2021 UNION COUNTY HEART GRANT PROGRAM APPLICATION

Your grant application must be typed (not handwritten). This is the writable application. Save a copy of your completed application on your computer. Print and sign the completed application with blue ink. Hard copies must be submitted. Please submit one (1) original hard copy and (3) three copies of this application, a total of four (4). For complete Guidelines about the HEART grant, visit [www.ucnj.org/cultural](http://www.ucnj.org/cultural) (click “Funding Opportunities”). If you have a question, email [culturalinfo@ucnj.org](mailto:culturalinfo@ucnj.org).

# **GENERAL INFORMATION**

Individual or Organization Name:

Mailing Address:

City:      Zip Code:       Telephone: (   )      

(for publication)

Fax: (   )       Email:

Contact Person:       Contact Person Tel: (   )

Contact Person Mailing Address:

Contact Person’s Email:

Project Category:       Amount Requested: $

(History, Education, Arts or what combination)

Website:

**SUMMARY STATEMENT (maximum 50 words**)   
Below, provide a summary of your project that may be used for publication:

# **AUTHORIZATION**

I understand that the following 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 HEART 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 (PL88-352), with Labor Standards under Section 5(1) of the National Foundation on the Arts and Humanities Act of 1965 (PL 185-209), Title IX of the Education amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

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| --- | --- | --- |
|  |  |  |
| Signature  *(Must be the Chief Administrative Officer’s Signature if an Organizational Applicant)* | Title | Date |
| ­ |  |  |
| Please Print Name  *Please sign and print in blue ink* |  |  |

**NARRATIVE QUESTIONS**

Prepare a narrative of 3 to 5 pages, single-spaced in 12-point type, describing your project. Put the applicant name on the top of each page. Provide a detailed description of **what you plan to accomplish**, **how you intend to do it** and **how you will spend the money**.   
**Number each answer according to its corresponding question.** Refer to the evaluation criteria (in the guidelines) before answering each question.

Tell the Review Panel about your project by answering the following questions. **Be specific and detailed in your answers.** Assume that the reviewers are not familiar with your organization or your previous experience. Avoid using jargon or abbreviations. Be sure the dollar amounts agree with those on the budget page.

1. What is the project? How will you carry it out? How many programs/activities will take place? Where will it take place? When will it take place? Is there an admission charge or other fee? Do you have a solid commitment from the place where your project takes place and/or from the person(s) you plan to hire? Is the event venue accessible to people with physical disabilities?

2. Why did you decide on this project? Have you done it before? When? Why again?

3. Provide a complete project timeline in monthly increments, beginning with grant approval through the conclusion of the project.

4. Who will be involved in the project? What are their credentials? (Describe both volunteers and paid participants).

* Name and qualifications of person(s) responsible for overseeing the project.
* Name and relevant experience of professionals hired through the grant.

5. How much will it cost? How will you spend the grant funds? **Be very specific**.

* Give the total budget for the project. Provide detail on all figures in your budget. How were the expenses determined? Tell about your income other than this grant.
* Check to be sure this information matches the expenses and income on project budget page.

6. Who will benefit from your project? How will they benefit from your project?

* Specify the number of individuals directly served by your project.
* Describe the demographics (ages, ethnicity, municipality, etc.) of the participants and audiences.
* How will your project be accessible to individuals with disabilities?

7. How will you advertise and promote the project?

* Describe your publicity plan briefly; list specific media you will use.

8. Howwill you evaluate the success and benefits of your project?

* What are the goals and objectives?
* Other than audience numbers, how will you determine whether or not you reached those goals?

**Support Material:** List your support materials on a separate page. Include required **resumes**.Enclose **sample** brochures or other materials describing your organization’s current programs or relevant activities from the past three years. Individuals should provide **examples** of recent previous projects. Organizational applicants must include proof of **non-profit status** and the **most recent completed year’s annual budget**.

#### 2021 PROJECT BUDGET

Name of Applicant:

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT EXPENSES** | Requested from HEART Grant  **A** | Matching  Cash/Project Income  **B** | Project  Cash Total  **C** |
| **Project Personnel**  Artistic Fees |  |  |  |
| Speaker Fees |  |  |  |
| Coordinator |  |  |  |
| Other (Specify) |  |  |  |
| **Operating Expenses**  Printing |  |  |  |
| Postage |  |  |  |
| Supplies and Materials |  |  |  |
| Other (Specify) |  |  |  |
| **Rentals**  Space |  |  |  |
| Other (Specify) |  |  |  |
| **Promotional Expenses**  Publicity |  |  |  |
| Other (Specify) |  |  |  |
| **TOTAL EXPENSES** | **A** | **B** | **C\*** |

It is not necessary to have a figure on each line. Fill in where applicable*.*  \*(C = Total cash cost of Project)

PROJECT INCOME (CASH): **Organizations requesting more than $1000** must indicate below the sources of their matching cash/project income in Column B (which may be funds from anticipated admissions, donations, memberships, registrations, other grants, budget or other cash sources). **Individuals and organizations requesting $1000 or less do not have to supply this information.**

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| --- | --- | --- | --- |
| **SOURCES**: |  | Amount $ |  |
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|  |  |  |  |
|  |  | **Total $** |  |

**2021 HEART GRANT APPLICATION CHECKLIST**

**Submit a total of (4) sets of Applications and support material (1 original plus 3 copies)**

**INCLUDE:**

**Organizations:** Mark one application “Original” and include:

Checklist

Proof of non-profit status

Application form with Original Signatures

Most recent completed year’s annual budget

**Individuals:** Mark one application “Original” and include:

Checklist

Application form with Original Signatures

**Everyone:**

First page of application (General Information section   
including Summary statement of your project in 50 words or less)

Completely answer **all** of the Application Narrative questions.

1. Description of project

2. Rationale

3. Timeline

4. Personnel

5. Budget

6. Benefits

7. Marketing

8. Evaluation

Project Budget page

Proof of commitment from the location where your project takes place

Proof of commitment from the professional(s) your plan to hire

Provide resumes of all qualified personnel involved with the project

Include sample support material (brochures, publicity samples, web pages, photos)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing the Application Daytime Phone

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by UCOCHA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date