

**OCEAN COUNTY CULTURAL & HERITAGE COMMISSION**  
**COUNTY HISTORY PARTNERSHIP PROGRAM**  
Commissioner Virginia E. Haines, Chairwoman



**Local History Program Re grantee Final Report: NJHC Grant Year 2022**  
**(January 1, 2023 – December 31, 2023)**

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The following information will be used to complete the NJCH final report. Please fill in all information requested.  
Organization that does complete their final report requirements may be disqualified from receiving future grant funding.

***This report is due on or before January 8, 2024***

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\* Name of Organization: \_\_\_\_\_ \*

**Grant Category [Check one]:**    General Operating Support ☐    Special Project Support ☐

**Financial Information [Complete details of expenses on page 2 first]**

**1. Grant Amount Awarded** [This is the full award even if not yet entirely received.]

**2. Grant Amount Spent (C)** [This equals full award, unless it was not completely spent.]    \$ \_\_\_\_\_

**3. Grant Amount Matched**

- i. Cash Match (E)    \$ \_\_\_\_\_  
[All cash expenses, minus grant award. At least 50% of the match must be cash]
- ii. In-Kind Support or Non-cash Match (D)    \$ \_\_\_\_\_  
[The value of materials or services specifically identified with the program/project which were provided by volunteers or outside parties at no cost to the organization. Must be no more than 50% of the match.]
- iii. Total Match ( E + D or i + ii above)    \$ \_\_\_\_\_  
[Must greater than twice the Grant Amount Spent. (2. above)]
- iv. In-kind Support as Percentage of Total Match (ii ÷ iii above) \_\_\_\_\_ %  
[Must be no more than 50%]

**4. Total Expenditures** [Grant Amount Spent (2. above) + Total Match (3iii. above)]    \$ \_\_\_\_\_

***[Provide copies of canceled checks (invoices if checks not available), receipts for cash payments, documentation of volunteer hours, and documentation of donated materials/supplies to substantiate total expenses (grant amount + match amount). Attach this required documentation to this report.]***

**5. Budget Sheets:** Please fill out the following budget pages. **No match is required. Budget pages must be filled out in their entirety as in previous years.**

### Final Budget Form CHPP:

*Note: Column 2 = Column 3 + Column 4 + Column 5*

	<b>Revised Total Amount Budgeted (1)</b>	<b>Final Amount Spent (SP –project only; GOS – total annual income) (2)</b>	<b>Expenses From OCCHC Grant (3)</b>	<b>Expenses paid with cash from other funding sources (4)</b>	<b>Cash Value of in- kind Match, if applicable (5)</b>
PERSONNEL					
Administrative Staff					
Technical/production					
Outside Professional fees					
Other					
OPERATING EXPENSES					
Printing					
Postage					
Phone/fax					
Supplies/materials					
Utilities					
Maintenance					
Space Rental					
Equipment rental					
Insurance					
Travel/transportation					
Advertising/marketing					
OTHER EXPENSES					
<b>TOTAL EXPENSES</b>	<b>(R)</b>	<b>(A)</b>	<b>(C)</b>	<b>(E)</b>	<b>(D)</b>

**In-Kind Funds:** Please estimate the total value of in-kind goods/services that you received in FY 2023 on the expense and income forms at \$29.95 an hour (Source: [www.independentsector.org/volunteer\\_time](http://www.independentsector.org/volunteer_time)). General operating support award recipients: count all in-kind funds; special project award recipients: count only those towards the awarded project.

**Organization:****MATCHING FUNDS for awarded CHPP**

Revised Source of Cash Match	Revised Income <i>(from the FY 23 Budget Form handed in with the 23 grant application)</i>	Final Income (SP – towards project only; GOS – total annual income)
<b>Business Contributions [list sources and amounts]</b>		
<b>Foundations [list sources and amounts]</b>		
<b>Government Other than OC C&amp;H Commission [sources and amounts]</b>		
<b>Private Contributions: Individual Support, Events, Membership Fees</b>		
<b>Earned Income [e.g. itemize program fees, ticket sales, tuition, concessions]</b>		
<b>Subtotal:</b>		
<b>Awarded Amount from OC C&amp;H Commission in this grant:</b>		(C)
<b>Total Income :</b>		(F)
<b>TOTAL IN-KIND towards match, if applicable: [list sources and amounts in the in-kind column of the expense page]</b>		(D)

**6. Narrative:** This section must be completed. No response or an unacceptable response may result in jeopardizing the final grant payment and/or eligibility for future grants.

- [illegible]

**7. Estimate how many people benefited:**

Does the organization maintain a log of visitors/program attendees? Yes ☐ No ☐

Does the organization collect zip codes of visitors/program attendees? Yes ☐ No ☐

Total number of all visitors to your site or sites (including children)	
Total number of children served aged preschool to grade 12	
Total number of Website Visitors	
Total Social Media Visitors	
Attendance at sponsored programs held off-site	
Full-time staff	
Part-time staff	
Volunteers	
Members	
Hours open annually (Cumulative total for the year)	

**Signatures Authorized by the Organization:**

Program/Project Director \_\_\_\_\_ Phone# \_\_\_\_\_ Date: \_\_\_\_\_

Chief Financial Officer \_\_\_\_\_ Phone# \_\_\_\_\_ Date: \_\_\_\_\_

***KEEP A COPY OF THIS REPORT FOR YOUR ORGANIZATION'S FILE***

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**The Ocean County Cultural & Heritage Commission received an operating support grant from the New Jersey Historical Commission, a division of the Department of State.**

***This report is due on or before January 8, 2024***

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