

COUNTY OF MONMOUTH
BOARD OF CHOSEN FREEHOLDERS
MONMOUTH COUNTY HISTORICAL COMMISSION



2017

MONMOUTH COUNTY
HISTORY REGRANT PROGRAM

FOR
GENERAL OPERATING SUPPORT
&
SPECIAL PROJECTS



Declaration of Intent Deadline: September 23, 2016

Application Deadline: October 28, 2016

Regrant Workshop: 7 p.m., Wednesday, September 14, 2016
Hall of Records Annex, 2nd Floor, Planning Board Conference Room
3 East Main St., Freehold, NJ

**2017 MONMOUTH COUNTY HISTORY REGRANT PROGRAM
FOR
GENERAL OPERATING SUPPORT (GOS)
&
SPECIAL PROJECTS (SP)**

The Monmouth County Historical Commission (MCHC) administers this history regrant program to support and promote Monmouth County history by providing funding for local history-based organizations' yearly operations as well as special project funding for history-based and other non-profit organizations. The MCHC establishes this competitive program, with funds granted from the New Jersey Historical Commission, to strengthen local history organizations, inspire projects to preserve and contribute to the local historic record, and increase public awareness and participation in local history programming.

**This 2017 Monmouth County History Grant Program is funded
by an operating support grant from the New Jersey Historical Commission,
a Division of the Department of State.**



www.nj.gov/state/historical/

MCHC STATEMENT OF PURPOSE

The Monmouth County Historical Commission's mission is to nurture history and historic preservation throughout Monmouth County, promote heritage and cultural tourism for all county-wide assets to enrich quality of life, and provide financial support for the County's many cultural and historic resources.

The *Monmouth County History Regrant Program* was created by the Commission to:

- Support the fiscal stability and growth of Monmouth County's history and preservation non-profit organizations, programs and projects.
- Improve the quality and visibility of, access to, and participation in history organizations and activities in Monmouth County.
- Directly serve the local community by increasing the Monmouth County historical record, and preserve and make it available to a broad audience.
- Develop heritage tourism as an element of a county-wide plan to strengthen Monmouth County's cultural identity and economy.
- Engage residents of all ages, diversity, ethnicity, and physical capability in learning opportunities centered on Monmouth County's history. Recognizing that persons with disabilities are eager to participate in cultural activities, the MCHC works to accommodate their needs and remove barriers to participation by seeking appropriate and reasonable ways to assure that all programs offered by its re-grantee organizations are accessible.
- Enhance Monmouth County's quality of life and stimulate its economy by encouraging the preservation and high-quality stewardship of Monmouth County's historic sites and districts.

INITIATIVES FOR 2017

- **Diversity:** Organizations and projects that describe, explain or increase knowledge of Monmouth County's ethnic or racial diversity and history, and develop new more-diverse audiences.
- **Heritage Tourism:** Organizations and projects that raise awareness of Monmouth County history and develop program content and increase visitation to historic museums and sites.
- **Innovation:** Organizations and projects that newly interpret and present local history to the public, non-traditional partnerships that inspire creative approaches to historic interpretation and programming, and use of new technology.
- **Institutional Stabilization:** The development of tools that improve institutional stability and services. This includes ADA and board development, long-range, strategic, financial, disaster and emergency preparedness planning.

How to apply for a General Operating Support (GOS) or Special Projects (SP) Grant

Select the type of grant

- **GOS: General Operating Support** funding assists established non-profit historical organizations with their overall operations and management.
- **SP: Special Project** funding supports Monmouth County history projects and programs that are open and accessible to the general public. These projects increase access to, knowledge of, and also contribute to the local historical record, assist and encourage local historic preservation, and support heritage tourism.

Remember to...

- First read all the guidelines and review application requirements and forms.
- Keep in mind the MCHC *Statement of Purpose and Initiatives* (page 2) and *Narrative Criteria* (pages 12 & 13) while completing the application.
- Double-check spelling and numerical calculations.
- Review the checklist, sign (in blue ink), date, and include as the first page of your application.

Important Dates

Regrant Workshop:	September 14, 2016 at 7:00 PM
Declaration of Intent:	September 23, 2016
Grant Application:	October 28, 2016
Notification of Award:	December 16, 2016
Interim Report Due:	July 15, 2017
Final Report:	January 29, 2018

Grant Workshop

There will be a Grant Writing Workshop on **Wednesday, September 14, 2016, 7:00 pm** in the Planning Board Conference Room, Hall of Records Annex, 3 E. Main St, 2nd Floor, Freehold, NJ. All applicants are encouraged to attend. If you are attending, please RSVP by Friday, September 9th (732-431-7460 x7413 or john.fabiano@co.monmouth.nj.us).

Declaration of Intent

All prospective applicants must file a *Declaration of Intent* (pages 5-6) that conveys basic information on the organization and will be used to determine general eligibility.

Grant Period

The grant Fiscal Year (F/Y) is **January 1 - December 31, 2017**. All expenses must be expended or incurred within this time period.

Grantees must comply with the Civil Rights Act of 1964 (42 USC 2000D et seq), the Americans with Disabilities Act of 1990 (42 USC 12101 et seq), and the State Law Against Discrimination (NJS 10:5-1 et seq), barring discrimination on the basis of race, color, national origin, gender or disability.

Eligible Applicants:

GOS - Non-profit organizations in existence at least four years and based in Monmouth County, with an annual budget no less than \$4,000 or more than \$99,999 and whose mission is *exclusively* dedicated to history.

SP - Non-profit Monmouth County organizations in existence at least two years and whose mission is not exclusively dedicated to history, which may include local governments agencies (e.g. historic preservation commissions), schools, and libraries.

Ineligible Applicants:

GOS

- Local, State or Federal Government agencies, local businesses, individuals, and libraries.
- Organizations that do not practice policies of equal access and non-discrimination.
- Organizations currently receiving New Jersey Historical Commission GOS Grant funding.

SP

- Federal or State Government agencies, local business or individuals.
- Organizations that do not practice policies of equal access and non-discrimination.
- Organizations currently receiving New Jersey Historical Commission Project Grant funding may not apply for the same project.

Eligible Expenses & Projects:

GOS - Examples of eligible expenses: *Staff salaries, insurance, maintenance of collections, fundraising and development, marketing, utilities, long-term planning or planning for compliance with the American with Disabilities Act, Disaster and Emergency Preparedness plans.*

SP - Examples of Special Projects include: *Conservation of collections/archives/historic cemeteries, educational initiatives, exhibits, media projects, local oral history & genealogy projects, programs and projects created for special needs audiences, publications, publication translations, research tools, speakers and website development.*

Ineligible Expenses:

GOS & SP - Examples include: *Projects that do not deal with Monmouth County history, building restoration or maintenance, construction or other capital improvement costs, deficits, endowments or scholarships, hospitality, projects not accessible to the general public, purchase or lease of equipment, purchase of collections, and retroactive expenses.*

2017 MONMOUTH COUNTY HISTORY REGRANT PROGRAM

DECLARATION OF INTENT TO APPLY

THIS DECLARATION OF INTENT TO APPLY MUST BE RECEIVED BY FRIDAY, SEPTEMBER 23, 2016

NOTE: Grant Application Deadline is Friday, October 28, 2016.

1. NAME OF ORGANIZATION:

2. ADDRESS:
Street:
P.O.#:
City: State: Zip:

3. CONTACT INFO:
Daytime Telephone: Fax #:
E-mail address:

4. TYPE OF ORGANIZATION: SOCIETY HISTORY MUSEUM LIBRARY
 HISTORIC PRESERVATION COMMISSION MUNICIPAL GOVERNMENT
 OTHER:

5. WEBSITE:
www.

6. FEDERAL IDENTIFICATION NUMBER:
#

7. CHARITIES REGISTRATION NUMBER:

(required if gross contributions exceed \$10,000)

8. ANNUAL OPERATING BUDGET:
\$

9. TYPE OF GRANT REQUEST (check only one):
 GOS (Funding of \$1,000 to \$4,000, up to 1/3 of operating budget, and requires a 1:1 Cash match)
 SP (Funding of \$500 to \$2,000 and requires a 1:1 match, of which 50% can be In-kind contribution for history organizations only)

AMOUNT REQUESTED:
\$

10. In the space below, describe your organization, its mission and whom it serves. (500-word limit)

11. In the space below, describe the proposed purpose of the grant funds. For GOS, identify areas of need. For SP, briefly describe your project. (500-word limit)

NAME OF AUTHORIZING OFFICER:

TITLE OF AUTHORIZING OFFICER:

DAYTIME TELEPHONE:

E-MAIL ADDRESS:

SIGNATURE OF AUTHORIZING OFFICER

DATE

Mail, e-mail or fax signed 2-page form to: **Monmouth County Historical Commission,
Hall of Record Annex – 2nd floor
3 East Main St., Freehold NJ 07728
Fax 732-409-7540 or e-mail john.fabiano@co.monmouth.nj.us**

APPLICATION INSTRUCTIONS

GENERAL:

- * Organizations may submit only one (1) grant application, either a GOS or a SP application.
- * Limit the summary of your project (SP) or area of need (GOS) to the space provided (page 11, #5).
- * The Grant Fiscal Year is January 1 - December 31, 2017. (All expenses must be expended or incurred during this time.)
- * Signatures on ORIGINAL APPLICATION must be in BLUE INK.
- * Incomplete or late applications will not be accepted. There will be no extensions to the grant deadline.
- * Applications must be in the office of the Monmouth County Historical Commission by 4:30 pm, Friday, October 28, 2016. Mail or deliver to: MCHC, Hall of Records Annex-2nd Floor, 3 East Main St. Freehold, NJ 07728

APPLICATION FORMAT:

- * Submit one (1) Original Application with original signatures and five (5) copies of the complete Application. (Do not submit two-sided copies.)
- * Applications may be stapled, spring-clipped or in pocket folders. (Do not submit applications in notebooks or binders.) Label the Original Application and Copies 1-5 with the organization's name.
- * All material must be computer generated in font size no smaller than 12 pt.
- * Organize application using the Application Checklist (page 10) which should be your 1st page. (If using pocket folders, put Application pages in right pocket and Attachments in left pocket.)

SUPPORTING DOCUMENTS:

- * **Project Timeline.** A realistic timeline for your project or program must be submitted.
- * **Brief biographies of organization's President/Director and Project Personnel** (limit 1 paragraph each).
- * **ADA Compliance Plan:** Required for GOS applications. If this is your first GOS application and you do not have an ADA Plan, submit a draft of the Plan. (For sample plans, log-on to the *Cultural Access Network of NJ* website: <http://culturalaccessnetwork.org>; under Resources: ADA materials.)
- * **Organization's Long-Range Plan:** Required for GOS applicants.
- * **Board and Organization Chart and proof of non-profit status:** Required for all non-profit organizations.
- * **If submitting photographic documentation:**
 - Submit only one (1) CD or Flash Drive of photos (.tiff or .jpeg format). These photos must be numbered and a printed list identifying each photo should be included with all copies of your application.
 - If submitting printed photos, up to ten (10) original photographs can be submitted with the Original Application. Photocopies may be submitted with the 5 copies of the application. Photographs and photocopies must be clearly labeled.
- * **For Publication or Media Projects:**
 - Submit only one (1) copy of your manuscript, script or DVD. These may be drafts, but not outlines online.
 - If submitting a manuscript, it must be completed, typed and double-spaced. Do not send us your only copy. If photographs are part of the manuscript, include only photocopies of representative photos. Do not send us original historic photographs.
 - If this is a film project, you must submit one copy of the script and a sample of your work on DVD. Do not send us your only copy.
- * **Oral History SP:** Submit a list of sample questions.
- * **Miscellaneous Attachments:** Brochures, flyers, posters, press clippings, etc., must be no more than two (2) years prior to application date.
- * **Submit only copies of documents. Do not submit originals! Documents will not be returned to applicant.**

APPLICATION INSTRUCTIONS (cont.)

BUDGET

- ★ **Fill in Budget Forms** - pages 15 (for GOS) or 16-17 (SP). Make additional copies of the forms if needed.
- ★ **Total request for General Operating Support (GOS) funding is not to exceed \$4,000 or more than 1/3 of operating budget.**
- ★ **Total request for Special Project (SP) funding is not to exceed \$2,000 or more than 50% of total project cost.**
- ★ **Always round-up amount requested to the nearest whole dollar.**
- ★ **If you receive a grant award, you will be required to submit a revised budget with your Grant Contract.**

Eligible Expenses

- ★ **GOS Areas of Needed Support include:** Staff salary support, insurance, collection maintenance, disaster and emergency preparedness planning, long-range and ADA planning, marketing & fundraising, utilities, and website support.
- ★ **SP Expenses include:** ADA assistive services for historical program, conservation/restoration of collections/archives/historic cemeteries, archives scanning, educational initiatives, exhibits, graphic design, local oral history & genealogy projects, media or digital projects, National Register nomination expenses, photographic documentation, special needs audience programs, publications (originals and translations), research tools, speakers, and website development.

Ineligible Expenses

- ★ **GOS:** Building maintenance, purchase of collections, construction/capital improvement cost, deficits, endowments, hospitality, retroactive expenses, scholarships or prizes, security staff, tuition.
- ★ **SP:** Projects that do not deal with Monmouth County history, refreshments or hospitality, purchase of equipment, class/seminar/conference fees, projects not accessible to the general public, and retroactive expenses.

Matching Funds

- ★ GOS funding requires full 1:1 Cash match: every dollar (\$1) of grant money awarded must be matched with one dollar (\$1) of the applicant's revenue. Funds may include revenue from other grants (*excluding NJ Historical Commission grants*), donations, individual giving campaigns, membership fees, and fundraising events.
- ★ SP funding must be fully matched on a 1:1 basis by Cash or In-kind contribution. Only non-profit history organizations may submit In-kind contributions, which are limited to no more than 50% of the match. Attach to the SP Budget Forms B & C (p. 16 & 17) your organization's last completed Annual Budget Report.

In-Kind Contributions

- ★ In-kind contributions, goods or services that would otherwise been purchased by the non-profit historical organization, must be documented on the SP Budget Form C (p.17).

Annual Budget Report

- ★ All applications, GOS and SP, must include the organization's last completed Annual Budget Report. Attach to the Budget forms. To qualify for GOS funding, the non-profit organization must have an annual budget of at least \$4,000, but not more than \$99,999.

APPLICATION INSTRUCTIONS (cont.)

NOTIFICATION

- * Successful applicants will be notified in writing by December 16, 2016.
- * Please understand that funds are limited and that the grant process is highly competitive.

PAYMENT OF GRANT

- * After the receipt of your signed, completed contract materials, a Purchase Order for the initial payment of 50% of the award will be sent from the County's Finance Department. You must sign and return the PO to the address on the form. The remaining 50% payment will be released upon receipt and approval of the Final Report.

INTERIM REPORT (Due July 15, 2017)

- * If you receive a grant, an Interim Report must be submitted by July 15, 2017 or sooner for SP, if 50% complete:
Part 1: A written description of the use of or anticipated use of GOS funds or SP progress and anticipated results.
Part 2: If Special Project, an estimated date for project completion.

FINAL REPORT

- * If you have received a grant, a Final Report must be submitted at the GOS or project's completion which will include:
Part 1: A written description of the use of GOS funds or completed project and its results.
Part 2: Financial account - expenses must be supported with receipts. You must use the Final Report Budget Form provided in the Grant Contract.
Part 3: A numerical breakdown of your audience for the grant period.
- * If there is a tangible product at the end of your project (i.e. book, brochure, film, video), two (2) copies must be given to the MCHC. This will become a part of the MCHC Archives.

CREDITING STATEMENT

- * Proper crediting must be given to the Monmouth County Historical Commission and the New Jersey Historical Commission in all published materials, including programs, websites, press releases, public announcements, and radio and TV appearances, and final products including films and books. The credit must read:

**Funding has been made possible in part by an operating support grant
from the New Jersey Historical Commission, a Division of the Department of State,
through grant funds administered by the Monmouth County Historical Commission.**

- * In addition, the Monmouth County Logo, unchanged without additions or deletions, must accompany the Crediting Statement. The logo will be sent to you upon request.



If you have any questions, please contact Executive Director John Fabiano:

**Monmouth County Historical Commission
Hall of Records Annex * 2nd Floor
3 East Main St., Freehold, NJ 07728**

Tel: 732-431-7460 ext.7413 Fax: 732-409-7540 E-mail: john.fabiano@co.monmouth.nj.us

2017 MONMOUTH COUNTY HISTORY REGRANT PROGRAM

APPLICATION CHECKLIST***

Check One: General Operating Support Special Project

(*Required items)

- *APPLICANT INFORMATION FORM (p.11)
- *NARRATIVE (pp. 12 - 14)
- *BUDGET PAGES (pp. 15 - 17)
- *ORGANIZATION'S LAST COMPLETED BUDGET REPORT

SUPPORTING DOCUMENTS:

- *PROJECT TIMELINE (required for SP applicants)
- *HISTORY OF ORGANIZATION AND PROJECT PERSONNEL BIOGRAPHIES
- *ADA PLAN, LONG-RANGE PLAN (required for GOS applicants)
- *BOARD AND ORGANIZATION CHART & PROOF OF NON-PROFIT STATUS
(required for all non-profit organizations)
- COPY OF MANUSCRIPT, REPRESENTATIVE PHOTOGRAPHS, SCRIPT, DVD
- PHOTOGRAPHS
- MISCELLANEOUS ATTACHMENTS

NAME OF AUTHORIZING OFFICIAL

TITLE OF AUTHORIZING OFFICIAL

SIGNATURE OF AUTHORIZING OFFICIAL

DATE

(This checklist completed, signed and dated, must be the 1st page of the Original Application and the five (5) copies.)

2017 MONMOUTH COUNTY HISTORY REGRANT PROGRAM

GRANT APPLICANT INFORMATION

(Please type)

1. NAME OF ORGANIZATION:

2. ADDRESS:

Street:

P.O. #:

City:

State:

Zip:

3. TYPE OF APPLICANT: SOCIETY HISTORY MUSEUM LIBRARY HIST. PRES. COMMISSION

MUNICIPAL GOVERNMENT

OTHER: _____

4. FEDERAL IDENTIFICATION NUMBER

#

CHARITIES REGISTRATION NUMBER

#

5. IN BOX BELOW: GOS - summarize your specific expenses needing support.

SP - briefly summarize your project.

6. GOS or SP GRANT REQUEST:

\$

7. NAME OF GRANT COORDINATOR:

Position with applicant:

Daytime telephone:

E-mail:

NAME & TITLE OF AUTHORIZING OFFICER:

(Other than Grant Coordinator)

Daytime telephone:

E-mail:

SIGNATURE OF AUTHORIZING OFFICER

DATE

GOS NARRATIVE

The Narrative is the heart of your application. It is your opportunity to speak convincingly to the members of the grant review panel about why your organization should receive the grant. Provide a succinct, clear and detailed Narrative of information that will assist the panel to fully understand your organization, its needs and future plans. The Narrative will be judged on how well you respond to the criteria listed below and the MCHC Statement of Purpose on page 2. Use the list as a guide and be sure you answer all of the questions. Avoid repetition.

Your Narrative must be double-spaced on 8 1/2" x 11" white paper and no longer than seven (7) pages. Include at the top of each page of the Narrative the applicant's name.

Fill in and attach to the Narrative the *Audience & Outreach Information* form (p. 14).

CRITERIA

- A. **Clearly describe your organization's mission, goals and objectives.** How do you plan to achieve them? These should be reflected in the organization's Long-Range Plan. Include the L-R P with your attachments.
- B. **State your specific area needing support?** On which programs or in which expense areas are you planning to spend the grant funds? How will this funding help you to continue or improve the level of service offered to your visitors? Discuss the planned schedule for the use of the GOS funds. Include a timeline if appropriate.
- C. **Indicate specific ways it will meet the MCHC Statement of Purpose found on page 2?**
- D. **What do you hope to accomplish for you organization with this funding?** How will these achievements relate to your mission and long-range plan objectives?
- E. **Describe how your organization accumulates its available income for the match,** i.e. memberships, donations, fundraisers, etc.
- F. **Describe your history programs and services and means of evaluation.** If your organization has collections, discuss your collections management procedures. Also describe the audience that attends/participates in programs and services in terms of its size, age, and other defining characteristics.
- G. **If you own a building or have museum collections or archives, does your organization have a Disaster and Emergency Preparedness Plan?** If so please attach the plan. Discuss your organizations emergency planning goals.
- H. **Please state how your organization's activities meet the requirements of the Americans with Disabilities Act,** [www.usdoj.gov/crt/ada/] and how your organization serves and reaches out to Monmouth County's diverse communities. Please attach your organization's ADA Plan. (*If this is your first GOS application, please attach a draft of the plan.*) Your final ADA Plan must be submitted with your Final Report at the end of the grant year. [For additional information contact the Cultural Access Network of NJ: <http://culturalaccessnetwork.org>].

SP NARRATIVE

The Narrative is the heart of your application. It is your opportunity to speak convincingly to the members of the grant review panel about why your organization should receive the grant. Provide a succinct, clear and detailed Narrative of information that will assist the panel to fully understand the proposed Special Project. The Narrative will be judged on how well you respond to the criteria listed below and the MCHC Statement of Purpose on page 2. Use the list as a guide and be sure you answer all of the questions. Avoid repetition.

Your Narrative must be double-spaced on 8 1/2" x 11" white paper and no longer than seven (7) pages. Include, at the top of each page of the Narrative, the applicant's name and project title.

Fill in and attach to your Narrative the *Audience & Outreach Information* form (p. 14).

CRITERIA

- A. **Describe the nature and purpose of your project.** What is it? What specific ways will it meet the *MCHC Statement of Purpose* found on page 2? Does the project relate clearly to the applicant organization's Mission and Long-Range Plan?
- B. **Place your project in the context of Monmouth County history.** How will it expand visitor knowledge? What local history content does the proposal contain or support?
- C. **Describe in detail how your project will be carried out.** What is the project's purpose? Describe the schedule and attach a Project Timeline.
- D. **Describe the qualifications of the personnel who will carry out the project.** What are their responsibilities? Be sure to attach their résumés.
- E. **Include in your narrative a brief description of your organization's history. Include its Mission Statement.** Do you have any paid staff and/or volunteers? Include the total membership breakdown on the Narrative Supplement form p. 14.
- F. **Is your budget well defined and does it identify the expenditures that are to be covered by the grant funds?** Explain in detail how the grant funds will be used. Describe the cost of all expenses that are itemized on the budget and justify the expenses involved in the project. If using In-kind contributions for part of your match, fill in the Budget Form C. Describe how your organization accumulates its available income for the cash match, i.e. memberships, donations, fundraisers, etc.
- G. **Describe your plans for public outreach.** How will the project increase access to Monmouth County history? How will the public benefit? Describe the audience that attends and participates in your programs and services. Is this project targeting a different audience? How does your organization reach out to Monmouth County's diverse and disabled communities? Describe how your organization meets the requirements of the *Americans with Disabilities Act*. [www.usdoj.gov/crt/ada/]
- H. **Describe the educational outreach of the project.** How will your project engage students in the local history process or community? How does it fit in the *NJ Core Curriculum Content Standards*, and how will teachers benefit from this? Do you have school groups that regularly visit your site/programs?

NARRATIVE SUPPLEMENT

Audience & Outreach Information

The Monmouth County Historical Commission and the New Jersey Historical Commission are interested in the impact your organization and its programs have on the resident and visiting population. We want to know who makes up your audience. Are they mainly from Monmouth County or outside? Are they from NJ or are other states represented? Is your audience mainly adults or do families with young children attend? Are members of the handicapped community comfortable attending your programs? Are individuals from diverse communities participating in your events? We want you to start thinking about your audience and ways that you can expand your programs to include all of NJ's representative communities.

Provide information using actual numbers, if available, on your organization's visitors and audience participation for the *past year*. If you do not have actual numbers, please provide your best estimates. If you have a museum, site, archives or library open to the public, please include annual opening information in the last row of the table.

**Provide the follow visitor/audience and organization information
for the past year where applicable.**

FOR 2015	TOTAL	CHILDREN UNDER 18	MINORITY VISITORS	PERSONS WITH DISABILITIES	OUT OF COUNTY
Total number of all visitors to your museum or site.					
Attendance at programs held on site.					
Attendance of visitors to programs held off-site.					
Total number of all visiting researchers to your archives or museum collections.					
Total number of website visitors.					
Total membership.					
Total number of paid staff.					
Total number of volunteers.					
How many hours per/week is your museum/facility open?		How many weeks per/year is your museum/facility open? Which months is it open?		Does your organization participate in social media? Facebook, Twitter, etc.	

NARRATIVE SUPPLEMENT

GOS BUDGET - Form A

TOTAL GOS GRANT REQUEST: \$ _____

(GOS Grants require a full 1:1 cash match.)

(Request can be up to 1/3 of organization's annual budget, up to \$4,000.)

G O S E x p e n s e s	A. GRANT REQUEST	B. MATCH
Accounting Services or Audit		
Collections maintenance and storage		
Insurance		
Marketing & fundraising		
Materials & Supplies		
Planning		
Postage		
Printing – Publications		
Professional Development & Staff Training		
Professional Services & Fees		
Publicity & Marketing		
Salaries & Wages		
Space/Equipment Rental		
Telephone/Communication		
Utilities		
Other (Specify):		
TOTALS: <i>(Column B's total should be equal to Column A's total.)</i>		

Attach to this budget page your organization's last completed Annual Budget Report.

(If you receive a 2017 GOS Grant you will be required to submit your completed 2016 Annual Report Budget by January 13, 2017.)

SPECIAL PROJECT BUDGET - Form B

TOTAL SP GRANT REQUEST: \$ _____

Total Preliminary Budget for the complete Project: \$ _____

(At least a 50% 1:1 cash match is required for SP grants (B-1) and no more than 50% may be matched with In-kind contributions for history-specific organizations only.)

SP CATEGORY OF EXPENSES	<u>A</u> <i>PROJECTED SP BUDGET</i>	<u>B-1</u> CASH MATCH	<u>B-2</u> IN-KIND MATCH
ADA assistive services			
Archival scanning services			
Honoraria			
Materials, supplies			
Photographic Documentation			
Printing, photocopying			
Professional Services & Fees (<i>consultants, etc</i>)			
Publication mailing			
Website Development			
Word processing, transcribing			
Other (specify):			
TOTALS: <i>(The total of columns B1 and B2 must be equal to the SP Grant Request at the top of the page.)</i>			

Attach to this budget page your organization's last completed Annual Budget Report.
(If you receive a 2017 S P Grant you will be required to submit your completed 2016 Annual Budget Report by January 13, 2017.)

SPECIAL PROJECT BUDGET - Form C

IN-KIND CONTRIBUTIONS

If you are using In-kind contributions for part of SP match you must fill out this form. In-kind contributions can be up to, but no more than, 50% of the match for history-specific organizations only. These contributions include donated goods and services that your non-profit historical organization would otherwise have purchased. They can include donated space, materials, and other services.

(Documented proof of all In-kind contributions will be required in your Final Report.)

Description of In-kind Contributions (Attach separate sheet if needed.)	Cash Value
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



COUNTY OF MONMOUTH

BOARD OF CHOSEN FREEHOLDERS

Thomas A. Arnone, *Director* * Serena DiMaso, *Deputy Director*
Lillian G. Burry * John P. Curley * Gary J. Rich, Sr.

WWW.VISITMONMOUTH.COM



MONMOUTH COUNTY HISTORICAL COMMISSION

Barbara Harrigan, *Chair* * Randall Gabrielan, *Vice Chair*
Glenn Cashion * Joseph A. Grabas * Maureen O'Connor Leach * Robert A. Schoeffling
Muriel J. Smith * Ellen Terry * Peter Van Nortwick * Mary Louise Strong, *Emeritus*
John Fabiano, *Executive Director* * Debbie Luby, *Secretary*