, in existence and active for at least 2 years?  Yes  No
- 2. Incorporated in the State of New Jersey as a non-profit organization or a unit of local government?  Yes  No
- 3. Tax-exempt according to the IRS?  Yes  No
- 4. Current with New Jersey Charities Registration Section  Yes  No

**If yes, attach a copy of IRS Tax Exempt Determination letter to this completed form.**

■ **GRANT REQUEST**

Estimate the grant amount to be requested.

**Request amount:** \$ \_\_\_\_\_

■ **TOTAL ANNUAL BUDGET**

Based on the most recent completed fiscal year, estimate the organization's or sub-group's (if regrant will be managed and expended by a smaller entity of the parent organization)

Total cash income: \$ \_\_\_\_\_

Total cash expenses: \$ \_\_\_\_\_

■ **DESCRIPTION**

In 200 words or less, briefly describe the organization, its mission, who it serves, and how the regrant will be used.

■ **WHO WILL ATTEND THE GRANT WORKSHOP - August 12, 2010 (please circle time)**  
**at Jake's Branch Ocean County Park at 1100 Double Trouble Road, Berkeley, Township, NJ**

**3:00 p.m. or 7:00 p.m.**

**3:00 p.m. or 7:00 p.m.**

name \_\_\_\_\_ name \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

■ **AUTHORIZATION OF OFFICIAL FILING THIS DECLARATION**

Complete the following regarding the person responsible for completing this form:

Name: \_\_\_\_\_  
(type or print)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

■ **MAILING INFORMATION**

Send completed form, postmarked or received by August 12, 2010 to:

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