

UNION COUNTY HISTORY GRANT PROGRAM

Calendar Year:January 1, 2019 – December 31, 2019

# *General Operating Support Grant Application*

Please read the Guidelines before completing the Application. **Return** **one original and 4 copies (total 5)** of the completed application to: Union County History Grant Program, Office of Cultural and Heritage Affairs, 633 Pearl Street, Elizabeth, NJ, 07202.

This application is a writeable document.

Questions: (908) 558-2550; NJ Relay Users 711. **Deadline: Friday, June 15, 2018.**

Applicant/Organization:

Address:

Phone#: (   )       Fax: (   )

E-mail:

Website:

Contact Person:       Title:

Address:

Phone: (   )       Fax: (   )

Email:

Federal Tax Exemption #:

Total Grant Request: $

***Summary of how grant funds will be spent***

*(No more than 100 words)*

***GOS Budget Summary***

Complete this section last! All figures should be rounded to the nearest dollar.

Grant Amount Requested $

1:1 Cash Match Requirement $

(For every dollar awarded, the applicant must match it with $1.00)

TOTAL COST (grant amount request + cash match requirement) $

***Match Requirements***

**GOS grants require a 1:1 “cash match”** which represents the organization’s share of the total cost shown in the application budget. Applicants may apply for grants up to 1/3 of the organization’s operating budget. The entire cash match is the balance of the budget and may come from any source except New Jersey State funds.

**Example**

Cash Match

Grant

If the organization’s current budget is $22,500, the organization may apply for $4,000 for a total budget of $26,500. **This is an example only. Please use your organization’s budget numbers!**

Current budget $22,500 program, staff support, operating expenses

Grant request 4,000 new staff, programs, services

Proposed budget $26,500 shows growth/depth

**Authorization**

I understand that these pages and attachments constitute part of this application. I certify that all statements in this application are true to the best of my knowledge; and I hereby release the Board of Chosen Freeholders of the County of Union, its employees, and agents from any liability and/or responsibility concerning any submission of materials to the program. I further certify that any funds received under the Union County History Grant Program will be used exclusively for the purpose set forth in this application. I understand and agree that submission of an application signifies intention to comply with Title VII of the Civil Rights Act of 1964 (PL 88-352), with Labor Standards under Section 501 of the National Foundation on the Arts and Humanities Act of 1965 (PL 185-209), Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

**Authorizing Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***General Operating Support Budget Form***

**Explain any line item fluctuations in excess of 20% from year to year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME CATEGORY** | **17/ Actual** | **18/ Projected** | **Cal 19/ Projected** |
| Memberships |  |  |  |
| Store/Shop/Publications |  |  |  |
| Program Admissions |  |  |  |
| Grants (list sources on an attached sheet) |  |  |  |
| New Jersey Historical Commission |  |  |  |
| Other Government |  |  |  |
| Corporate/Foundation |  |  |  |
| Individual Contributions |  |  |  |
| Other Cash-(list source) |  |  |  |
| UC History Grant Program |  |  |  |
| **TOTAL** |  |  |  |
|  |  |  |  |
| **EXPENSE CATEGORY** | **17/ Actual** | **18/ Projected** | **Cal 19/ Projected** |
| Staff (salaries/wages/benefits) |  |  |  |
| Consultants |  |  |  |
| Speakers |  |  |  |
| Publicity and Marketing |  |  |  |
| Printing |  |  |  |
| Supplies |  |  |  |
| Telephone |  |  |  |
| Utilities |  |  |  |
| Postage |  |  |  |
| Facility Maintenance |  |  |  |
| Equipment Rental/Purchase |  |  |  |
| Space Rental |  |  |  |
| Lease /Mortgage |  |  |  |
| Insurance |  |  |  |
| Audit |  |  |  |
| Travel |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| **TOTAL** |  |  |  |

***General Operating Support (GOS) Application Checklist***

***Applicant Organization***

#### *This checklist (completed, signed and dated) must accompany the original (labeled) and four (4) copies of the application by Friday June 15, 2018. Check each item when you have provided requested information. We will return a countersigned copy to you indicating receipt of your application.*

#### *Assemble the grant application, as indicated below, into five individual POCKET FOLDERS. Please use 12-point type and number all pages in the upper right hand corner. Identify the folder/ packet containing the original signatures and the one copy of the Internal Revenue Service letter of tax exemption status. Only complete application consisting of the following elements will be reviewed:*

***Right Side of Pocket Folder:***

#### Application check-list (with original folder only; do not staple to application)

* Grant application form
* Narrative
* Project budget from

***Left Side of Pocket Folder:***

* Resumes of key project personnel---paid or volunteer staff, consultants, speakers (3-page limit per person)
* Support materials; brochures, catalogues, publications, website pages, press clippings and study guides, and other items that illustrate the operation and program, and support claims made in the narrative. Limit materials to no more than three items.
* Certification of support for educational initiatives from the school
* Vendor price quotes and work descriptions, where applicable (conservation proposals, researchers, grant writers, collections care, archival scanning or microfilming)
* Documentation of commitment from any consultant or speaker with a description of the work to be done and his/her fee
* Internal Revenue Service letter of tax exemption Section 501 (c) 3

(Place one copy in original folder only)

I certify that I have reviewed and checked the application and that it is complete:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date

Received by Union County Office of Cultural & Heritage Affairs Representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date